

SKRIPSI

**MASALAH PERILAKU PADA REMAJA SMA
SELAMA PANDEMI COVID-19 di KOTA
PALEMBANG**



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PROGRAM STUDI PENDIDIKAN DOKTER

F A K U L T A S K E D O K T E R A N

UNIVERSITAS SRIWIJAYA

2023

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MASALAH PERILAKU PADA REMAJA SMA SELAMA PANDEMI COVID-19 di KOTA PALEMBANG

Penelitian Skripsi

Diajukan untuk memenuhi salah-satu syarat memperoleh gelar
Sarjana Kedokteran (S. Ked)



Oleh:

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HALAMAN PENGESAHAN

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Palembang, 26 Mei 2023

Fakultas Kedokteran Universitas Sriwijaya

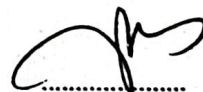
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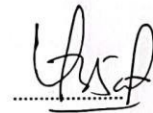
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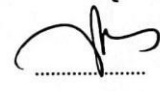
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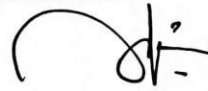


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Menyatakan bahwa Skripsi saya adalah hasil karya sendiri didampingi tim pembimbing dan bukan hasil penjiplakan/plagiat. Apabila ditemukan unsur penjiplakan/plagiat dalam Skripsi ini, maka saya bersedia menerima sanksi akademik dari Universitas Sriwijaya sesuai aturan yang berlaku.

Demikian, pernyataan ini saya buat dalam keadaan sadar dan tanpa ada paksaan dari siapapun.

Palembang, 26 Mei 2023



(M. Ariib Nafiis Luthfi Efriansyah)

ABSTRAK

MASALAH PERILAKU PADA REMAJA SMA SELAMA PANDEMI COVID-19 di KOTA PALEMBANG

Latar Belakang: Pandemi COVID-19 dan kebijakan-kebijakan yang diterapkan untuk mengendalikannya seperti, *social-distancing*, karantina, penutupan sekolah dan pembelajaran secara daring, merupakan sebuah tantangan bagi remaja yang apabila tidak berhasil diatasi akan meningkatkan risiko masalah perilaku. Informasi mengenai dampak dari kebijakan pemerintah terhadap masalah perilaku remaja SMA di Kota Palembang belum tersedia sehingga perlu dilakukan penelitian. Tujuan penelitian ini adalah untuk mendapatkan prevalensi dan faktor yang berhubungan dengan masalah perilaku pada remaja SMA di masa pandemi Covid-19.

Metode: Penelitian potong lintang yang dilakukan di SMA Negeri 4 Palembang dan SMA Negeri 4 Palembang dengan menggunakan metode *random sampling*. Pencatatan dilakukan meliputi data demografi dan Y PSC-17. Analisis statistik digunakan analisis bivariat dengan uji *chi-square*.

Hasil: Dengan total 112 peserta dari SMA Negeri 4 Palembang dan SMA Negeri 16 Palembang. Prevalensi masalah perilaku 56,2 %, terdiri dari masalah perilaku internalisasi 20,5%, masalah perilaku eksternalisasi 1,8%, masalah perilaku atensi 1,8%, dan variasi dari 3 gangguan sebesar 32,1%. Analisis bivariat menunjukkan terdapat hubungan yang bermakna antara riwayat dipukul, *dibully* dan pelecehan seksual dengan masalah perilaku dengan *p value* secara berurutan, 0,002, 0,024, dan 0,028. Nilai *Prevalence Ratio* yang diberikan untuk dipukul, 2,506 (IK95%=1,258–4,994), untuk *dibully*, 3,086 (IK95%=0,993–4,270) dan untuk pelecehan seksual, 3,086 (IK95%=0,848–11,228).

Kesimpulan: Prevalensi masalah perilaku pada remaja SMA selama pandemi covid-19 lebih tinggi dibanding penelitian sebelumnya. Terdapat hubungan signifikan antara riwayat trauma psikologis terutama dipukul, pelecehan seksual dan *bullying* terhadap masalah perilaku.

Kata Kunci: Pandemi Covid-19; masalah perilaku; remaja; Y PSC-17.

ABSTRACT

Behavioural Problems in High School Adolescent during the Covid-19 Pandemic in Palembang City

Background: The Covid-19 pandemic and the policies implemented to control it, such as *social-distancing*, quarantine, school closings and online learning, are a challenge for adolescents which, if not successfully overcome, will increase the risk of behavioral problems. Information regarding the impact of government policies on the behavioral problems of high school adolescents in Palembang is not yet available, so research is needed. The purpose of this study was to obtain the prevalence and factors associated with behavioral problems in high school adolescents during the Covid-19 pandemic.

Methods: A cross-sectional study was conducted at SMA Negeri 4 Palembang and SMA Negeri 4 Palembang using a random sampling method. The recording was carried out to include demographic data and Y PSC-17. The data were analyzed univariately and bivariately using the Chi-Square test.

Results: With a total of 112 participants from SMA Negeri 4 Palembang and SMA Negeri 16 Palembang. The prevalence of behavioral problems was 56.2%, consisting of 20.5% internalizing behavioral problems, 1.8% externalizing behavioral problems, 1.8% attentional behavioral problems, and variations of 3 disorders of 32.1%. Bivariate analysis showed that there was a significant relationship between the history of being physically abused, *bullied*, and sexually abused and behavior problems with *p values* respectively, 0.002, 0.024, and 0.028. The Prevalence Ratio value given for being physically abused, 2.506 (95% CI= 1.258–4.994), for being bullied, 3.086 (95% CI=0.993–4.270) and for sexually abused, 3.086 (95% CI= 0.848–11.228).

