



Screening Results for Psychosocial Disorders Based on The Strengths and Difficulties Questionnaire (SDQ) In Adolescent Females at Smk YP 17 Pare Kediri

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ARTICLE INFORMATION	ABSTRACT
<p>Article history Received : January 10, 2026 Revised : January 26, 2026 Accepted: January 29, 2026</p> <p>Keywords Screening results, Psychosocial disorder, Adolescent Girls</p>	<p><i>One of the developmental tasks of adolescence is resolving an identity crisis, a psychosocial challenge during adolescence. Weakness of self identity development during adolescence in psychosocial problems, leading to risky behaviors and various physical and psychosocial health issues. One of the psychosocial problems in adolescents is depression, so it is necessary to screen for psychosocial disorders in adolescent girls. The purpose of this study was to describe the results of psychosocial disorder screening in adolescent girls at SMK YP 17 Pare, Kediri.</i></p> <p><i>The research design used was descriptive, namely describing the results of adolescent psychosocial screening, with the variable being psychosocial disorder screening. The study was conducted at SMK YP 17 Pare, Kediri. The population of all 200 female students permitted by the school to be studied was grade 10 at SMK YP 17 Pare. A simple random sampling technique resulted in a sample of 80 respondents. Data were collected from May 14-25, 2025, using a questionnaire. Data analysis used frequency distribution and percentages. The study found that the majority of 44 respondents (55%) met normal psychosocial criteria based on the difficulties indicator, and the majority of 42 respondents (52.5%) met normal psychosocial criteria based on the strengths indicator.</i></p> <p><i>The screening results for psychosocial disorders in adolescent girls were normal, indicating that the girls are psychosocially healthy and able to interact socially with their surroundings.</i></p>

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Introduction

Adolescence is a period where a person experiences a transition from childhood to adulthood, adolescence is one of the phases of human growth and development, adolescence is considered an unstable period full of stress and conflict, during adolescence, adjustments must be made to increasing emotional changes, the search for identity and separation from childhood behavior towards maturity, adolescence experiences many changes, especially regarding emotional issues, adolescents tend to have unstable and unstable emotions (1). Development is a process of change that leads to perfection both physically and non physically. Physical development is development that occurs in the biological aspects of an individual. While non physical development includes emotional development, cognitive development and development of the individual's social aspects. Adolescents as social beings also need the role of their environment or the help of others to grow and develop into perfect humans (2).



As adolescents develop, their opinions and attitudes can change through interactions and mutual influence with other adolescents and through social processes. The term "growth" is often associated with the term "development." The two are inextricably linked. Growth is understood as a process of quantitative change, including the addition of structures, organs, cells, weight gain, and so on. Development is a concept that encompasses both quantitative and qualitative changes, encompassing mental and psychological aspects (3).

Psychosocial development is a continuous social learning process, resulting from learning and experiences from the environment. This leads to the emergence of new behaviors. Through this social learning process, adolescents learn to meet the expectations and demands placed on them. Therefore, adolescents are susceptible to environmental influences, making them easily swayed. If they are unable to adapt to their environment, they will generally become more withdrawn, emotionally unstable, and experience difficulties in relationships with others. Some even exhibit attitudes and behaviors that tend to be criminal (4).

Adolescents, throughout their developmental period, have developmental tasks and are required to prepare themselves for this period. Adolescence is a dynamic phase of development that also experiences changes and challenges in an individual's life (1). Erikson argued that throughout human history, every person experiences stages of development, from infancy to old age. This lifelong development is characterized by eight stages, each with strengths that shape positive character traits, or, conversely, the development of weaknesses, leading to negative character traits dominating a person's growth (2).

This period is a process of self maturation, where adolescents are considered more capable of making decisions for themselves than children. However, if adolescents individually cannot control their emotions, it will cause problems for themselves, their families, society, and their surroundings. Adolescent psychosocial development is the ability of adolescents to achieve self identity, including roles, personal goals, uniqueness, and characteristics. This ability is achieved through a series of developmental tasks that must be completed by adolescents (2).

