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Gender Analysis of Santri's Mental Health in Islamic Boarding Schools

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ABSTRACT

Mental health is a health issue that is often ignored. In fact, 1 in 3 adolescent in Indonesia experience mental health problems. Neglect is caused by unawareness of one's condition. Not to mention the problem of negative stigma in people with mental disorders. The purpose of this study was to determine the relationship between gender and mental health of santri in Islamic boarding schools. This research method was quantitative with a cross-sectional design. The number of samples in this study was 357 male and female santri in Islamic boarding schools. The sampling technique used proportional random sampling. Data collection was carried out using the Strength and Difficulties Questionnaire (SDQ) with 25 questions referring to the technical instructions for health screening and periodic examinations of school-age children and adolescents. Data analysis was carried out using chi square test. The results of the study showed that female santri had greater mental health problems, namely in the abnormal category, higher than male santri. The results of the chi square test showed a Pvalue <0.05, meaning that there is a relationship between gender and mental health on the results of the SDQ difficulties, both in terms of emotional symptoms (<0.001), behavioral problems (0.031), hyperactivity (<0.001) and peers (<0.001) and cumulatively (0.001). However, there is no relationship between gender and mental health on the results of the SDQ strength (0.074).

Introduction

Mental, behavioral, and neurodevelopmental disorders in adolescents have become an increasing concern over the past few decades worldwide. They have become a major cause of disability in population groups in both developed and developing countries. (Bezborodovs, Kocane, Rancars, & Villerusa, 2022).

Adolescence is a critical developmental stage for mental health and well-being across the life course. Most adult mental health problems emerge during or before adolescence, making it a critical time for recognition and treatment. Early identification and access to appropriate, evidence-based psychosocial interventions and supports for mental, behavioral, and neurodevelopmental disorders are critical for successful recovery and improved psychosocial functioning in adulthood. (Fuller, Oliver, Vejnoska, & Rogers, 2020).

Although global coverage of prevalence data on adolescent mental disorders is limited, and only a quarter of countries collect data on the number of children treated by mental health professionals (Erskine, et al., 2016), there is clear evidence of a huge gap between the number of young people needing mental health care and support and the number of children receiving it in

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mental health services (Radez, et al., 2020). Global mental health services are overwhelmed by increasing demand as a result of the COVID-19 pandemic, which can result in long waiting times. (Huang & Ougrin, 2021).

Based on data Indonesia National Adolescent Mental Health Survey (I-NAMHS), is the first national mental health survey to measure the incidence of mental disorders in adolescents, shows that in the last 12 years 34.9% or one of three teenagers have had mental health problems, while 5.5% or one of twenty teenagers (2.45 million teenagers) have had mental disorders (Kemenkes RI, 2022).

Emotional mental disorders are the presence of symptoms of depression and anxiety which are assessed based on interviews with Self Reporting Questionnaire-20 (SRQ-20) instruments. The symptoms are characterized by the emergence of behavior that is easily angered, afraid, anxious, sad, even happy. This condition can be triggered by genetic factors or reactions to the environment.

The Basic Health Research (Riskesdas) report in 2018 showed that the prevalence of emotional mental disorders in the Indonesian population of 9.8%. Mental disorders often arise in the form of sadness, gloom, crying, slow growth and development and not in accordance with the number of children, emotional disorders appear in the form of children becoming fussy, angry, defiant, fighting, declining learning achievement (Setiawati, 2017).

The results of Riskesdas in 2018 showed that depressive disorders have started to occur since the age range of adolescence (15-24 years), with a prevalence of 6.2%. Based on gender, the prevalence in women (12.1%) is higher than in men (7.6%). 47.7% of suicide victims were aged 10-39 years, which is the age of teenagers to productive age. Only 2.6% of adolescents with mental health problems have ever accessed services that provide support or counseling for emotional and behavioral problems in the past 12 years. Overall, only one in five adolescents (2%) have used services in the past 12 months, and two-thirds of these adolescents (66.5%) have only used services once (Kemenkes RI, 2022).