Conclusion: The prevalence of behavior problems in high school adolescents during the COVID-19 pandemic is higher than previous studies. There is a significant relationship between a history of psychological trauma, especially physically abused, bullied, and sexually abused.

Keywords: Covid-19 Pandemic; behavior problems; adolescent; Y PSC-17.

RINGKASAN

PENDIDIKAN DOKTER UMUM, FAKULTAS KEDOKTERAN,
UNIVERSITAS SRIWIJAYA

Karya tulis ilmiah berupa skripsi, 26 Mei 2023

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MASALAH PERILAKU PADA REMAJA SMA SELAMA PANDEMI COVID-19 DI KOTA PALEMBANG

xiii+ 72 halaman, 3 gambar, 4 tabel, 10 lampiran

RINGKASAN

Pandemi COVID-19 dan kebijakan-kebijakan yang diterapkan untuk mengendalikannya seperti, *social-distancing*, karantina, penutupan sekolah dan pembelajaran secara daring, merupakan sebuah tantangan bagi remaja yang apabila tidak berhasil diatasi akan meningkatkan risiko masalah perilaku. Informasi mengenai dampak dari kebijakan pemerintah terhadap masalah perilaku remaja SMA di Kota Palembang belum tersedia sehingga perlu dilakukan penelitian. Tujuan penelitian ini adalah untuk mendapatkan prevalensi dan faktor yang berhubungan dengan masalah perilaku pada remaja SMA di masa pandemi Covid-19. Penelitian potong lintang yang dilakukan di SMA Negeri 4 Palembang dan SMA Negeri 4 Palembang dengan menggunakan metode *random sampling*. Pencatatan dilakukan meliputi data demografi dan Y PSC-17. Analisis statistik digunakan analisis bivariat dengan uji *chi-square*. Dengan total 112 peserta dari SMA Negeri 4 Palembang dan SMA Negeri 16 Palembang. Prevalensi masalah perilaku 56,2 %, terdiri dari masalah perilaku internalisasi 20,5%, masalah perilaku eksternalisasi 1,8%, masalah perilaku atensi 1,8%, dan variasi dari 3 gangguan sebesar 32,1%. Analisis bivariat menunjukkan terdapat hubungan yang bermakna antara riwayat dipukul, *dibully* dan pelecehan seksual dengan masalah perilaku dengan *p value* secara berurutan, 0,002, 0,024, dan 0,028 Nilai *Prevalence Ratio* yang diberikan untuk dipukul, 2,506 (IK95%=1,258–4,994), untuk *dibully*, 3,086 (IK95%=0,993–4,270) dan untuk pelecehan seksual, 3,086 (IK95%=0,848–11,228). Prevalensi masalah perilaku pada remaja SMA selama pandemi covid-19 lebih tinggi dibanding penelitian sebelumnya. Terdapat hubungan signifikan antara riwayat trauma psikologis terutama dipukul, pelecehan seksual dan *bullying* terhadap masalah perilaku.

Kata Kunci: Pandemi Covid-19; masalah perilaku; remaja; Y PSC-17.

Sosial Kepustakaan: 81

SUMMARY

GENERAL PRACTITIONER EDUCATION, FACULTY OF MEDICINE,
SRIWIJAYA UNIVERSITY

Scientific paper in the form of a thesis, 26 May 2023

M. Ariib Nafiis Luthfi Efriansyah; guided by Dr. dr. Yudianita Kesuma, Sp. A (K), M. Kes and dr. Hertanti Indah Lestari, SpA(K). and tested by dr. Ariesti Karmila, SpA(K), M. Kes, PhD and dr. Atika Akbari, SpA(K).

BEHAVIOURAL PROBLEMS IN HIGH SCHOOL ADOLESCENT DURING
THE COVID-19 PANDEMIC IN PALEMBANG CITY

xiii+ 72 pages, 3 images, 4 tables, 10 appendices.

RINGKASAN

The Covid-19 pandemic and the policies implemented to control it, such as *social-distancing*, quarantine, school closings and online learning, are a challenge for adolescents which, if not successfully overcome, will increase the risk of behavioral problems. Information regarding the impact of government policies on the behavioral problems of high school adolescents in Palembang is not yet available, so research is needed. The purpose of this study was to obtain the prevalence and factors associated with behavioral problems in high school adolescents during the Covid-19 pandemic. A cross-sectional study was conducted at SMA Negeri 4 Palembang and SMA Negeri 4 Palembang using a random sampling method. The recording was carried out to include demographic data and Y PSC-17. The data were analyzed univariately and bivariately using the Chi-Square test. With a total of 112 participants from SMA Negeri 4 Palembang and SMA Negeri 16 Palembang. The prevalence of behavioral problems was 56.2%, consisting of 20.5% internalizing behavioral problems, 1.8% externalizing behavioral problems, 1.8% attentional behavioral problems, and variations of 3 disorders of 32.1%. Bivariate analysis showed that there was a significant relationship between the history of being physically abused, *bullied*, and sexually abused and behavior problems with *p values* respectively, 0.002, 0.024, and 0.028. The Prevalence Ratio value given for being physically abused, 2.506 (95% CI= 1.258–4.994), for being bullied, 3.086 (95% CI= 0.993–4.270) and for sexually abused, 3.086 (95% CI= 0.848–11.228). The prevalence of behavior problems in high school adolescents during the COVID-19 pandemic is higher than previous studies. There is a significant relationship between a history of psychological trauma, especially physically abused, bullied, and sexually abused.

