

THE EFFECT OF AUDIOVISUAL EDUCATION ON ADOLESCENTS IN AN EFFORT TO PREVENT DEPRESSION AND SELF-HARM

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Abstract

Adolescence is called the Storm and Stress period because the emotional state of adolescents is not stable, and prone to conflict. Experiencing depression – adolescents aged 10-14 years is estimated to occur 1.1%, while the age of 15-19 years is around 2.8%. Self-harm behavior in adolescents begins at the age of 11-15 years, and occurs in about 39.9%. The impact of depression includes smoking, suicide, drug consumption, and decreased performance, while the impact of self-harm includes disability in the body and addiction to self-harm. Therefore, it is necessary to prevent depression and self-harm with educational interventions through audiovisual. This study aims to determine the effect of providing education via audiovisual on adolescents in efforts to prevent depression and self-harm. Pre experiment One group prepost test. The instruments used are CDI and SHI. The intervention consisted of 3 sessions, session 1 contained education about what depression, session 2 contained self-harm education, and finally session 3 was an example of showing illustrations of cases of adolescents and how to handle it. A sample of 70 respondents the sampling technique used is total sampling. This in-depth data analysis study used the Wilcoxon test. Results showed a p value of 0.000 (p<0.05) for depression and a p value of 0.001 (p<0.05) for self-harm. There is an influence on providing audiovisual education. The implications of this intervention can be used as a primary prevention program for health services in schools, health centers, and communities.

Keywords: Audiovisual, Education, Depression, Self Harm, Teenagers.

1. INTRODUCTION

Mental health is a state of mental well-being that allows a person to cope with life's stresses, be aware of their abilities, study well and contribute to their community. Adolescent mental health can affect the future of their lives, their families and even society [1]. Depression is a mental disorder that is generally characterized by feelings of depression, loss of pleasure or interest, decreased energy, feelings of guilt or low self-esteem, difficulty sleeping, decreased appetite, fatigue and lack of concentration [2]. The feelings of depression or sadness experienced by the individual are triggers for depression and ultimately suicidal ideation [3]. Incidents of self-harm behavior are considered an iceberg phenomenon, which is interpreted as the number of self-harm perpetrators in Indonesia is very large but it is difficult to find data [4]. This self-harm problem is private, so many cases are not detected by health workers. Self-harm is defined as a form of behavior for a person to cope with emotional stress or feelings of pain by hurting their own body without suicidal intent. The most common forms of self-harm behavior include slicing or cutting skin using a razor or other sharp object. In addition, self-harm also occurs in the form of burning the body, hitting yourself, picking scars, pulling hair, and hitting yourself [5].

According to [6] Depression experienced by adolescents is estimated to occur in 1.1% at the age of 10-14 years, and 2.8% of adolescents aged 15-19 years. Based on results [7] The prevalence of depressive disorders in adolescents reaches 6.2%. Meanwhile, in Central Java itself, depressive disorders at the age of ≥ 15 years are 4.4%. As for self-harm behavior based on the results of research from [8] produced data on one in three women and one in five adolescents in Switzerland reporting having self-harmed at least once between the ages of 13 and 20. Of the 50 respondents (43.1%) had a history of self-harm at least once in their lifetime.

More than a third of Indonesia's population (39.9%) have ever self-harmed [9]. Self-harm behavior begins at the age of 11-15 years, and the highest proportion falls between the ages of 10-20 years.[10].

Some triggers for adolescents who engage in self-harm include loneliness, difficulty responding to negative experiences, low tolerance for dealing with problems, emotion focused coping, and relationships with both parents [9]. The factors that cause a person to experience self-harm are family factors such as lack of affection, biochemical influences, individual psychology and the individual's own personality. The impact of self-harm itself can cause damage and even disability to a person's body parts. Individuals feel satisfaction when doing self-harm, so this can cause the individual to become addicted and will repeat this action over and over again. And finally, the anxiety experienced is anxiety about other people's judgment if someone sees a scar, incision or other thing [11].

Symptoms of depression appear in a person's behavior in daily activities, for example some show lazy feelings when going to school, not wanting to interact with people around them, crying for no reason and even becoming an irritable and sensitive individual. Often these depressive symptoms cannot be detected by the people around them because some of the symptoms of depression that appear are depressed moods, many somatic complaints, or behavioral changes Impact of bullying and withdrawal from the social environment [7]. This is necessary to prevent depression and self-harm with audiovisual interventions such as previous researcher [12], which results in audiovisual media being able to deal with depression problems in adolescents because this media is able to arouse adolescents' interest in the problem and be able to reduce it. the level of depression in adolescents. In addition, another researcher, [13] resulted in changes in the level of depression and stress in adolescent inmates in grade II Maros after being given educational interventions through audiovisual media. The advantage of audiovisual media is that it is displayed to attract more attention from others because it is in the form of moving images and there is sound, flexible and can be seen more than 1 time, anywhere and anytime [14]. The purpose of this research is to determine the effect of providing education via audiovisual on adolescents in an effort to prevent depression and self-harm.

