

The Relationship between Social Support with Depression to College Students

Putu Nanda Kristyana Dewi¹, Kondang Budiyan²

1Universitas Mercu Buana Yogyakarta, Indonesia

2Universitas Mercu Buana Yogyakarta, Indonesia

*200810111@student.mercubuana-yogya.ac.id

ABSTRACT

The aim of this study is to determine the relationship between social support with depression to college students. This research employs a quantitative correlational design with 224 subjects who meet the criteria of being active university students aged 18-26 years. The sample was selected using a purposive sampling technique. Data collection for this study utilized the Depression Anxiety Stress Scale (DASS) and the Multidimensional Scale of Perceived Social Support (MSPSS). The data analysis technique used in this study is Pearson's product-moment correlation. Based on the analysis results, the correlation coefficient obtained is $r = -0.250$, with $p < 0.001$. These results indicate a negative relationship between social support and depression among university students, thus supporting the study's hypothesis. The coefficient of determination (R^2) is 0.062, indicating that social support contributes 6.2% to depression, while the remaining 93.8% is influenced by other psychological factors.

Keywords: depression, social support

Introduction

Students are individuals or groups of people who have completed high school education and continued their studies at a university (Daldiyono, 2009). For many students, university life can often be a stressful experience as they have to adapt to new lifestyle changes, communities, and social relationships (Alsubaie, Stain, Webster, & Wadman, 2019). Particularly for first-year students, the transition and adjustment to a new environment can trigger significant emotional increases (Tuasikal & Retnowati, 2019). Sharma (2012) adds that the adjustment process experienced by new students can trigger emotional instability, such as intense, uncontrolled, and irrational feelings, which have the potential to develop into emotional disorders like depression later on.

Depression is defined as a condition where an individual, experiences negative emotions, such as hopelessness, sadness, moodiness, feelings of worthlessness, a lack of meaning, lack of interest in doing anything, and a lack of positive feelings (Lovibond & Lovibond, 1995). According to Lovibond and Lovibond (1995), depression consists of several symptoms, including dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest/involvement, anhedonia, and inertia.

In recent years, depression has become the most common psychological disorder among students, with an increasing annual incidence rate, affecting student learning and life as well as hindering individual potential (Tang, Feng, & Lin, 2021). A study by Setyanto (2023) showed that out of 124 student respondents, 26.9% (61 students) experienced mild depression, 18.5% (42 students) experienced moderate depression, and 9.3% (21 students) experienced severe depression. Meanwhile, a study by Tang, Feng, and Lin (2021) on Chinese students with 541 respondents found that 29.8% (161 students) showed symptoms of depression. Rotenstein et al. (2016) stated that depression symptoms in students can hinder their ability to learn and negatively impact their academic performance.

According to Brown and Harris (2012), several factors can influence depression, including: a) stressful life events, b) social support, c) personal vulnerability, d) socioeconomic status, e) interpersonal relationships, and f) gender roles. Among these factors, this study chose to focus on social support as the variable to be examined. The choice of social support as a factor is supported by the study of Qing and Li (2021), which states that social support is one of the key factors influencing an individual's level of depression. According to Zuhana (2016), the impact of social support is crucial in reducing the negative effects of depression, and individuals who are socially integrated and able to effectively utilize support from others tend to experience fewer depressive symptoms.

Amin (2015) found a relationship between social support and depression levels among final-year students who are working on their final assignments, with a moderate correlation of 0.546. This finding is reinforced by Syahputra (2020), who also mentioned a significant relationship between social support and depression levels. Therefore, social support is an important factor for individuals with depressive disorders (Saputri & Indrawati, 2011). Furthermore, Li Yawen et al. (2021) stated that the more social support an individual receives, the less likely they are to experience depression. Conversely, individuals with low social support tend to feel uncomfortable in their environment and have more severe depressive symptoms. Based on the above discussion, the aim of this study is to examine the relationship between social support with depression to college students.