Keywords: Covid-19 Pandemic; behavior problems; adolescent; Y PSC-17.

Social Literature: 81

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Penulis menyadari bahwa skripsi ini masih banyak kekurangan, sehingga kritik dan saran diharapkan agar penulisan skripsi ini menjadi lebih sempurna dan dapat bermanfaat bagi semua pihak. Akhir kata, saya ucapkan terima kasih.

Palembang, 26 Mei 2023



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BAB I

PENDAHULUAN

1.1 Latar Belakang

Coronavirus disease (Covid-19) adalah penyakit menular yang disebabkan oleh virus SARS-CoV-2. Virus ini terdeteksi pertama kali pada Desember 2019, di Kota Wuhan (Hubei, Tiongkok), dan telah menyebar dengan cepat ke seluruh dunia, termasuk Indonesia. Pada 11 Maret 2020, *World Health Organisation* (WHO) menyatakan wabah virus corona sebagai pandemi global.

Pandemi Covid-19 memiliki dampak yang serius bagi dunia^{1,2}. WHO mendesak negara-negara di dunia untuk menerapkan *social distancing* dan karantina yang ketat sebagai langkah-langkah untuk menghindari penyebaran virus dan untuk melindungi kesehatan masyarakat dunia^{1,2}. Covid-19 telah memengaruhi kehidupan sehari-hari manusia dan telah menghambat ekonomi di seluruh dunia^{1,2}. Pandemi ini juga berdampak pada kehidupan sosial masyarakat di seluruh dunia. Banyak negara mengunci fasilitas-fasilitas seperti, institusi pendidikan, sektor industri, pasar, dan lainnya² sebagai upaya pencegahan penyebaran penyakit. Perdagangan dan sektor bisnis sangat dipengaruhi oleh pandemi Covid-19². Selain itu, ada lebih dari 1,5 miliar anak-anak dan remaja yang terkena dampak penutupan sekolah secara nasional, dengan hingga 90 persen siswa di dunia³.

Remaja adalah periode antara masa kanak-kanak dan dewasa, dari usia 10 hingga 19 tahun^{4,5}. Remaja merupakan fase perkembangan manusia yang unik dan waktu yang unik untuk meletakkan dasar kesehatan yang baik. Namun, pandemi Covid-19 membahayakan kesehatan dan kesejahteraan semua anak dan remaja^{4,5}. Penutupan sekolah akibat dari kebijakan yang dikeluarkan oleh pemerintah saat pandemi Covid-19 berpotensi untuk menyebabkan peningkatan masalah perilaku pada remaja⁶. Masalah perilaku adalah konsep umum yang mengacu pada semua pola perilaku terus-menerus dan berulang yang dianggap oleh masyarakat tidak sesuai dengan aturan

ataupun norma yang berlaku ditempat tersebut⁷. Masalah perilaku dapat dibagi menjadi, gangguan internalisasi, gangguan eksternalisasi dan gangguan atensi.

Menurut WHO, perkiraan dari prevalens masalah perilaku pada remaja adalah 14%⁸. Sebuah penelitian di Jerman menunjukkan bahwa prevalens masalah perilaku pada anak dan remaja adalah 17,6%⁹. Penelitian di Provinsi Jawa Timur, Indonesia menunjukkan prevalens masalah perilaku pada remaja berada di angka 31.6%¹⁰. Penelitian yang dilakukan di Kota Palembang menunjukkan prevalens dari masalah perilaku pada remaja adalah 40,6% yang terdiri dari 28,9% masalah internalisasi, 2,8% masalah eksternalisasi, 0,6% masalah perhatian dan 8,4% variasi dari 3 gangguan¹¹. Dari data ini terlihat bahwa Indonesia memiliki prevalens yang berada diatas rata-rata.

Kebijakan-kebijakan pemerintah seperti pembatasan sosial, penutupan sekolah dan karantina diduga menjadi tantangan bagi remaja^{6,12}. Tantangan ini apabila, tidak berhasil diatasi akan menjadi risiko dari masalah perilaku^{6,13}. Studi *cross-sectional* di Tiongkok pada masa awal Covid-19 menunjukkan bahwa terjadi peningkatan prevalens dari masalah perilaku. Penelitian ini juga didukung dengan penelitian di Skotlandia pada tahun 2022 dan penelitian di Britania Raya pada tahun 2021^{6,12}.

Pemerintah di Indonesia baik tingkat Kota maupun Pusat menerapkan kebijakan-kebijakan untuk menanggapi Covid-19. Kebijakan-kebijakan tersebut menghasilkan pembatasan sosial berskala besar, penutupan sekolah, pembelajaran jarak jauh dan karantina memiliki potensi untuk memberikan dampak negatif terhadap remaja SMA. Informasi mengenai dampak dari kebijakan pemerintah terhadap masalah perilaku remaja SMA di Kota Palembang belum tersedia sehingga perlu dilakukan penelitian.

1.2 Rumusan Masalah

Berapa prevalensi masalah perilaku pada remaja selama pandemi Covid-19?

1.3 Tujuan Penelitian

1.3.1 Tujuan Umum

Mendapatkan prevalensi masalah perilaku pada remaja selama pandemi Covid-19.