Regarding psychosocial development in adolescents, adolescents will experience many changes throughout their lives. Adolescents experience various physical, emotional, cognitive, and psychosocial changes. According to Erikson, an adolescent not only questions who they are but also how and in what context or group they can become meaningful. In other words, a person's identity also depends on how others perceive their presence. Where teenagers should be able to know about their own physical qualities and the diversity of their qualities, achieve emotional independence and parental independence, develop interpersonal skills and learn to get along with peers/other people both individually and in groups, find a model or identification of accepting themselves and relying on their own abilities and resources, expand self-control, be able to leave behind childish behavior (2).

According to the World Health Organization (WHO), adolescence is a transitional phase from childhood to adulthood, occurring between the ages of 10 and 19. According to the Central Statistics Agency, the number of adolescents in Indonesia aged 10-14 is 230,000, and aged 15-19 is 229,000. In East Java Province, the number of adolescents aged 10-14 is 180,000 for boys and 169,000 for girls. Among adolescents aged 15-19, there are



178,000 boys and 168,000 girls. According to the National Adolescent Mental Health Survey (I-NAMHS) research report, the first national mental health survey to measure the incidence of mental disorders in adolescents aged 10-17 in Indonesia, one in three adolescents (34.9%), equivalent to 15.5 million Indonesian adolescents, have had a mental health problem in the past 12 months. One in twenty adolescents (5.5%), equivalent to 2.45 million Indonesian adolescents, has experienced a mental disorder in the past 12 months. Adolescents in this group are those diagnosed with a mental disorder according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), which serves as the guideline for diagnosing mental disorders in Indonesia (4).

One of the developmental tasks of adolescence is resolving an identity crisis, a psychosocial challenge during adolescence. If decisions made in the face of conflict are not appropriate, adolescents will engage in risky behavior and may suffer short term and long term consequences in the form of various physical and psychosocial health problems. The development of a weak self identity during adolescence can also lead to psychosocial problems in adolescents, such as low self esteem, impaired self image, depression or suicide, poor school performance, drug use, and other risky behaviors. Juvenile delinquency and adolescent psychosocial wellbeing are important components of adolescent growth and development, which will influence self-identity (6).

Adolescents who are able to control themselves will avoid delinquency during adolescence. Adolescents experiencing psychosocial problems or disorders must receive immediate treatment because if left untreated, they can have detrimental consequences for themselves and their environment. Based on data from a 2020 study by the Ministry of Health's Data and Information Center, 4.3 percent of boys and 5.9 percent of girls in junior high and high school experienced suicidal thoughts. However, the psychosocial problems experienced by children and adolescents remain largely unknown, including educators in educational institutions. This results in teachers and schools providing inappropriate treatment for these children (5).

In Indonesia, 19 million people aged 15 and over experience mental and emotional disorders, and more than 12 million people aged 15 and over experience depression. Screening results conducted by the Directorate of Prevention and Control of Mental Health and Drug Problems (P2MKJN) of the Indonesian Ministry of Health and the Central Board of the Indonesian Psychiatric Association (PP PDSKJI) on 1,300 high school students in South Jakarta showed that 30% were at risk of depression, while another 10% had emotional disorders (6).

One of the psychosocial problems experienced by adolescents worldwide is depression. The prevalence of depression in adolescents in the United States was 8.7% in 2019 and increased to 11.3% in 2020. Previous research found that 17.5% of 440 junior high school students in four junior high schools in Denpasar experienced mental health problems, and 6.8% were at risk of suicide. Similarly, research conducted at SMPN 1 (State Junior High School 1) showed a prevalence of depressive disorders among junior high school students of 36.2%, with psychosocial disorders as a contributing factor (3).