2. METHODOLOGY

The method used is the One group prepost test model pre-experiment design. With the sampling technique using total sampling, and a total of 70 respondents were obtained. Research Instruments used this study are CDI (Child Depression Inventory) which is used to determine the level of depression in adolescents and has been tested for the validity of the Pearson Product Moment value of > 0.235 and Cronbach Alpha is 0.910 ($r > 0.60$), and SHI (Self Harm Inventory) is used to measure the level of self-harm in adolescents as a result of the validity test of the Pearson Product Moment value of >0.235 . and the Cronbach Alpha obtained is 0.870. Statistical tests In this study, the Wilcoxon test was used to test the level of depression and self-harm. The significance of the use of the statistical test is 95% and processed using SPSS software for Windows. Participants fill out the questionnaire voluntarily and keep it confidential, all data is kept confidential and only used for study purposes. This research was conducted at SMP 7 Surakarta.The intervention consisted of 3 sessions, session 1 contained education about what depression, session 2 contained self-harm education, and finally session 3 was an example of showing illustrations of cases of adolescents and how to handle it .This research has been declared ethical by the Health Polytechnic Research Ethics Commission of the Ministry of Health Surakarta on January 20, 2023 with certificate number DP.04.04/1/498/2023.

3. RESULTS

3.1 Characteristics of Respondents

The results of the respondents' characteristics are presented in the table 1

Table 1. Research Characteristics

Characteristics	F	%
Gender		
Man	26	37.1
Woman	44	62.9
Age		
13 year	14	20.0
14 year	45	64.3
15 year	11	15.7

Table 1 shows that the majority of respondents are women, 62.9%. For the majority, 14 years old is 64.3%

3.2 Levels of depression and self-harm before and after the intervention

Table 2 shows the level of depression and self-harm of respondents before and after being given treatment

Table 2. Frequency Distribution for Depression and self harm before and after being given treatment

Category	Frequency	%
Pre-Test: Depression Level		
Not Depressed	47	67.1
Mild depression	14	20.0
Major depression	9	12.9
Total	70	100.0
Post-Test: Depression Level		
Not Depressed	47	67.1
Mild depression	14	20.0
Major depression	9	12.9
Total	70	100.0
Pre-test : Self Harm		
No Self Harm	52	74.3
Self Harm Lightweight	14	20.0
Psychopathological tendencies	4	5.7
Total	70	100.0
Pos-Test : Self Harm		
No Self Harm	61	87.1
Self Harm Lightweight	7	10.0
Psychopathological tendencies	2	2.9
Total	70	100.0

Based on the table above before the treatment, the majority of respondents were at the level of non-depression of 52.9%, mild depression of 14.3% and major depression of 32.9%. After the treatment, the majority was at the level of non-depression which was 67.1%, mild depression by 20.0% and major depression by 12.9%. The level of self-harm before treatment for the majority of respondents was at the level of no self-harm of 74.3%, mild self-harm of 20.0% and psychopathological tendency of 5.7%. After treatment, the majority of respondents were at the level of no self-harm which was 87.1%, mild self-harm of 10.0% and psychopathological tendency of 2.9%.

3.3 The Effect of Providing Audiovisual Education on Adolescents in Efforts to Prevent Depression

Table 3. Wilcoxon Test Results for Depression and Self harm

	N	Mean	Mode	Median	Std.Dev	Min-Max	CI 95%	pValue
Depression								
Pre Test	70	14.99	13	13.00	8,050	2-35	13.07-16.91	0,000
Post Test	70	11.21	4	10.50	6,692	1-29	9.62-12.61	
Difference								
		3.78						
Self harm								
Pre Test	70	3.64	0	2.00	4,054	0-15	2.68-4.61	0.001
Post Test	70	2.47	0	1.00	3,225	0-12	1.70-3.24	
		1.17						

The Wilcoxon test in the experimental group before and after the treatment showed an average decrease in depression of 3.78 with a value of p 0.000 ($p<0.05$). Meanwhile, the average decrease in self harm was 1.17 with a p value of 0.001 ($p<0.05$). So it can be concluded that there is an effect of providing education through audiovisual to adolescents in preventing depression and self-harm