1.3.2 Tujuan Khusus

1. Mengidentifikasi karakteristik demografi (usia, jenis kelamin dan tingkat ekonomi) pada remaja SMA.
2. Mendapatkan distribusi riwayat Covid-19 pada remaja SMA.
3. Mendapatkan distribusi riwayat penyakit kronis pada remaja SMA.
4. Mendapatkan distribusi riwayat trauma psikologis pada remaja SMA.
5. Mendapatkan distribusi masalah perilaku pada remaja SMA.
6. Mengetahui hubungan antara faktor-faktor risiko masalah perilaku terhadap masalah perilaku pada remaja SMA.

1.4 Manfaat Penelitian

1.4.1 Manfaat Teoritis

Hasil penelitian ini diharapkan dapat menjadi landasan teori untuk penelitian faktor risiko dominan masalah perilaku pada remaja SMA di Kota Palembang.

1.4.2 Manfaat Kebijakan/Tatalaksana

Hasil penelitian ini diharapkan dapat dijadikan pertimbangan oleh pemerintah dan sekolah dalam membuat kebijakan-kebijakan proses belajar remaja selama apabila pandemi lain terulang.

1.4.3 Manfaat Subjek/Masyarakat

Hasil penelitian ini diharapkan dapat memberikan kesadaran diri kepada subjek/masyarakat tentang masalah perilaku dan menjadi landasan promosi kesehatan di Kota Palembang.

DAFTAR PUSTAKA

1. Hiscott J, Alexandridi M, Muscolini M, Tassone E, Palermo E, Soultsioti M, et al. The global impact of the coronavirus pandemic. *Cytokine Growth Factor Rev* [Internet]. 2020 Jun 1 [cited 2022 Aug 25];53:1. Available from: [/pmc/articles/PMC7254014/](#)
2. Mishra NP, Das SS, Yadav S, Khan W, Afzal M, Alarifi A, et al. Global impacts of pre- and post-COVID-19 pandemic: Focus on socio-economic consequences. *Sensors International* [Internet]. 2020 Jan 1 [cited 2022 Aug 25];1:100042. Available from: [/pmc/articles/PMC7510561/](#)
3. Coronavirus [Internet]. [cited 2022 Jun 19]. Available from: https://www.who.int/health-topics/coronavirus#tab=tab_1
4. Alamolhoda SH, Zare E, Nasiri M. The status of adolescent health during the COVID-19 pandemic. *J Med Life* [Internet]. 2022 May 1 [cited 2022 Dec 1];15(5):675. Available from: [/pmc/articles/PMC9262264/](#)
5. Liu JJ, Bao Y, Huang X, Shi J, Lu L. Mental health considerations for children quarantined because of COVID-19. *Lancet Child Adolesc Health* [Internet]. 2020 May 1 [cited 2022 Dec 1];4(5):347–9. Available from: <https://pubmed.ncbi.nlm.nih.gov/32224303/>
6. Cohen ZP, Cosgrove KT, DeVille DC, Akeman E, Singh MK, White E, et al. The Impact of COVID-19 on Adolescent Mental Health: Preliminary Findings From a Longitudinal Sample of Healthy and At-Risk Adolescents. *Front Pediatr* [Internet]. 2021 Jun 8 [cited 2022 Aug 30];9. Available from: [/pmc/articles/PMC8217763/](#)
7. APA Dictionary of Psychology [Internet]. [cited 2022 Aug 25]. Available from: <https://dictionary.apa.org/behavior-disorder>
8. Adolescent mental health [Internet]. [cited 2022 Jun 19]. Available from: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
9. Barkmann C, Schulte-Markwort M. Prevalence of emotional and behavioural disorders in German children and adolescents: A meta-analysis. *J Epidemiol Community Health* (1978). 2012 Mar 1;66(3):194–203.
10. Pandia V, Novianhari A, Amelia I, Hidayat GH, Fadlyana E, Dhamayanti M. Association of Mental Health Problems and Socio-Demographic Factors Among Adolescents in Indonesia. *Glob Pediatr Health*. 2021;8.
11. Kesuma Y. Hubungan Masalah Perilaku pada Remaja dengan Irritable Bowel Syndrome. *Sari Pediatri* [Internet]. 2017 Jun 16 [cited 2022 Aug 25];18(6):492–7. Available from: <https://saripediatri.org/index.php/sari-pediatri/article/view/1096>