Psychosocial disorders in adolescent girls can be caused by a combination of psychological, social, and environmental factors that influence their emotional and behavioral development. During adolescence, especially in girls, they face various pressures, from family, school, peers, and even social media. The following are several types of psychosocial disorders frequently experienced by adolescent girls, along with



their impacts: (1) depressive disorders, which can lead to decreased academic performance, social isolation, and the risk of self-harm. (2) anxiety disorders, which can impact sleep disturbances, headaches, and fatigue. (3) post-traumatic stress disorder, which specifically impacts mental health, causing anxiety, depression, and difficulty functioning in social and school settings (6).

Psychosocial disorders in adolescents, especially during the transition from childhood to adulthood, are a growing concern in various countries, including Indonesia. During adolescence, individuals face various physical, emotional, and social changes that affect their psychosocial development (7). One of the most common disorders is social anxiety disorder, which can negatively impact adolescents' mental and physical health. Teenagers with social anxiety often feel anxious when interacting with peers, speaking in front of the class, or even working in groups of 8. The impact of this anxiety disorder is not only seen psychologically, but can also affect physical health such as sleep disturbances, headaches, decreased academic performance and poor social relationships (9).

Based on a preliminary study conducted at SMK YP 17 Pare on October 23, 2024, it was found that 200 students at SMK YP 17 Pare, some of whom experienced psychosocial disorders such as anxiety disorders, showed several common characteristics related to the school environment. At the Bendo Community Health Center, a nearby community health center, no screening for the social pressures they face had ever been conducted. Students with social anxiety disorder feel very anxious when having to speak in front of the class, work in groups, or interact with peers. Anxiety often impacts not only psychological aspects, but also physical. Adolescent girls may experience symptoms such as headaches, sleep disturbances, stomach aches, or heart palpitations when faced with anxiety situations, which can impact their physical health, mental health, academic achievement, social relationships, and personal development.

Based on research on the psychosocial well-being of adolescents at vocational high schools in Depok City, it was concluded that the average age of respondents was 15-17 years, with the oldest being 17. There were eight students, five females and three males, participating in this study. This age group represents adolescence, and according to other related research, adolescence is a period of high vulnerability to conflict, some of which can lead to psychosocial problems.

Early detection of psychosocial disorders is crucial for providing appropriate interventions. Mental health screenings in schools can identify 30% of students at risk of depression. The use of instruments such as the Strengths and Difficulties Questionnaire (SDQ) or the Child Behavior Checklist (CBCL) can help detect psychosocial problems as early as age 10, which is also relevant for SMK YP 17 Pare. Teachers play a crucial role in creating a supportive environment and detecting psychosocial problems. Teachers who are responsive to students' emotional needs can reduce feelings of isolation and help them overcome social anxiety (10). Parents who are involved in their children's emotional well-being can mitigate the impact of psychosocial disorders. Open communication between parents and children is important for detecting behavioral changes that indicate psychosocial problems (11).

Other research supports the effectiveness of cognitive-behavioral therapy (CBT) in treating anxiety and depression by helping adolescents change negative thought patterns. Social support-based approaches, such as counseling groups, can also improve



adolescents' social skills (12). Mindfulness-based Stress Reduction (MBSR) programs in several US schools have been shown to reduce stress and anxiety. Relaxation techniques such as meditation can help students feel calmer when facing pressures at school (13).

To address the issue of early detection screening and treatment of psychosocial developmental tendencies and achieve optimal psychosocial development, knowledge plays a crucial role, helping adolescents understand what happens after explaining a particular object (6).

The role of teachers and parents is important. The role of teachers is that teachers can supervise and help children in facing insurmountable difficulties, in the classroom, teachers act as leaders in the sense of leading all activities in the classroom where teachers can show attitudes such as, giving orders with the aim of being imitated in carrying out tasks correctly and certainly, warm and sympathetic so that children feel happy, without being too anxious about their achievements. Teachers and parents have an important role and responsibility to help children to improve psychosocial development, where parents and teachers provide guidance, teaching, and training in order to help children to be able to develop their potential, which concerns moral, spiritual, intellectual, emotional and social aspects.