Methods

The research method used in this study is quantitative with a correlational research design. The sampling technique used is purposive sampling, involving 224 active university students as subjects. Respondents were selected based on predetermined criteria (Hadi, 2017). The characteristics in this study include active students currently enrolled in courses, consisting of both female and male students aged 18-26 years. The data analysis method in this study is conducted using the Pearson product-moment correlation method to test the hypothesis regarding the relationship between two variables: the independent variable (X), which is social support, and the dependent variable (Y), which is depression. This correlation analysis technique was chosen because it is useful for determining whether there is a significant relationship between the variables studied. The data analysis process was carried out with the assistance of the SPSS program (version 23). The research data were obtained using a questionnaire instrument with a Likert scale model.

The depression measurement tool used in this study is the Depression Anxiety Stress Scale (DASS) developed by Lovibond and Lovibond (1995), translated by Widyana, Sumiharso, and Safitri (2020). This instrument has been tested by previous researchers who found that the item discrimination coefficients on the depression subscale range from 0.497 to 0.857, and the item discrimination coefficients for each subscale show good item discrimination with values >0.3 , indicating that all items can be used. The reliability test showed a reliability coefficient of 0.954 for the depression subscale, with a sample size of $N = 1451$, leading to the conclusion that the Indonesian version of the DASS-42 has a high level of validity and is valid for measuring depression levels.

Meanwhile, the social support measurement tool used is the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet, Dahlem, Zimet, and Farley (1988), translated by Sulistiani, Fajrianti, and Kristiana (2022). In this scale, the reliability and validity estimates were obtained using the Rasch model. The results of the Indonesian MSPSS analysis showed that the Pearson reliability score is 0.77, indicating that this measurement tool can distinguish between high and low levels of participants' social support. The reliability score of this tool was recorded at 0.99, indicating a very high level of consistency in respondents' responses to the items, while the Cronbach's alpha score, which indicates reliability between people and items, is 0.85, indicating a very high category. With a sample size of $N = 495$, this shows that the MSPSS scale is a unidimensional scale with a very good category, and thus the Indonesian MSPSS scale can be used to measure social support.

Results

The respondents who participated in this study consisted of 224 subjects who met the criteria for being active students. The distribution of respondents is described as follows.

Example of Table and Figures

Table 1. Respondent Demographic Data

| Characteristics | Frequency (f) | Percentage (%) |
|-----------------|---------------|----------------|
| Age | 18 years | 5 2,23% |
| | 19 years | 16 7,14% |
| | 20 years | 45 20,09% |
| | 21 years | 52 23,21% |
| | 22 years | 78 34,82% |
| | 23 years | 19 8,48% |
| | 24 years | 3 1,34% |
| | 25 years | 4 1,79% |
| | 26 years | 1 0,45% |
| Gender | Male | 75 33,48% |
| | Female | 149 66,52% |
| Residence | Java Island | 143 63,84% |

| | | |
|----------------------|----|--------|
| Kalimantan Island | 6 | 2,68% |
| Nusa Tenggara Island | 36 | 16,07% |
| Papua Island | 13 | 5,80% |
| Sulawesi Island | 9 | 4,02% |
| Sumatra Island | 17 | 7,59% |

Table 2. Depression Scale Categorization

| Category | Score Range | N | Percentage |
|-------------------|-------------|-----|------------|
| Normal | 0-9 | 147 | 65,6% |
| Mild | 10-13 | 22 | 9,8% |
| Moderate | 14-20 | 26 | 11,6% |
| Severe | 21-27 | 15 | 6,7% |
| Extremmely Severe | 27-42 | 14 | 6,3% |
| | Total | 224 | 100% |

The results of the Depression Scale categorization show that 65.6% (147 subjects) fall into the normal category or are not experiencing depression, 9.8% (22 subjects) are in the mild depression category, 11.6% (26 subjects) are in the moderate depression category, 6.7% (15 subjects) are in the severe depression category, and 6.3% (14 subjects) are in the extremely severe depression category. Based on this data, it can be concluded that out of 224 research subjects, 147 are in the normal category or not experiencing depression, while 77 subjects are experiencing depression at varying levels of severity.