12. Stewart TM, Fry D, McAra L, Hamilton S, King A, Laurie M, et al. Rates, perceptions and predictors of depression, anxiety and Post Traumatic Stress Disorder (PTSD)-like symptoms about Covid-19 in adolescents. *PLoS One* [Internet]. 2022 Apr 1 [cited 2022 Aug 30];17(4):e0266818. Available from: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0266818>
13. Aldam SFS, Keliat BA, Wardani IY, Sulistiowati NMD, Florensa MVA. Risk Factors of Mental Health in Adolescents: Emotional, Behavioral, Family, and Peer Relationship Problems. <https://doi.org/10.1080/2469419320191594461> [Internet]. 2019 Mar 29 [cited 2022 Aug 26];42(sup1):284–90. Available from: <https://www.tandfonline.com/doi/abs/10.1080/24694193.2019.1594461>
14. Ogundele MO. Behavioural and emotional disorders in childhood: A brief overview for paediatricians. *World J Clin Pediatr* [Internet]. 2018 Feb 8;7(1):9–26. Available from: <https://pubmed.ncbi.nlm.nih.gov/29456928>
15. Cosgrove VE, Rhee SH, Gelhorn HL, Boeldt D, Corley RC, Ehringer MA, et al. Structure and Etiology of Co-occurring Internalizing and Externalizing Disorders in Adolescents. *J Abnorm Child Psychol* [Internet]. 2011 Jan [cited 2022 Aug 25];39(1):109. Available from: </pmc/articles/PMC3036783/>
16. Dick DM, Viken RJ, Kaprio J, Pulkkinen L, Rose RJ. Understanding the covariation among childhood externalizing symptoms: genetic and environmental influences on conduct disorder, attention deficit hyperactivity disorder, and oppositional defiant disorder symptoms. *J Abnorm Child Psychol* [Internet]. 2005 Apr [cited 2022 Aug 25];33(2):219–29. Available from: <https://pubmed.ncbi.nlm.nih.gov/15839499/>
17. Nadder TS, Silberg JL, Eaves LJ, Maes HH, Meyer JM. Genetic effects on ADHD symptomatology in 7- to 13-year-old twins: results from a telephone survey. *Behav Genet* [Internet]. 1998 [cited 2022 Aug 25];28(2):83–99. Available from: <https://pubmed.ncbi.nlm.nih.gov/9583234/>
18. Nadder TS, Rutter M, Silberg JL, Maes HH, Eaves LJ. Genetic effects on the variation and covariation of attention deficit-hyperactivity disorder (ADHD) and oppositional-defiant disorder/conduct disorder (Odd/CD) symptomatology across informant and occasion of measurement. *Psychol Med* [Internet]. 2002 [cited 2022 Aug 25];32(1):39–53. Available from: <https://pubmed.ncbi.nlm.nih.gov/11883729/>
19. Burt SA, Krueger RF, McGue M, Iacono WG. Sources of covariation among attention-deficit/hyperactivity disorder, oppositional defiant disorder, and conduct disorder: the importance of shared environment. *J Abnorm Psychol* [Internet]. 2001 [cited 2022 Aug 25];110(4):516–25. Available from: <https://pubmed.ncbi.nlm.nih.gov/11727941/>
20. Belfer ML. Child and adolescent mental disorders: the magnitude of the problem across the globe. *J Child Psychol Psychiatry* [Internet]. 2008 Mar

- [cited 2022 Aug 26];49(3):226–36. Available from: <https://pubmed.ncbi.nlm.nih.gov/18221350/>
21. Thapar A, Collishaw S, Pine DS, Thapar AK. Depression in adolescence. *Lancet* [Internet]. 2012 Mar 3 [cited 2022 Aug 26];379(9820):1056. Available from: </pmc/articles/PMC3488279/>
 22. Wahid SS, Ottman K, Hudhud R, Gautam K, Fisher HL, Kieling C, et al. Identifying risk factors and detection strategies for adolescent depression in diverse global settings: A Delphi consensus study. *J Affect Disord* [Internet]. 2021 Jan 1 [cited 2022 Aug 26];279:66. Available from: </pmc/articles/PMC7758738/>
 23. Giannakopoulos G, Tzavara C, Dimitrakaki C, Kolaitis G, Rotsika V, Tountas Y. The factor structure of the Strengths and Difficulties Questionnaire (SDQ) in Greek adolescents. *Ann Gen Psychiatry* [Internet]. 2009 Aug 26 [cited 2022 Aug 26];8(1):20. Available from: <https://annals-general-psychiatry.biomedcentral.com/articles/10.1186/1744-859X-8-20>
 24. Hutchins HJ, Barry CM, Wanga V, Bacon S, Njai R, Claussen AH, et al. Perceived Racial/Ethnic Discrimination, Physical and Mental Health Conditions in Childhood, and the Relative Role of Other Adverse Experiences. *Advers Resil Sci* [Internet]. 2023 Jun [cited 2023 Apr 10];3(2):181–94. Available from: <https://www.cdc.gov/childrensmentalhealth/data.html>
 25. Bordin IA, Duarte CS, Peres CA, Nascimento R, Curto BM, Paula CS. Severe physical punishment: risk of mental health problems for poor urban children in Brazil. *Bull World Health Organ* [Internet]. 2009 May [cited 2023 Apr 10];87(5):336. Available from: </pmc/articles/PMC2678773/>
 26. Halpern R, Figueiras ACM. [Environmental influences on child mental health]. *J Pediatr (Rio J)* [Internet]. 2004 Mar 1 [cited 2023 Apr 10];80(2 Suppl):104–10. Available from: <https://pubmed.ncbi.nlm.nih.gov/15154078/>
 27. Wahid SS, Ottman K, Hudhud R, Gautam K, Fisher HL, Kieling C, et al. Identifying risk factors and detection strategies for adolescent depression in diverse global settings: A Delphi consensus study. *J Affect Disord* [Internet]. 2021 Jan 1 [cited 2022 Aug 26];279:66. Available from: </pmc/articles/PMC7758738/>
 28. Lewis GJ, Plomin R. Heritable influences on behavioural problems from early childhood to mid-adolescence: evidence for genetic stability and innovation. *Psychol Med* [Internet]. 2015 Jul 30 [cited 2023 Apr 10];45(10):2171. Available from: </pmc/articles/PMC4462158/>
 29. Sarfnaz B, Manizheh K, Majid D. Behavioural Problems Compared to Female and Male Students in Tabriz. *Procedia Soc Behav Sci*. 2012 Jan 1;46:1781–5.