4. DISCUSSION

4.1 Characteristics of Respondents

4.1.1 Age

The results of the study showed that age itself had an effect on depression and self-harm. This is influenced because adolescence is in the early stages of adolescence which is the peak phase of adolescent development, where the emotional state of adolescents is not yet stable and prone to experiencing conflicts. This age is a transition period of psychological development from childhood to adolescence. This is in line with research conducted by [15] explaining that adolescents aged around 14-16 years themselves have more depression rates – dominant than adolescents aged – over 16 years. In addition, this research is also in line with research conducted by [10] Where this study found that respondents committed acts of self-harm for the first time at the age of 14. This is influenced by the factor of family loneliness. Adolescents with the age of 14 years are included in the early adolescent phase who still experience emotional imbalance and instability in many things that occur in this phase. Adolescents in this phase have begun to search for their identity, and the pattern of social relationships has begun to change. Adolescents feel entitled to make their own decisions [16].

4.1.2 Gender

Depression and self-harm are more common in women than men. This is because women's moods often change such as irritability, sadness and irritability. In addition, women are also mentioned as tasteful beings so that something that is No Good will think. This is in line with research conducted by [17] which produced data that a large part of women experienced depression. Apart from that, the results of research conducted by [18] resulted in adolescents that women have a higher degree of depression than adolescent boys. This is influenced by hormonal and physiological changes. Women have biological vulnerabilities and have difficulty dealing with biological and physiological changes during the transition period Cases of self-harm from the results of the research of [19] resulted that there was a significant increase in depression, self-harm and suicide attempts occurred more in adolescent girls. In addition, research conducted by [20] results that for the first time, adolescent girls commit acts of self-harm than adolescent boys. This can be because adolescent girls tend to suppress negative emotions more than adolescent boys who easily release negative emotions that exist in them.

4.2 Levels of Depression and Self-Harm before and after Treatment

Respondents before being given treatment in the form of education via audiovisual, were found to be depressed at the level of mild depression and severe depression. The difference in the level of depression in adolescents can be due to differences in coping between respondents, low self-esteem, excessive anxiety, and relationship problems with parents. This is supported by research [21] where most respondents (74.6%) experienced moderate depression, a small number of respondents (12.7%) experienced severe depression and (12.7%) did not experience depression. The causes of adolescent depression can be caused by several things, including: adolescents have negative thoughts about themselves, have low self-esteem, excessive anxiety, stress in daily life, have traumatic events in the past, low self-coping, and have problems with their parents. Respondents before being given treatment, it was found that self-harm behavior at the level of mild self-harm and psychopathological tendency could be due to the inability to solve problems. This is supported by [22] stating that as many as 55.3% of respondents said they committed acts of self-harm consciously and felt relieved by their actions. Self-harm is mostly committed by adolescents due to the inability of adolescents to overcome problems, loneliness, difficulty in solving problems and family factors.

After being given treatment in the form of education via audiovisual, it was found that the range of depression and self-harm levels decreased. It can be concluded that there is a decrease in the level of depression and self-harm after being given treatment. This can be due to the new knowledge in respondents about depression accompanied by self-understanding skills and problem-solving skills that have been provided through audiovisual education. The results of this study are in line with research [23] which states that there is an increase in knowledge about mental health after being given material through audiovisual. Where this means that counseling activities targeting adolescents are able to increase adolescents' knowledge about mental health. Research conducted by [13] resulted that after being given video education to adolescent inmates, a difference between before and after the intervention was found at the level of depression with a p value of 0.000.

4.3 Impact Audio visual

The results of the study showed that there was an effect of audiovisual actions in reducing depression and self-harm. This can be due to the existence of new knowledge in respondents about depression and self-harm accompanied by self-understanding skills and problem-solving skills that have been provided through education via audiovisual. This research is in line with previous research conducted by [13] which resulted in the effect of changes in depression levels using audiovisual media in adolescents with inmate status in LPKA class II Maros, with a p value of 0.000. In addition, the results of this study are in line with the research of [21], which stated that the difference in knowledge of adolescents aged 10-17 years before and after being given educational treatment using audiovisual has increased knowledge by 42%. Audiovisual media is a type of media that can contain image and sound elements that can be seen and heard, for example sound slides, films, sound recordings, video recordings, and others [14]. Audiovisual can directly stimulate the senses of sight and hearing so that it has an impact on respondents to focus on the material presented. This will make respondents understand and increase knowledge, so that adolescents can apply ways to prevent depression and self-harm. After being given treatment in the form of education via audiovisual, the level of depression and self-harm decreased

5. CONCLUSIONS

This study shows that there is an effect of providing education through audiovisual to adolescents in preventing depression and self-harm. This can be seen from the results of the Wilcoxon test before and after the treatment which showed an average decrease of 1.17 with a p value of 0.001 ($p < 0.05$). Therefore, providing education through audiovisuals is effective for preventing depression and self-harm.

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