Table 3. Social Support Scale Categorization

| Category | Guideline | Score | N | Percentage |
|----------|----------------------------|------------------|-----|------------|
| Low | $X < M - 1SD$ | $X < 36$ | 5 | 2,2% |
| Moderate | $M - 1SD \leq X < M + 1SD$ | $36 \leq X < 60$ | 65 | 29,0% |
| High | $M + 1SD \leq X$ | $60 \leq X$ | 154 | 68,8% |
| | | Total | 224 | 100% |

Based on the results of the social support scale categorization, it was found that 2.2% (5 subjects) fall into the low category, 29.0% (65 subjects) are in the moderate category, and 68.8% (154 subjects) are in the high category. Thus, it can be concluded that the majority of subjects have a high level of social support.

The normality test was conducted using the one-sample Kolmogorov-Smirnov (K-S) technique. The guideline states that if $p > 0.050$, the data is considered normally distributed; if $p \leq 0.050$, the data is not normally distributed (Hadi, 2017). The normality test results for the depression variable showed $K-SZ = 0.216$ with $p = 0.000$ ($p < 0.05$), indicating the depression variable is not normally distributed. Similarly, the social support variable showed $K-SZ = 0.135$ with $p = 0.000$ ($p < 0.05$), indicating it is also not normally distributed.

According to Hadi (2017), if the sample size is $N \geq 30$, the data can be considered approximately normal. Therefore, with a sample size of $N = 224$ ($N \geq 30$) in this study, the depression and social support variables can proceed to the next step, the linearity test. The researcher proceeded with the linearity test to determine if there is a linear relationship between the variables. The guideline is that if $p < 0.050$, the relationship is considered linear; if $p \geq 0.050$, the relationship is not considered linear (Hadi, 2017). The linearity test results for both variables showed $F = 14.473$ with $p = 0.000$ ($p < 0.050$), indicating a linear relationship between social support and depression.

Table 4. Normality test results

| | Tests of Normality | | | | | |
|----------------|---------------------------------|-----|------|--------------|-----|------|
| | Kolmogorov-Smirnov ^a | | | Shapiro-Wilk | | |
| | Statistic | Df | Sig. | Statistic | df | Sig. |
| Depression | .216 | 224 | .000 | .856 | 224 | .000 |
| Social_Support | .135 | 224 | .000 | .941 | 224 | .000 |

a. Lilliefors Significance Correction

Table 5. Linearity Test Results

| | | ANOVA Table | | | | | |
|----------------|----------------|--------------------------|----------------|----|-------------|--------|------|
| | | | Sum of Squares | df | Mean Square | F | Sig. |
| Depression | Between Groups | (Combined) | 3892.790 | 44 | 88.472 | 1.205 | .199 |
| Social_Support | | Linearity | 1062.689 | 1 | 1062.689 | 14.473 | .000 |
| | | Deviation from Linearity | 2830.100 | 43 | 65.816 | .896 | .655 |
| | | Within Groups | 13143.33 | 17 | 73.426 | | |
| | | | 5 | 9 | | | |
| | | Total | 17036.12 | 22 | | | |
| | | | 5 | 3 | | | |

After meeting the assumption tests, the researcher proceeded with hypothesis testing using the Pearson product-moment correlation analysis (Sugiyono, 2016). This technique determines the relationship between two variables: the independent and dependent variables. A significant correlation indicates a relationship between the variables. The guideline is if $p < 0.050$, there is a correlation; if $p \geq 0.050$, there is no correlation (Sugiyono, 2016). The Pearson correlation analysis results showed a correlation coefficient (r_{xy}) = -0.250 with $p < 0.050$, indicating a significant negative relationship between social support and depression among students. This means that higher social support is associated with lower levels of depression. Additionally, the analysis showed $R = -0.250$ with a coefficient of determination (R^2) of 0.062, indicating that social support explains 6.2% of the variance in depression.