30. Khan B, Avan BI. Behavioral problems in preadolescence: Does gender matter? *Psych J* [Internet]. 2020 Oct 1 [cited 2023 Apr 10];9(5):583–96. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1002/pchj.347>
31. den Haan PJ, de Kroon MLA, van Dokkum NH, Kerstjens JM, Reijneveld SA, Bos AF. Risk factors for emotional and behavioral problems in moderately-late preterms. *PLoS One* [Internet]. 2019 May 1 [cited 2023 Apr 10];14(5):e0216468. Available from: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0216468>
32. Abdolahzadeh Z, Bigdeli I, Mashhadi A. The Prevalence of Behavioral Problems Among Primary School Children in Outskirts of Mashhad City, Iran. *Iranian Journal of Psychiatry and Behavioral Sciences* 2018 12:2 [Internet]. 2018 Jun 1 [cited 2023 Apr 11];12(2):10050. Available from: <https://brieflands.com/articles/ijpbs-10050.html>
33. MacIel MR, Mello AF, Fossaluza V, Nobrega LP, Cividanes GC, Mari JJ, et al. Children working on the streets in Brazil: predictors of mental health problems. *Eur Child Adolesc Psychiatry* [Internet]. 2013 [cited 2023 Apr 11];22(3):165–75. Available from: <https://pubmed.ncbi.nlm.nih.gov/23073672/>
34. Bauman LJ, Silver EJ, Stein REK. Cumulative Social Disadvantage and Child Health. *Pediatrics* [Internet]. 2006 Apr 1 [cited 2023 Apr 11];117(4):1321–8. Available from: </pediatrics/article/117/4/1321/70903/Cumulative-Social-Disadvantage-and-Child-Health>
35. Bozzini AB, Bauer A, Maruyama J, Simões R, Matijasevich A. Factors associated with risk behaviors in adolescence: a systematic review. *Brazilian Journal of Psychiatry* [Internet]. 2021 Mar 1 [cited 2022 Aug 25];43(2):210. Available from: </pmc/articles/PMC8023154/>
36. Liberty K, Tarren-Sweeney M, Macfarlane S, Basu A, Reid J. Behavior Problems and Post-traumatic Stress Symptoms in Children Beginning School: A Comparison of Pre- and Post-Earthquake Groups. *PLoS Curr* [Internet]. 2016 [cited 2023 Apr 11];8(Disasters). Available from: </pmc/articles/PMC5419821/>
37. Mueser KT, Taub J. Trauma and PTSD among adolescents with severe emotional disorders involved in multiple service systems. *Psychiatr Serv* [Internet]. 2008 [cited 2023 Apr 11];59(6):627–34. Available from: <https://pubmed.ncbi.nlm.nih.gov/18511582/>
38. Mikami AY, Szwedo DE, Allen JP, Evans MA, Hare AL. Adolescent Peer Relationships and Behavior Problems Predict Young Adults' Communication on Social Networking Websites. *Dev Psychol* [Internet]. 2010 Jan [cited 2023 Apr 11];46(1):46. Available from: </pmc/articles/PMC2855302/>

39. Piqueras JA, Vidal-Arenas V, Falcó R, Moreno B, Marzo JC, Holcomb JM, et al. Short Form of the Pediatric Symptom Checklist-Youth Self-Report (PSC-17-Y): Spanish Validation Study. *J Med Internet Res* [Internet]. 2021 Dec 1 [cited 2023 Feb 21];23(12). Available from: [/pmc/articles/PMC8686478/](https://pubmed.ncbi.nlm.nih.gov/35866478/)
40. Stoppelbein L, Greening L, Moll G, Jordan S, Suozzi A. Factor analyses of the pediatric symptom checklist-17 with African-American and caucasian pediatric populations. *J Pediatr Psychol*. 2012 Apr;37(3):348–57.
41. Murphy JM, Bergmann P, Chiang C, Sturmer R, Howard B, Abel MR, et al. The PSC-17: Subscale scores, reliability, and factor structure in a new national sample. *Pediatrics*. 2016 Sep 1;138(3).
42. Gardner W, Lucas A, Kolko DJ, Campo J V. Comparison of the PSC-17 and alternative mental health screens in an at-risk primary care sample. *J Am Acad Child Adolesc Psychiatry* [Internet]. 2007 May [cited 2022 Aug 28];46(5):611–8. Available from: <https://pubmed.ncbi.nlm.nih.gov/17450052/>
43. Cascella M, Rajnik M, Cuomo A, Dulebohn SC, Di Napoli R. Features, Evaluation and Treatment Coronavirus (COVID-19) [Internet]. StatPearls. StatPearls Publishing; 2020 [cited 2022 Jun 19]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/32150360>
44. Rauf A, Abu-Izneid T, Olatunde A, Khalil AA, Alhumaydhi FA, Tufail T, et al. COVID-19 Pandemic: Epidemiology, Etiology, Conventional and Non-Conventional Therapies. *Int J Environ Res Public Health* [Internet]. 2020 Nov 1 [cited 2022 Aug 25];17(21):1–32. Available from: [/pmc/articles/PMC7662254/](https://pubmed.ncbi.nlm.nih.gov/3422254/)
45. Rashedi J, Poor B, Asgharzadeh V, Pourostadi M, Kafil H, Vegari A, et al. Risk Factors for COVID-19. *Infez Med*. 2020 Jul;28:469–74.
46. Dhar Chowdhury S, Oommen AM. Epidemiology of COVID-19. *Journal of Digestive Endoscopy*. 2020 Mar;11(01):03–7.
47. Azer SA. COVID-19: pathophysiology, diagnosis, complications and investigational therapeutics. *New Microbes New Infect* [Internet]. 2020 Sep 1 [cited 2022 Aug 25];37:100738. Available from: [/pmc/articles/PMC7403867/](https://pubmed.ncbi.nlm.nih.gov/3403867/)
48. Liu Q, Zhou Y, Xie X, Xue Q, Zhu K, Wan Z, et al. The prevalence of behavioral problems among school-aged children in home quarantine during the COVID-19 pandemic in china. *J Affect Disord*. 2021 Jan 15;279:412.
49. Infeksi Emerging Kementerian Kesehatan RI [Internet]. [cited 2022 Jul 26]. Available from: <https://infeksiemerging.kemkes.go.id/>
50. Cascella M, Rajnik M, Cuomo A, Dulebohn SC, Di Napoli R. Features, Evaluation, and Treatment of Coronavirus (COVID-19). *StatPearls*