Methods

The research used was quantitative descriptive research. The study design was cross sectional. The variable in this study was screening for psychosocial disorders in The research used was quantitative descriptive research. The study design was cross-sectional. The variable in this study was the screening of psychosocial disorders in adolescent girls. The population was 200 female students or adolescent girls in grade 10 at SMK YP 17 Pare, Kediri Regency. The sample size was 80 students from SMK YP 17 Pare. The inclusion criteria were willingness to participate and good health, while the exclusion criteria were absence from the study. The sampling technique used was simple random sampling.

The research instrument was a questionnaire, the Strengths and Difficulties Questionnaire (SDQ), to be completed according to the respondents' individual circumstances. The validity test results were 0.697 and reliability were 0.775. Data collection techniques included editing, coding, scoring, and tabulation. The SDQ consists of 25 items with the following SDQ indicators: Difficulties and Strengths. Difficulty indicators include emotional symptoms, behavioral problems, hyperactivity, peer problems. Strength indicators include aspects of prosocial behavior. Each item has a 3 point scale, namely 0 if Not True, 1 if True and 2 if Very True. After scoring, psychosocial categories are made based on the respondent's score, namely for the difficulty indicator the category is Normal if the score is 0-13, borderline if the score is 14-16 and abnormal if the score is >16-40. For the strength indicator, the category is normal if the score is 6-10, borderline if the score is 5 and abnormal if the score is <5. The data analysis technique is percentage.



Results

Psychosocial Disorders (Difficulty Indicators) Among Adolescent Girls at SMK YP 17 Pare, Kediri Regency

Tabel 1. Distribution of Psychosocial Disorder Difficulty Indicators Among Adolescent Girls at SMK YP 17 Pare

Criteria Psycosocial (Difficulty Indicators)	Frequency	Percentages (%)
Normal	44	55
<i>Borderline</i>	14	17,5
Abnormal	22	27,5
Totally	80	100

Based on Table 1, the results showed that out of 80 respondents, the majority (44 respondents; 55%) demonstrated normal psychosocial status according to the difficulty indicators.

Psychosocial Disorders (Strength Indicators) Among Adolescent Girls at SMK YP 17 Pare, Kediri Regency

Table 2. Frequency Distribution of Psychosocial Disorders (Strength Indicators) Among Adolescent Girls at SMK YP 17 Pare, Kediri Regency

Criteria Psycosocial (Strength Indicators)	Frequency	Procentase (%)
Normal	42	52,5
<i>Borderline</i>	26	32,5
Abnormal	12	15
Total	80	100

Based on Table 2, the findings indicated that out of 80 respondents, the majority (42 respondents; 52.5%) exhibited normal psychosocial status based on the strength indicators.

Discussion

The results of a study conducted at SMK YP 17 Pare, Kediri Regency, found that the majority of 44 respondents had normal psychosocial criteria based on the difficulty indicator, and the majority of 42 respondents had normal psychosocial criteria based on the strength indicator.

Psychosocial development is a continuous social learning process for adolescents, resulting from learning and experiences from the environment. Through this social learning process, adolescents learn to meet expectations and demands placed on them. Adolescents are easily influenced by their environment, making them easily swayed. If they are less able to adapt to their environment, they will generally become more introvert person, emotionally unstable, and difficulties in relationships with others. Some even exhibit attitudes and behaviors that tend to be criminal (4). This period is a period of self maturation, where adolescents are considered more capable of making decisions for themselves than children. However, if adolescents individually cannot control their emotions, it will cause problems for themselves, their families, society, and their surroundings. Psychosocial development of adolescents is the ability of adolescents to



achieve self identity including roles, personal goals, uniqueness and characteristics, this ability is achieved through a series of developmental tasks that must be completed by adolescents (2).

Psychosocial disorders in adolescent girls can be caused by a combination of psychological, social, and environmental factors that influence their emotional and behavioral development. During adolescence, especially for girls, they face various pressures, from family, school, peers, and even social media. The following are several types of psychosocial disorders frequently experienced by adolescent girls, along with their impacts: depressive disorders, which can lead to decreased academic performance, social isolation, and the risk of self-harm. Anxiety disorders, which can impact sleep disturbances, headaches, and fatigue. Post-traumatic stress disorder, which specifically impacts mental health, causes anxiety, depression, and difficulty functioning in social and school settings (6).