Table 6. Hypothesis Test Results

| | | Correlations | |
|----------------|---------------------|---------------------|-----------------|
| | | Depresi | Dukungan_sosial |
| Depression | Pearson Correlation | 1 | -.250** |
| | Sig. (2-tailed) | | .000 |
| | N | 224 | 224 |
| Social_Support | Pearson Correlation | -.250** | 1 |
| | Sig. (2-tailed) | .000 | |
| | N | 224 | 224 |

** . Correlation is significant at the 0.01 level (2-tailed).

The researcher conducted additional analysis to determine if there is a relationship between male and female subjects. For male subjects, normality testing using the one-sample Kolmogorov-Smirnov (K-S) technique showed non-normal distributions for both depression (K-SZ = 0.216, $p < 0.05$) and social support (K-SZ = 0.192, $p < 0.05$). With N = 75, the data are considered approximately normal, allowing for further analysis.

The linearity test results showed $F = 2.491$ ($p > 0.050$), indicating a non-linear relationship between social support and depression. Pearson correlation analysis revealed a coefficient (r_{xy}) = -0.144 ($p > 0.05$), indicating no significant relationship between social support and depression, with $R^2 = 0.021$, meaning social support explains only 2.1% of the variance in depression among male subjects.

Table 7. Normality Test Results for Male Subjects

| | Tests of Normality | | | | | |
|---------------------|---------------------------------|----|------|--------------|----|------|
| | Kolmogorov-Smirnov ^a | | | Shapiro-Wilk | | |
| | Statistic | df | Sig. | Statistic | df | Sig. |
| Depression Male | .216 | 75 | .000 | .849 | 75 | .000 |
| Social Support Male | | | | | | |
| Depression Male | .192 | 75 | .000 | .913 | 75 | .000 |
| Social Support Male | | | | | | |

a. Lilliefors Significance Correction

Table 8. Linearity Test Results for Male Subjects

| ANOVA Table | | | | | | | |
|--------------------|---------|-------------------|----------|----|---------|-------|------|
| | | | Sum of | df | Mean | F | Sig. |
| | | | Squares | | Square | | |
| Depression | Between | (Combined) | 3710.425 | 31 | 119.691 | 2.500 | .003 |
| Male | Groups | Linearity | 119.233 | 1 | 119.233 | 2.491 | .122 |
| Social | | Deviation | 3591.192 | 30 | 119.706 | 2.500 | .003 |
| Support Male | | from Linearity | | | | | |
| Within Groups | | | 2058.562 | 43 | 47.874 | | |
| Total | | | 5768.987 | 74 | | | |

Table 9. Hypothesis Test Results for Male Subjects

| Correlations | | | |
|---------------------|-----------------|--------------------|------------------------|
| | | Depression Male | Social Support Male |
| Depression Male | Pearson | 1 | -.144 |
| | Correlation | | |
| | Sig. (2-tailed) | | .219 |
| | | N | 75 |
| Social Support Male | Pearson | -.144 | 1 |
| | Correlation | | |
| | Sig. (2-tailed) | .219 | |
| | | N | 75 |

For female subjects, Normality testing using the one-sample Kolmogorov-Smirnov (K-S) technique showed non-normal distributions for depression (K-SZ = 0.216, $p < 0.05$) and social support (K-SZ = 0.120, $p < 0.05$) among female subjects. With $N = 149$, the data are considered approximately normal, allowing for further analysis. The linearity test results showed $F = 15.263$ ($p < 0.05$), indicating a linear relationship between social support and depression in female subjects. Pearson correlation analysis revealed a coefficient (r_{xy}) = -0.309 ($p < 0.05$), indicating a significant negative relationship between social support and depression. This means higher social support is associated with lower depression levels. The coefficient of determination (R^2) was 0.096, meaning social support explains 9.6% of the variance in depression among female subjects.