- [Internet]. 2022 Jun 30 [cited 2022 Aug 25]; Available from: <https://www.ncbi.nlm.nih.gov/books/NBK554776/>
51. Aimrane A, Laaradia MA, Sereno D, Perrin P, Draoui A, Bougadir B, et al. Insight into COVID-19's epidemiology, pathology, and treatment. *Heliyon* [Internet]. 2022 Jan 1 [cited 2022 Aug 25];8(1):e08799. Available from: </pmc/articles/PMC8767941/>
 52. Zhang T, Wu Q, Zhang Z. Probable Pangolin Origin of SARS-CoV-2 Associated with the COVID-19 Outbreak. *Current Biology* [Internet]. 2020 Apr 4 [cited 2022 Aug 25];30(7):1346. Available from: </pmc/articles/PMC7156161/>
 53. Scientific Brief: SARS-CoV-2 Transmission | CDC [Internet]. [cited 2022 Jul 26]. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/sars-cov-2-transmission.html>
 54. Stankiewicz Karita HC, Dong TQ, Johnston C, Neuzil KM, Paasche-Orlow MK, Kissinger PJ, et al. Trajectory of Viral RNA Load among Persons with Incident SARS-CoV-2 G614 Infection (Wuhan Strain) in Association with COVID-19 Symptom Onset and Severity. *JAMA Netw Open*. 2021 Jan 4;5(1):e2142796–e2142796.
 55. Parasher A. COVID-19: Current understanding of its Pathophysiology, Clinical presentation and Treatment. *Postgrad Med J* [Internet]. 2021 May 1 [cited 2022 Aug 25];97(1147):312–20. Available from: <https://pmj.bmj.com/content/97/1147/312>
 56. Sims AC, Baric RS, Yount B, Burkett SE, Collins PL, Pickles RJ. Severe Acute Respiratory Syndrome Coronavirus Infection of Human Ciliated Airway Epithelia: Role of Ciliated Cells in Viral Spread in the Conducting Airways of the Lungs. *J Virol* [Internet]. 2005 Dec 15 [cited 2022 Aug 25];79(24):15511–24. Available from: <https://journals.asm.org/doi/10.1128/JVI.79.24.15511-15524.2005>
 57. Tang NLS, Chan PKS, Wong CK, To KF, Wu AKL, Sung YM, et al. Early Enhanced Expression of Interferon-Inducible Protein-10 (CXCL-10) and Other Chemokines Predicts Adverse Outcome in Severe Acute Respiratory Syndrome. *Clin Chem* [Internet]. 2005 Dec 1 [cited 2022 Aug 25];51(12):2333–40. Available from: <https://academic.oup.com/clinchem/article/51/12/2333/5629736>
 58. Xu Z, Shi L, Wang Y, Zhang J, Huang L, Zhang C, et al. Pathological findings of COVID-19 associated with acute respiratory distress syndrome. *Lancet Respir Med* [Internet]. 2020 Apr 1 [cited 2022 Aug 25];8(4):420–2. Available from: <http://www.thelancet.com/article/S221326002030076X/fulltext>
 59. Kaye AD, Okeagu CN, Pham AD, Silva RA, Hurley JJ, Arron BL, et al. Economic impact of COVID-19 pandemic on healthcare facilities and

- systems: International perspectives. *Best Pract Res Clin Anaesthesiol* [Internet]. 2021 Oct 1 [cited 2022 Aug 25];35(3):293. Available from: [/pmc/articles/PMC7670225/](#)
60. Suleiman A, Bsisu I, Guzu H, Santarisi A, Alsatari M, Abbad A, et al. Preparedness of Frontline Doctors in Jordan Healthcare Facilities to COVID-19 Outbreak. *Int J Environ Res Public Health* [Internet]. 2020 May 1 [cited 2022 Aug 25];17(9). Available from: <https://pubmed.ncbi.nlm.nih.gov/32370275/>
 61. Verma P, Dumka A, Bhardwaj A, Ashok A, Kestwal MC, Kumar P. A Statistical Analysis of Impact of COVID19 on the Global Economy and Stock Index Returns. *SN Comput Sci* [Internet]. 2021 Feb 1 [cited 2022 Aug 25];2(1):27. Available from: [/pmc/articles/PMC7796698/](#)
 62. Belitski M, Guenther C, Kritikos AS, Thurik R. Economic effects of the COVID-19 pandemic on entrepreneurship and small businesses. *Small Business Economics* [Internet]. 2022 Feb 1 [cited 2022 Aug 25];58(2):593. Available from: [/pmc/articles/PMC8435174/](#)
 63. Pak A, Adegboye OA, Adekunle AI, Rahman KM, McBryde ES, Eisen DP. Economic Consequences of the COVID-19 Outbreak: the Need for Epidemic Preparedness. *Front Public Health* [Internet]. 2020 May 29 [cited 2022 Aug 25];8:19. Available from: [/pmc/articles/PMC7273352/](#)
 64. Dubey S, Biswas P, Ghosh R, Chatterjee S, Dubey MJ, Chatterjee S, et al. Psychosocial impact of COVID-19. *Diabetes Metab Syndr* [Internet]. 2020 Sep 1 [cited 2022 Aug 25];14(5):779. Available from: [/pmc/articles/PMC7255207/](#)
 65. Hawryluck L, Gold WL, Robinson S, Pogorski S, Galea S, Styra R. SARS Control and Psychological Effects of Quarantine, Toronto, Canada. *Emerg Infect Dis* [Internet]. 2004 [cited 2022 Aug 25];10(7):1206. Available from: [/pmc/articles/PMC3323345/](#)
 66. Adolescent health [Internet]. [cited 2022 Aug 28]. Available from: https://www.who.int/health-topics/adolescent-health#tab=tab_1
 67. Jaworska N, MacQueen G. Adolescence as a unique developmental period. *J Psychiatry Neurosci* [Internet]. 2015 Sep 1 [cited 2022 Aug 28];40(5):291. Available from: [/pmc/articles/PMC4543091/](#)
 68. Christie D, Viner R. ABC of adolescence: Adolescent development. *BMJ : British Medical Journal* [Internet]. 2005 Feb 2 [cited 2022 Aug 28];330(7486):301. Available from: [/pmc/articles/PMC548185/](#)
 69. Adolescence NRC (US) and I of M (US) F on, Kipke MD. Adolescence: A Time of Opportunity and Risk. 1999 [cited 2022 Aug 28]; Available from: <https://www.ncbi.nlm.nih.gov/books/NBK225165/>