The results of this study align with those of other researchers on the early detection of psychosocial behavioral problems in adolescents in high schools in Makassar, which found that the majority of respondents had psychosocial indicators of both difficulties and strengths within normal criteria. However, indicators of difficulties (emotional symptoms) such as frequent complaints of body aches, excessive worry, frequent unhappiness, nervousness, or loss of self-confidence, and being easily frightened were not experienced by the respondents. Indicators of difficulty (behavioral problems) such as frequent angry outbursts, misbehavior, not doing what adults ask, frequent fighting, frequent lying, cheating, and stealing were also not experienced by respondents. Furthermore, indicators of difficulty (hyperactivity) such as being easily distracted, being overactive, not thinking before acting, and indicators of difficulty (peer problems) such as tending to be alone, not having friends, not being liked by other friends were also not experienced by respondents. Therefore, respondents did not experience any psychosocial disorders, and their adolescence was normal (1).

As for indicators of strength (prosocial behavior), the female adolescent respondents showed an attitude of being considerate of others' feelings, willing to share with other children, being helpful, and being kind to younger children. Therefore, according to the researcher's opinion, it can be concluded that adolescent psychosocial is normal as evidenced by the strength indicator where the majority of respondents (52.5%) answered with the highest score of 2 (very true) in the statement of attitudes, care, and behavior of helping others as a picture of adolescents, namely being kind to younger friends, often offering to help others, parents, teachers or children, being kind to others and caring about the feelings of others, this condition proves that they do not experience developmental disorders as adolescents to achieve self identity, which is supported by the strength within adolescents, where they can actualize their ability to control themselves as a characteristic of normal psychosocial development. This illustrates that these female adolescents are still able to control themselves and avoid delinquency during their adolescence, they do not have significant psychosocial disorders and are still within normal limits so that they do not have a detrimental impact on themselves or their environment, so they do not require special treatment because psychosocial is still within normal limits.



In the strength indicator of the borderline criteria, it shows that their prosocial behavior is slightly lower than the normal standard, although it has not reached the abnormal category as evidenced by the strength indicator where respondents (12%) answered with the highest score of 1 (true) in the statement of behavior of sharing tools and food that they have as a picture of teenagers not wanting to share toys or food with other friends, but there are also abnormal criteria, namely there are a small number of respondents (3%) who answered the lowest score of 0 (not true) in the statement of behavior of helping others who are injured, disappointed or feeling pain as which means they are heading towards an abnormal psychosocial disorder as described still exists, unwilling and not ready to help if someone is injured, disappointed or feeling pain.

Age factors can indirectly contribute to the psychosocial wellbeing of adolescent girls. General data on maternal age characteristics revealed that the majority of 80 respondents (50 respondents, 62.5%) were 17 years old. Regarding adolescent age, as explained, individuals are between 10 and 19 years old. Meanwhile, according to Regulation of the Minister of Health of the Republic of Indonesia No. 25 of 2014, adolescents are defined as those aged 10-19 years (9). All adolescents, based on their psychosocial maturity during their growth and development towards adulthood, will go through various stages.

Other research findings that support this study include the psychosocial wellbeing of adolescents at vocational high schools in Depok City. The average age of respondents was 15-17 years, with the oldest being 17 years old. There were 8 students, 5 females and 3 males, who, according to other research related to this study, are vulnerable to conflict, some of which can lead to psychosocial problems (7).

Psychosocial screening research based on Strengths and Difficulties Questionnaire (SDQ) is unique compared to other research, namely the strengths based approach and SDQ problems not only assess difficulties (emotional, behavioral, hyperactivity, peer problems) but also prosocial behavior so that the screening results are more balanced, not only pathological. In addition, SDQ excels as an early detection tool for the risk of psychosocial problems, not a diagnosis, its uniqueness often lies in its ability to identify groups at risk before the problem becomes clinical. SDQ can explore cultural, social and environmental differences in the psychosocial profiles of children and adolescents.