Table 10. Normality Test Results for Female Subjects

| Case Processing Summary | | | | | | |
|-------------------------|-------|---------|---------|---------|-------|---------|
| | Cases | | | | | |
| | Valid | | Missing | | Total | |
| | N | Percent | N | Percent | N | Percent |
| Depression Female | 149 | 66.2% | 76 | 33.8% | 225 | 100.0% |
| Social Support Female | 149 | 66.2% | 76 | 33.8% | 225 | 100.0% |

Table 11. Linearity Test Results for Female Subjects

| ANOVA Table | | | | | | | |
|---|----------------|--------------------------|----------------|-----|-------------|--------|------|
| | | | Sum of Squares | df | Mean Square | F | Sig. |
| Depression Female Social Support Female | Between Groups | (Combined) | 3691.634 | 41 | 90.040 | 1.280 | .158 |
| | | Linearity | 1073.297 | 1 | 1073.29 | 15.263 | .000 |
| | | Deviation from Linearity | 2618.337 | 40 | 65.458 | .931 | .591 |
| Within Groups | | | 7524.258 | 107 | 70.320 | | |
| Total | | | 11215.89 | 148 | | | |

3

Table 12. Hypothesis Test Results for Female Subjects

| Correlations | | | |
|-----------------------|---------------------|-----------------------|-------------------------------|
| | | Depresi_Pere mpuan | Dukungan_Sosial _Perempuan |
| Depression Female | Pearson Correlation | 1 | -.309** |
| | Sig. (2-tailed) | | .000 |
| | N | 149 | 149 |
| Social Support Female | Pearson Correlation | -.309** | 1 |
| | Sig. (2-tailed) | .000 | |
| | N | 149 | 149 |

** . Correlation is significant at the 0.01 level (2-tailed).

Discussions

This study aims to explore the relationship between social support and depression among students. Based on the Pearson correlation analysis, a correlation coefficient (r_{xy}) of -0.250 ($p < 0.050$) was obtained. This result indicates that the research hypothesis is accepted, suggesting a negative relationship between social support and depression among students. In other words, higher levels of social support are associated with lower levels of depression, while lower levels of social support are associated with higher levels of depression.

The acceptance of the hypothesis in this study is also supported by research conducted by Tang, Feng, and Lin (2021), which found that social support factors have a negative correlation with depression among Chinese students. Additionally, the study by Qing and Li (2021) revealed that social support has a significant negative predictive effect on depression among students. This study further explains that students with higher levels of social support are less likely to experience depression, while those with lower levels of social support are more likely to experience depression. Students with high levels of social support are more likely to receive emotional and material support from others and experience more positive emotions, which reduces the occurrence of depressive symptoms (Qing & Li, 2021).

Social support is a resource derived from interactions with others or the surrounding environment that can provide physical and psychological comfort to individuals (Rahama & Izzati, 2021). Students with low levels of social support are more vulnerable to depression when faced with stressful life events (Qing & Li, 2021). In this context, social support plays a crucial role as an internal mechanism that not only mitigates the negative impact of such events but also helps students better cope with the stress they experience, ultimately reducing the risk of depression (Qing & Li, 2021).

Good social support not only provides a sense of security and protection but also acts as a buffer that can alleviate the emotional burden experienced by students when facing difficult situations, thereby reducing the incidence of depression among students who receive adequate social support (Qing & Li, 2021). This aligns with Zuhana (2016) view that social support plays a vital role in reducing the negative impact of depression. Individuals with good social integration and the ability to effectively utilize social support from others tend to face fewer causes of depression, and the presence of supportive others can reduce the likelihood of experiencing further depression in challenging situations (Zuhana, 2016). Lovita (2020) added that having social support helps students believe they can solve problems due to positive support from close ones, which positively impacts the reduction of depression. Thus, social support is related to the depression experienced by students.

The data analysis results show a coefficient of determination (R^2) of 0.062, indicating that social support contributes 6.2% to depression, while 93.8% of depression is influenced by other factors not investigated in this study, such as stressful life events, personal vulnerability, social and economic status, interpersonal relationships, gender roles, biological factors, genetic factors, and psychosocial factors.

Based on the categorization results for 224 students, 65.6% are in the normal depression category. This indicates that education has a significant impact on depression levels, where educated individuals tend to experience lower depression. Educated individuals have better knowledge about mental health, access to health services, and broader social support, which helps manage stress and depressive symptoms (Gonzalez, Tarraf, Whitfield & Vega, 2010). Meanwhile, 34.4% of students fall into the mild to very severe depression categories. In terms of social support categorization, 31.2% are in the low to moderate categories, and 68.8% are in the high category. Indonesia's collective culture, particularly through the values of mutual cooperation, plays a significant role in shaping social support patterns, with the strong mutual cooperation concept in Indonesian society helping to improve social support and psychological well-being among students (Santosa, 2020).

