Jurnal Persatuan Perawat Nasional Indonesia
Journal of Indonesian National Nurses Association
P-ISSN: 2503-1376 E-ISSN: 2549-8576

Patterns of Sibling Relationships and Levels of Depression among Adolescents in East Jakarta

Ardianingtyas Nurul Pratama[1], Mustikasari[2]*

[1]Faculty of Nursing, University of Indonesia, Depok, Indonesia
Gedung Pendidikan dan Laboratorium FIK UI
Jln. Prof Dr Sudjono D Pusponegoro, Kampus UI Depok, Pondok Cina, Beji,
Kota Depok, 16424, Indonesia
[2]Mental Health Nursing, Faculty of Nursing, University of Indonesia, Depok, Indonesia
Gedung Pendidikan dan Laboratorium FIK UI
Jln. Prof Dr Sudjono D Pusponegoro, Kampus UI Depok, Pondok Cina, Beji,
Kota Depok, 16424, Indonesia

Corresponding Author: Mustikasari | Email: mustikasari@ui.ac.id. | ORCID: 0000-0002-8096-8868

Corresponding author
Mustikasari
Faculty of Nursing,
University of Indonesia,
Depok, Indonesia
Email:
mustikasari@ui.ac.id

Received:
21 May 2026

Revised:
30 May 2026

Accepted:
21 July 2026

Keywords:
Adolescents, depression, sibling relationship

DOI:
http://dx.doi.org/10.32419/jppni.v11i2.948

ABSTRACT

Background
Adolescents require support from those closest to them when facing psychosocial challenges related to identity formation; such support helps prevent failures that could lead to depression. Beyond parents, siblings serve as a primary source of support, as positive sibling relationships tend to lower depression levels compared to situations marked by constant conflict between them.

Objective
This study aims to analyze the relationship between sibling relationship patterns and levels of depression among adolescents in East Jakarta.

Methods
A quantitative descriptive study with a cross-sectional design on an age group in East Jakarta, Indonesia. Four hundred forty-five adolescents participated in the study, selected with probability sampling using cluster sampling. Sibling relationship quality was measured using the Sibling Relationship Questionnaire (SRQ). Level depression was measured using the Children's Depression Inventory (CDI). The data were analyzed using univariate and bivariate methods, the ANOVA statistical test was used for bivariate analysis.

Results

The findings indicate that adolescents exhibit a "warmth" relationship pattern (M = 36.25) and mild levels of depression (60.2%). There is a significant relationship between warmth (F = 33.803, p < 0.001) and conflict (F = 4.565, p = 0.033) relationship patterns with depression levels.

Conclusion

As the mean score for sibling relationship patterns increases, depression levels become less severe. Therefore, adolescents are encouraged to develop healthy sibling relationships as a supportive aspect of their self-exploration. Further research is recommended to examine the relationship between sibling relationships and other psychosocial issues among adolescents.

Background

An individual's inability to cope with feelings of sadness or hopelessness which arise as a natural response to everyday disappointments is a cause of depression. Depression is a mood disorder characterized by feelings of sadness, hopelessness, and pessimism (American Psychiatric Association, 2013). These changes may be accompanied by a loss of interest in daily activities, changes in appetite and eating patterns, and the emergence of somatic symptoms. Depression is caused by an individual's ineffective coping mechanisms in dealing with feelings of sadness or hopelessness that arise as a normal response to everyday disappointments in life (Townsend & Morgan, 2021). The World Health Organization/WHO (2024) estimates that 1.4% of adolescents aged 10–14 and 3.5% of adolescents aged 15–19 worldwide experience depression. The 2023 Indonesia Health Survey recorded that the 15-24 age group has the highest prevalence of depression in Indonesia, reaching 2.0% surpassing the national average prevalence of 1.4% (Badan Kebijakan Pembangunan Kesehatan, 2023).

Depression in adolescents can be caused by factors such as social media, bullying, romantic relationships, issues with close relatives, school-related stress, family history, and trauma (Kementerian Kesehatan Republik Indonesia/Kemkes RI, 2024). Kasome's (2020) study found that adolescents with strained relationships with their parents are 10,308 times more likely to experience depression (Kasome, 2020). Another study by Aryanti, Pramesti & Putra (2024) found that adolescents receiving high emotional support from their families have minimal levels of depression. Conversely, adolescents who receive low emotional support have moderate levels of depression.