This research is supported by previous research on the description of psychosocial stress and the factors that influence it in adolescents. The results showed that the majority of respondents experienced moderate psychosocial disorders (47.5%). Respondents who experienced factors such as residential environment (51.5%), school environment (50.5%), family economic status (37.6%), relationships with others (49.5%), unplanned events (31.7%), and habits (2%) indicated psychosocial disorders. The researchers concluded that the majority of respondents experienced moderate psychosocial disorders, with the most influential factor being the residential environment (18).

The impact of experiencing psychosocial disorders is that adolescent girls will experience depression, which can lead to decreased academic performance, social isolation, and the risk of selfharm. Anxiety disorders, in which adolescents experiencing social anxiety often feel anxious when interacting with peers, speaking in front of a class, or even working in groups. The impact of this anxiety disorder is not only seen psychologically but can also affect physical health, such as sleep disturbances, headaches,



decreased academic performance, and poor social relationships. Psychosocial disorders, such as post traumatic stress, have a specific impact on mental health, causing anxiety, depression, and difficulty functioning in social and school environments. Efforts to address and overcome psychosocial disorders include providing psychoeducational support through information and training on the importance of sharing and considering the feelings of others. Family counseling can also be done by involving parents or family members in the intervention process. The role of the family is very important in supporting changes in prosocial behavior in adolescents.

Other supporting research shows that adolescents experience psychosocial disorders, shows 57% of students experience anxiety, 9.6% of students experience stress, 90.4% do not experience stress, and 17.3% of students experience depression, 82.7% do not experience depression. It is recommended that schools can help overcome adolescent psychosocial problems by creating policies for preventing and handling psychosocial disorders such as anxiety, stress, and depression in students (19).

Providing social training through interventions to improve social skills, such as talking with peers and working together in groups. Activities to social interaction, such as group discussions or sharing activities, can be very helpful. Further action can be taken, including social behavioral therapy, through further interventions, such as cognitive behavioral therapy, to help these adolescents understand and change less prosocial behavior patterns into more positive ones. Counseling on prosocial behavior can be provided by explaining the positive impact of prosocial behavior on interpersonal relationships and its benefits in improving emotional and social well-being. Further action can be taken, including psychosocial guidance with a more personalized approach through counseling or guidance, which can provide the support needed to enhance prosocial behavior and overcome any social or emotional difficulties these adolescents may experience.

There are no gaps between the results of this study and previous theories and researchers, as adolescent development requires overcoming the identity crisis, a psychosocial challenge during adolescence. They must be able to bear the burden of every decision made in dealing with psychosocial issues, especially with their peers. In this study, the participants were largely within normal criteria, so various psychosocial issues could still be managed, demonstrating the development of a strong self-identity during adolescence. However, in the social environment of adolescents, social interactions occur in relationships that greatly influence adolescent attitudes in their lives. They need to improve prosocial behavior and overcome social difficulties that they can get from reproductive health programs from community health centers that can support adolescent psychosocial.

Conclusion

Psychosocial outcomes from the difficulty and strength indicators were largely within the normal range, enabling various psychosocial challenges to be managed, demonstrating the development of a strong self identity during adolescence. Within adolescents' social environments, social interactions can significantly influence their attitudes and behaviors. They require increased prosocial behavior to overcome social



difficulties, which can be achieved through reproductive health programs provided by community health centers that provide psychosocial support.

The researchers each had their own roles in this study: the first researcher obtained permission and developed the proposal; the second researcher analyzed the data; and the third researcher conducted the discussion. The research team collaborated on data collection with respondents.

A limitation of this study was that the study was limited to 10th-grade students due to activities conducted with 11th and 12th grade students. The results of this study have contributed to the school providing an overview of the results of student psychosocial screenings, thus enabling them to understand their psychosocial health status.

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