Additionally, the researcher conducted further analysis to examine the differences in the relationship between social support and depression among male and female students. Based on the Pearson correlation analysis, the relationship between social support and depression in male students showed $r_{xy} = -0.144$ with $p > 0.05$. In other words, social support does not have a significant effect on reducing depression levels among male students. In contrast, for female students, the correlation coefficient (r_{xy}) = -0.309 with $p < 0.05$, indicating a significant negative relationship between social support and depression among female students. This means that higher social support is associated with lower levels of depression among female students.

Women are generally more likely to express emotions verbally and seek social support as a way to cope with stress (Nolen, 2012). Social support, such as from friends, family, or partners, plays a crucial role in helping women reduce stress and depression levels (Nolen, 2012). Studies show that women tend to value emotional support in stressful situations, which can help individuals feel more understood and accepted (Nolen, 2012). On the other hand, men often use problem-focused coping strategies or avoid emotions, tending to suppress or divert attention from negative emotions and focusing on solving problems logically. As a result, men might feel they do not need social support in coping with depression, viewing it as a weakness or sign of incapacity (Tamres, Janicki, & Helgeson, 2002).

For female students, the coefficient of determination (R^2) of 0.096 indicates that social support contributes 9.6% to depression. This suggests that social support is a more significant factor in influencing depression levels in females compared to males. This finding shows gender differences in the impact of social support on depression, where social support is more significant in reducing depression levels in females than in males. Females are more responsive to social support as protection against depression, while males tend to use other coping strategies that are less effective in the long term (Nolen, 2012).

In conclusion, there is a negative relationship between social support and depression among students. Higher levels of social support are associated with lower levels of depression, while lower levels of social support are associated with higher levels of depression.

Conclusion

Based on the research results and discussions conducted, it can be concluded that there is a negative relationship between social support and depression among students. This means that higher levels of social support are associated with lower levels of depression, while lower levels of social support are associated with higher levels of depression. The study also indicates a difference in the impact of social support on depression between male and female students. For female students, social support has a significant negative relationship with depression levels, where social support plays a more significant role in reducing depression. In contrast, for male students, social support does not show a significant impact on depression levels. This suggests that females are more responsive to social support as a protective mechanism against depression, whereas males tend to use different coping strategies that may be less effective in the long term.

References

- Alsubaie, M. M., Stain, H. J., Webster, L. A. D., & Wadman, R. (2019). The role of sources of social support on depression and quality of life for university students. *International journal of adolescence and youth*, 24(4), 484-496.
- AMIN, Z. A. (2015). *Hubungan Dukungan Sosial Dengan Tingkat Depresi Pada Mahasiswa Tingkat Akhir Dalam Menghadapi Tugas Akhir Di Sekolah Tinggi Ilmu Kesehatan Harapan Bangsa Purwokerto* (Doctoral dissertation, Universitas Harapan Bangsa).
- Brown, G. W., & Harris, T. (2012). *Social origins of depression: A study of psychiatric disorder in women*. Routledge.
- Daldiyono. (2009). *How to be a Real and Successful Student*. Jakarta: Kompas Gramedia
- González, H. M., Tarraf, W., Whitfield, K. E., & Vega, W. A. (2010). The epidemiology of major depression and ethnicity in the United States. *Journal of psychiatric research*, 44(15), 1043-1051.
- Hadi, S. (2017). *Metodologi riset*. Yogyakarta: Pustaka Pelajar.
- Li, Y., Liang, F., Xu, Q., Gu, S., Wang, Y., Li, Y., & Zeng, Z. (2021). Social support, attachment closeness, and self-esteem affect depression in international students in China. *Frontiers in psychology*, 12, 618105.
- Lovibond, P. F., & Lovibond, S. H. (1995). The Structure of Negative Emotional States: Comparison of The Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour research and therapy*, 33(3), 335-343.
- Lovita, W. G. (2020). *Hubungan Antara Motivasi Belajar Dan Dukungan Sosial Orangtua Dengan Resiliensi Dalam Pengerjaan Skripsi Pada Mahasiswa UIR* (Doctoral dissertation, Universitas Islam Riau).
- Nolen-Hoeksema, S. (2012). Emotion regulation and psychopathology: The role of gender. *Annual review of clinical psychology*, 8(1), 161-187.
- Qing, H., & Li, S. (2021). The relationship between social support and depression in university students: The meaning in life as mediation. *In SHS Web of Conferences* (Vol. 123, p. 01012). EDP Sciences.
- Rahama, K., & Izzati, U. A. (2021). Hubungan antara dukungan sosial dengan psychological well-being pada karyawan. *Jurnal Penelitian Psikologi*, 8(7), 94-106.