Based on Indonesian Health Survey (SKI) in 2023, the highest prevalence of depression in the population aged over 15 years is in the 15-24 year age group at 2%. The results of the 2023 SKI show that the potential for people with depression to think about ending their lives is 36 times greater than people who are not depressed. In Indonesia, people who have thoughts of ending their lives reach 0.25%.

Mental health problems experienced by adolescents will affect their social activities, activities at school, relationships with friends, family, productivity, cause physical illness, and if severe, sufferers of mental disorders can experience the desire to harm themselves, even commit suicide. Criminal acts committed by adolescents such as alcohol, drugs, and free sex are usually also influenced by the mental disorders they experience. The impact of mental disorders experienced by adolescents is very concerning, even though adolescence is a time when they can freely work, socialize, and develop

Mental health detection is a necessity for teenagers. Early detection of emotional mental disorders can help socialization in teenagers and can be managed early and appropriately so that it can prevent more severe disorders in teenagers and even into adulthood (Setiawati, 2017). In addition, the introduction of screening procedures in mental health services could be a useful step as it could potentially enable professionals to sort patients seeking help based on their level of risk of developing a mental disorder and determine the most appropriate treatment program and level of care (Bezborodovs, Kocane, Rancars, & Villerusa, 2022).

Islamic boarding schools are the oldest Islamic educational institutions and there are many of them in Indonesia(Hamidiyah & Fikawati, 2024). There are 39,167 Islamic boarding schools

in Indonesia with 4,373,694 santri. East Java Province is the second province with the largest number of Islamic boarding schools and the province with the highest percentage of resident santri (Kemenag RI, 2021). However, Islamic boarding schools are often not covered by health programs organized by the government or the private sector (Zamroni, 2011; Suteja, 2015; Hamidiyah A. , 2024). In fact, Islamic boarding schools consist of communities dominated by adolescent (Usman, 2013). Where adolescence is a period of growth and development that really needs intervention, including mental health problems.

Mental health issues in Islamic boarding schools are also quite interesting. Although there has been no special survey. However, previous research results show numbers that cannot be ignored. The research result of Winurini (2019) in Islamic Boarding Schools shows that 72% of adolescent are in a moderately mentally healthy condition. When differentiated by gender, mental health problems in men are higher than in women. While the results of the study of Aisyaroh & Ediyono (2023) in Islamic boarding schools shows a picture of the mental health of respondents on the difficulty score is mostly in the threshold condition (40%) and the strength score is mostly in normal condition (95%). The objective of this study is to determine the relationship between gender (sex) and the mental health of santri in Islamic boarding schools.

Methods

This study was a quantitative cross-sectional design study. The population in this study were all santri (student in Islamic boarding school) aged 11-18 years in one of the Islamic boarding schools in East Java which are included in the category of other forms of Islamic boarding schools (semi-modern Islamic boarding schools) in May-July 2023 (UU No.18 of 2019). Number of samples using the Lemeshow, Hosmer Jr, & Klar (1997) sample formula, The results obtained were 357 respondents. The sampling technique used proportional random sampling.
The inclusion criteria was muqim (resident) santri, have been boarding for more than one year, in good health and while at the Islamic boarding school have never paticipated in mental health research/education/ suvey.

The independent variable in this study was gender, namely sex. The dependent variable in this study was the mental health of santri referring to the questionnaire of strengths and difficulties in children/adolescents or *Strength and Difficulties Questionnaire* (SDQ) amount 25 questions with the answer choices incorrect, somewhat correct and correct refer to the technical instructions for health screening and periodic examinations of school-age children and adolescents (Kemenkes RI, 2018). SDQ is a standard questionnaire that has undergone validity and reliability tests without any changes, so there is no need to carry out validity and reliability tests again.