Adolescents are individuals with a high sense of curiosity, a love for adventure and challenges, and a willingness to take risks in their behavior without being grounded in careful consideration (KemKes RI, 2020). Cognitively, adolescents exhibit egocentrism, focusing on the belief that others think exactly as they do. Adolescents assume others judge them more harshly than is actually the case (King, 2014). The absence of role models or the presence of poor role models can influence how adolescents resolve the conflicts they face (Evans, Nizette & O'Brien, 2017). Adolescence is divided into early, middle, and late adolescence, namely ages 10-21 (King, 2014). Adolescence is a transitional period towards adulthood, which makes adolescents face various challenges, ranging from risky behavior to psychological and emotional difficulties that can lead

to psychological problems (Berman *et al*., 2022). A study by Susanti, Pamela, Haryanti (2018) on the psychological and emotional development of 97 adolescents revealed that the majority of their development fell into the "good" category—49 individuals (50.5%)—while the remaining 48 (49.5%) fell into the "poor" category. Adolescents have a high level of vigilance in dealing with uncertainty about the circumstances they face, including distinguishing between what is good and what is bad (Christiani & Mulajaya, 2024). Adolescents who lose self-confidence and consistently harbor negative thoughts are more susceptible to experiencing these problems (Prayitno *et al.*, 2022). Given this, it is crucial for adolescents to have someone who can accompany and guide them through the identity-formation process so they are not influenced by negative factors. Adolescents can find such a figure—someone who can help them navigate this entire developmental phase—among their peers, parents, and siblings. Of these three relationships, the sibling relationship is the longest-lasting one an individual can have, making it easier to share stories and feelings. Siblings are a good support system, if warmth and closeness between siblings can be built by getting used to communicating with each other verbally and nonverbally (Simatupang, 2014).

A study conducted by Finan, Ohannessian, & Gordon (2018) examined the relationship between sibling relationships and changes in depressive symptoms over time, finding that male adolescents with low levels of sibling hostility experience a gradual increase in depressive symptoms during adolescence, which then slowly decline into early adulthood. Conversely, if sibling hostility is high, depressive symptoms actually decrease during adolescence and then increase into early adulthood. Additional findings among adolescent girls indicate that sibling interactions characterized by both low warmth and low hostility, as well as high warmth and high hostility, result in significant changes in depressive symptoms over time.

Siblings are the individuals with whom one shares the longest-standing family relationship throughout one's lifespan. Sibling relationships play a role in an individual's well-being, often unconsciously. Higher quality sibling relationships also contribute to better overall life well-being (Bedford & Avioli, 2001). Warmth in sibling relationships is grounded in aspects of closeness, intimacy, affection, support, and friendship. However, sibling conflict can also arise, driven by factors such as arguments, fights, aggression, hostility, negativity, and coercion (Sanders, 2004). Research by Furman and Buhrmester (1985) identified several patterns for measuring the quality of sibling relationships. There are four measurable patterns: warmth or closeness, relative power, conflict, and sibling rivalry.

Having a positive sibling bond enhances a child's or adolescent's sense of security. Negative sibling relationship experiences tend to lead children or adolescents to view themselves as unworthy of love. This can cause them to feel anxious and depressed, and even perceive their social environment as a negative and untrustworthy place. These thoughts can lead them to engage in delinquency, substance abuse, and aggression (Buist, Deković, & Prinzie, 2013). Additionally, positive sibling relationships result in fewer depressive symptoms among children who have experienced a stressful life (Gass, Jenkins, & Dunn, 2007).

Based on data from the 2023 Indonesia Health Survey, the Special Capital Region of Jakarta ranks fifth among provinces with the highest incidence of depression in Indonesia, with the largest proportion of cases occurring in the 15–24 age group (Badan Pusat Statistik Provinsi DKI Jakarta, 2024). Research by Hasanah and Fitri (2020) at a high school in West Jakarta regarding sibling relationship patterns and adolescent psychological well-being showed that the dimensions of warmth and relative power are directly proportional to psychological well-being, while the dimensions of conflict and sibling rivalry are inversely proportional to psychological well-being.