- Rotenstein, L. S., Ramos, M. A., Torre, M., Segal, J. B., Peluso, M. J., Guille, C., ... & Mata, D. A. (2016). Prevalence of depression, depressive symptoms, and suicidal ideation among medical students: a systematic review and meta-analysis. *Jama*, *316*(21), 2214-2236.
- Santosa, M. (2020). Peran Budaya Kolektif dalam Dukungan Sosial di Indonesia: Studi Kasus di Kalangan Mahasiswa. *Jurnal Kesejahteraan Sosial*, *22*(4), 87-102.
- Saputri, M. A. W., & Indrawati, E. S. (2011). Hubungan antara dukungan sosial dengan depresi ada lanjut usia yang tinggal di panti wreda wening wardoyo jawa tengah. *Jurnal Psikologi*, *9*(1).
- Setyanto, A. T. (2023). Deteksi Dini Prevalensi Gangguan Kesehatan Mental Mahasiswa Di Perguruan Tinggi. *Wacana*, *15*(1), 66-78.
- Sharma, B. (2012). Adjustment and emotional maturity among first year college students. *Pakistan Journal of Social and Clinical Psychology*, *9*(3), 32-37. Retrieved from <http://www.gcu.edu.pk/FullTextJour/PJSCS/2012july/5.pdf>.
- Sugiyono, S. (2016). *Metode penelitian kuantitatif, kualitatif, R&D*. Bandung: Alfabeta, 1-11.
- Sulistiani, W., Fajrianti, F., & Kristiana, I. F. (2022). Validation of the Indonesian version of the multidimensional scale of perceived social support (MSPSS): A Rasch Model approach. *Jurnal psikologi*, *21*(1), 89-103.
- Syahputra, A., Theresa, R. M., & Bustamam, N. (2020). Hubungan Dukungan Sosial dengan Tingkat Depresi pada Mahasiswa Fakultas Kedokteran Universitas Pembangunan Nasional "Veteran" Jakarta Angkatan 2018. In *Seminar Nasional Riset Kedokteran* (Vol. 1, No. 1).
- Tamres, L. K., Janicki, D., & Helgeson, V. S. (2002). Sex differences in coping behavior: A meta-analytic review and an examination of relative coping. *Personality and social psychology review*, *6*(1), 2-30.
- Tang, Z., Feng, S., & Lin, J. (2021). Depression and its correlation with social support and health-promoting lifestyles among Chinese university students: a cross-sectional study. *BMJ open*, *11*(7), e044236.
- Tuasikal, A. N. A., & Retnowati, S. (2019). Kematangan emosi, problem-focused coping, emotion-focused coping dan kecenderungan depresi pada mahasiswa tahun pertama. *Gajah Mada Journal of Psychology (GamaJoP)*, *4*(2), 105-118.
- Widyana, R., & Sumiharso, S. R. (2020). Psychometric properties of internet-administered version of depression, anxiety and stress scales (DASS-42) in sample Indonesian adult. *Talent Dev Excell*, *14*(2s), 1422-1434.
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of personality assessment*, 30-41.
- Zuhana Sari, S. (2016). Dukungan Sosial Dan Depresi: Studi Meta Analisis. In *Seminar Asean Psychology & Humanity* (pp. 19-20).