Strength and Difficulties Questionnaire (SDQ) has long been established as one of the most widely used screening instruments in mental health research and clinical practice. It is easy to complete, relatively brief, and easy to use because it captures not only difficulties but also strengths (Goodman, 1997). SDQ is a behavioral screening questionnaire for children and adolescents that provides an overview of the state of strengths and difficulties. The SDQ consists of two score categories, namely difficulty scores and strength scores. The difficulty score consists of 4 subcategories, namely emotional symptoms, behavioral problems, hyperactivity, and peer group problems. While the strength score consists of one category, namely prosocial behavior. The measurement results of each category consist of normal, borderline and abnormal. Data analysis in this study used univariate and bivariate data analysis. Univariate data analysis by presenting frequency distribution. While bivariate data analysis using the chi square test.

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Results

The results of this study can be seen in Tables 1 and 2. Description of the mental health of santri at Islamic Boarding Schools in 2023 as in Table 1

Table 1 Overview of Mental Health of Santri n Islamic Boarding Schools in 2023 (n=357)

Category of SDQ	SDQ result Normal (n, %)	*Borderline* (n, %)	Abnormal (n, %)	Total (n, %)
Difficulties	216 (60)	89 (25)	52 (15)	357 (100)
Emotional Symptoms	292 (82)	30 (8)	35 (10)	357 (100)
Behavioral Problems	295 (83)	33 (9)	29 (8)	357 (100)
Hyperactivity	219 (61)	58 (16)	80 (22)	357 (100)
Peer Group	160 (45)	130 (36)	67 (19)	357 (100)
Strength				
Prosocial	307 (86)	17 (5)	33 (9)	357 (100)

Based on Table 1 showed that the results of the SDQ assessment of 357 santri in Islamic boarding schools on the difficulty score, the majority are in the normal category of 60% and a small part in the abnormal category of 15%. In the sub-score of the difficulty results, it showed that the hyperactivity category has the highest percentage in the abnormal category of 22% and the peer category has the highest percentage in the borderline category of 36%. While the SDQ strength score showed that the majority are in the normal category of 86% and a small part are in the abnormal category of 9%.

Table 2 Gender Analysis of Santri's Mental Health in Islamic Boarding Schools in 2023 (n=357)

	Gender	SDQ result Normal (n, %)	*Borderline* (n, %)	Abnormal (n, %)	Total (n, %)	*Pvalue*
Difficulties						
Emotional Symptoms	Man	164 (56)	9 (30)	5 (14)	178 (50)	<0.001
	Female	128 (44)	21 (70)	30 (86)	179 (50)	
Behavioral Problems	Man	144 (49)	23 (70)	11 (40)	178 (50)	0.031
	Female	151 (51)	10 (30)	18 (62)	179 (50)	
Hyperactivity	Man	161 (74)	10 (17)	7 (9)	178 (50)	<0.001
	Female	58 (27)	48 (83)	73 (91)	179 (50)	
Peer Group	Man	31 (19)	88 (68)	59 (88)	178 (50)	<0.001
	Female	129 (81)	42 (32)	8 (12)	179 (50)	
Total of Difficulties	Man	125 (58)	35(39)	18 (35)	178 (50)	0.001
	Female	91 (42)	54 (61)	34 (65)	179 (50)	
Strength						
Prosocial	Man	150 (49)	13 (77)	15 (46)	178 (50)	0.074
	Female	157 (51)	4 (23)	18 (54)	179 (50)	

Based on Table 2, it showed that out of 357 respondents, the gender was the same between male and female. The results of the SDQ difficulty score showed that female santri have a higher percentage in the abnormal and borderline categories in emotional symptoms (86%

and 70%) and hyperactivity (91% and 83%). The results of the behavioral problem score showed that female santri have a higher percentage of abnormal (62%) than male santri. The results of peer scores show that male santri have a higher percentage of abnormal (88%) and borderline (68%) than female santri. Overall, the results of the SDQ difficulty showed that female santri have a higher percentage in the abnormal (65%) and borderline (61%) categories than male santri. The results of the chi square test also showed that Pvalue <0.05 so it can be concluded that there was a relationship between gender and mental health on the results of the SDQ difficulties, among in terms of emotional symptoms (<0.001), behavioral problems (0.031), hyperactivity (<0.001) and peers (<0.001) and cumulatively (0.001). While the results of the SDQ strength showed that female santri had a higher percentage in the abnormal category (54%) with an insignificant difference with male santri (46%). However, in the borderline category, male santri had a higher percentage (77%) than female santri. The results of the chi square test showed that Pvalue 0.074> 0.05 so it can be concluded that there is no relationship between gender and the results of the SDQ strength score.