70. Sawyer SM, Azzopardi PS, Wickremarathne D, Patton GC. The age of adolescence. *Lancet Child Adolesc Health* [Internet]. 2018 Mar 1 [cited 2022 Aug 28];2(3):223–8. Available from: <https://pubmed.ncbi.nlm.nih.gov/30169257/>
71. Guthold R, Baltag V, Katwan E, Lopez G, Diaz T, Ross DA. Easy Access to the Latest Global, Regional, and National Adolescent Health Data: The World Health Organization Maternal, Newborn, Child, and Adolescent Health and Ageing Data Portal. *Journal of Adolescent Health* [Internet]. 2021 Feb 1 [cited 2022 Aug 28];68(2):243–5. Available from: <http://www.jahonline.org/article/S1054139X20306807/fulltext>
72. Temple JR, Baumler E, Wood L, Guillot-Wright S, Torres E, Thiel M. The Impact of the COVID-19 Pandemic on Adolescent Mental Health and Substance Use. *The Journal of Adolescent Health* [Internet]. 2022 Sep 1 [cited 2022 Dec 1];71(3):277. Available from: </pmc/articles/PMC9276852/>
73. Sutomo R, Ramadhani FPR, Hanifa IN. Prevalence and associated factors of psychosocial and behavioral problems in Indonesian adolescent students during the COVID-19 pandemic. *Front Pediatr* [Internet]. 2022 Aug 26 [cited 2023 May 22];10. Available from: <https://pubmed.ncbi.nlm.nih.gov/36090562/>
74. Kiuru N, Wang M Te, Salmela-Aro K, Kannas L, Ahonen T, Hirvonen R. Associations between Adolescents' Interpersonal Relationships, School Well-being, and Academic Achievement during Educational Transitions. *J Youth Adolesc* [Internet]. 2020 May 1 [cited 2023 May 28];49(5):1057–72. Available from: <https://pubmed.ncbi.nlm.nih.gov/31893326/>
75. Hoffman JA, Miller EA. Addressing the Consequences of School Closure Due to COVID-19 on Children's Physical and Mental Well-Being. *World Med Health Policy* [Internet]. 2020 Sep 1 [cited 2023 May 28];12(3):300–10. Available from: <https://pubmed.ncbi.nlm.nih.gov/32904951/>
76. Hosokawa R, Katsura T. Effect of socioeconomic status on behavioral problems from preschool to early elementary school – A Japanese longitudinal study. 2018 [cited 2023 May 22]; Available from: <https://doi.org/10.1371/journal.pone.0197961>
77. McLaughlin KA, Costello EJ, Leblanc W, Sampson NA, Kessler RC. Socioeconomic Status and Adolescent Mental Disorders. *Am J Public Health* [Internet]. 2012 Sep [cited 2023 May 28];102(9):1742. Available from: </pmc/articles/PMC3482020/>
78. Nguyen TH, Shah G, Muzamil M, Ikhile O, Ayangunna E, Kaur R. Association of In-School and Electronic Bullying with Suicidality and Feelings of Hopelessness among Adolescents in the United States. *Children (Basel)* [Internet]. 2023 Apr 1 [cited 2023 May 24];10(4). Available from: <https://pubmed.ncbi.nlm.nih.gov/37190004/>

79. Zhan X, Li K, Zheng Y, Yang G, Luo X. A chain multiple mediation model reveals the association between abuse and depression in Chinese adolescents. *Front Public Health* [Internet]. 2022 Nov 17 [cited 2023 May 24];10. Available from: [/pmc/articles/PMC9714438/](#)
80. Adams J, Mrug S, Knight DC. Characteristics of Child Physical and Sexual Abuse as Predictors of Psychopathology. *Child Abuse Negl* [Internet]. 2018 Dec 1 [cited 2023 May 24];86:167. Available from: [/pmc/articles/PMC6289670/](#)
81. Chen P, Harris KM. Association of Positive Family Relationships With Mental Health Trajectories From Adolescence to Midlife. *JAMA Pediatr* [Internet]. 2019 Dec 1 [cited 2023 May 28];173(12). Available from: [/pmc/articles/PMC6784807/](#)