Discussion

Mental health according to WHO is a state of well-being that allows a person to realize his/her potential. Some criteria that indicate a person has good mental health are: recognizing and developing one's potential, being able to cope with stress in everyday life, being productive, and being useful to the environment. Mental health is a basic need for every individual, just like physical health. Good mental health can affect how a person views themselves, their environment, and understands their surroundings.

Mental Health is as important as physical health, both are closely related, a healthy mind will help humans in carrying out social activities, unfortunately there are still many people who do not care about this, especially mental health problems experienced by teenagers. This can be seen from the high number of mental health problems in adolescence.

The results of this study indicate that the results of the SDQ assessment of difficulties in the majority difficulty score in the normal category of 60%. Likewise, the SDQ strength score shows that the majority is in the normal category of 86%. Even so, there is still a percentage of abnormal and borderline in a not insignificant number. In the sub-score of the difficulty results, it shows that the hyperactivity category has the highest percentage in the abnormal category, namely 22% and the peer category has the highest percentage in the borderline category, 36%.

Meanwhile, when analyzed based on gender on the difficulty score, it shows that female santri have relatively higher mental problems compared to male santri, especially in emotional symptoms, behavioral problems, and hyperactivity. While peer problems, both in the percentage of abnormal and borderline male santri are higher than female santri. This is reinforced by the results of its significance which shows significant results of the relationship between gender and mental health.

This is in accordance with the conditions in the environment of this Islamic boarding school. Based on the monthly dormitory case report. The majority of cases found in male santri are around peers, namely bullying, having a gang/group, being bullied or intimidated by friends, tendencies to be alone and the like. While in female santri, cases that are often found are santri tend to experience body aches (headaches, stomachaches, etc.), lots of worries, often crying, nervous, easily scared, often lying, often angry, uncontrolled emotions, difficulty focusing, unable to complete tasks well, too active or unable to stay still for too long. Where these cases are symptoms of emotional, behavioral and hyperactivity problems.

The results of this study are also in accordance with previous research findings that show that women have higher mental health problems than men. The results of the study of

Aisyaroh & Ediyono (2023) shows that the percentage of mental health of female santri in the abnormal category is higher than male santri. Other research results also show that female santri experience more depression than male respondents. Males are 39% less at risk of experiencing depression than females (Wetarini & Lesmana, 2018). This is also in line with research conducted by Deni (2015) on Rahmawaty, Silalahi, T, & Mansyah (2022) shows that female adolescents experience more depression than males. This is because biological changes, namely puberty, social relationships, body image and eating disorders are the causes of depression in women.

Based on the findings of this study, a strategy is needed to overcome mental health problems by considering gender. In this study, prevention and management efforts in emotional symptoms, behavioral problems and hyperactivity need to be focused on female santri. And prevention and management efforts in peer problems are focused on male santri. Efforts that can be made are to create activity programs that lead to each focus. In addition, routine screening is needed once a year using SDQ and follow-up three months later as well as a referral mechanism for those in need.

Conclusion

The conclusion of this study shows that there is a relationship between gender and mental health of santri in terms of difficulties in Islamic boarding schools. Female santri have higher mental health problems than male santri. Especially in emotional symptoms, behavioral problems, and hyperactivity. However, male santri have higher peer problems than female santri in both the abnormal and borderline categories. While gender has no relationship with mental health of santri in terms of strength (prosocial).

Therefore, a different focus of mental health interventions is needed for male and female santri. Pay special attention to the mental health of female santri, especially in terms of emotional symptoms, behavioral problems and hyperactivity. While for male santri, pay special attention to the peer aspect.

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