Citing the National Policy Strategy Agency, as presented by Dr. Nova Riyanti Yusuf, Sp.Kj, regarding the profile of adolescent depression in Jakarta, the results of a study involving approximately 941 students in Jakarta indicated that over 30% experienced depression and 18.6% had suicidal thoughts (Badan Kebijakan Pembangunan Kesehatan, 2018). Research by Slametiningsih

et al. (2022) on 50 adolescents at State High School 104 in East Jakarta showed that 30 of them experienced depression, with 36.7% having mild depression, 43.3% moderate depression, and 20% severe depression. Meanwhile, one description of adolescent sibling relationship patterns in Jakarta was presented by Lestari (2017), with results showing that 10% exhibited the warmth dimension, 30% exhibited the conflict dimension, 40% exhibited the relative power dimension, and none exhibited the sibling rivalry dimension. Based on this, the author undertook this study to examine the relationship between patterns of sibling relationships and levels of depression among adolescents in East Jakarta.

Methods

This study employed a cross-sectional design. The study population consists of the entire adolescent age group in East Jakarta, totaling 44,200 individuals (Badan Pusat Statistik Provinsi DKI Jakarta, 2023). The sampling technique used was clustering sampling, from five subdistricts in East Jakarta: Ciracas, Cipayung, Kramat Jati, Matraman, and Pasar Rebo. Sample size calculation utilized Slovin's formula to determine the minimum sample size for a known population (Masturoh & Anggita, 2018). The adolescent population in East Jakarta is 44,195.5 rounded to 44,200 (Badan Pusat Statistik Provinsi DKI Jakarta, 2023) and the minimum sample size is 400 individuals. The final sample size includes an additional 10% to account for missing or unusable data (dropouts), the sample consisted of 445 adolescents.

The inclusion criteria is that the respondents have siblings, adolescent age group in East Jakarta, ages 12-20, willing to be a research respondent. Sampling was conducted during June 2025 by distributing a google form link of the research questionnaire to all respondents, both directly and via social media. Sibling relationship patterns were measured using the Sibling Relationship Questionnaire (SRQ) by Furman & Buhrmester (1985) to assess the quality of relationships between biological siblings. SRQ consists of 48 items covering the dimensions of warmth, power, conflict, and rivalry, with each dimension having 6 favorable and 6 unfavorable questions, using a 5-point Likert scale, ranging from 1 = never to 5 = very often. The total SRQ scores for each dimension are: 1) warmth 10–50, 2) power 8–40, 3) conflict 8–40, and 4) rivalry 7–35. The reliability of the original version of SRQ was 0.70. This study used the Indonesian version of SRQ that was translated by Hasanah and Fitri (2020), yielding a validity coefficient of 0.916 and a reliability coefficient ($\alpha = 0.719$).

Depression was measured using the Children's Depression Inventory (CDI) questionnaire developed by Kovacs (1992). The questionnaire contains 27 items and is scored quantitatively on a scale: a) 0 indicates no symptoms, b) 1 indicates mild symptoms, c) 2 indicates present and persistent symptoms. The higher the total score, the more severe the depression experienced. As a final score, subscale scores can also be obtained through five dimensions: low mood, interpersonal problems, ineffectiveness, anhedonia, and negative self-esteem (Sun & Wang, 2015). The CDI has validity of 0.60-0.80 and reliability 0.86-0.94. In a previous study, Widhiarso (2012) reported a reliability coefficient of $\alpha = 0.7135$ for the translated CDI. This indicates that the CDI is a valid questionnaire for use. Data in this study was analysed using univariate analysis presenting measure of central tendency and frequency percentages, and bivariate analysis using the ANOVA statistical test. This study has been approved by the Ethics Review Board under number KET-166/UN2.F12.D1.2.1/PPM.00.02/2025.

Results

The characteristics of the adolescent respondents in East Jakarta based on age, gender, birth order, family type, and family history are presented in Table 1 and Table 2. Based on the analysis in Table 1, the average age of the respondents was 17.63 years with a standard deviation (SD) of

2.168. Based on the analysis in Table 2, a higher proportion of adolescent girls (73.50%) were firstborn children (42.90%) and came from nuclear families consisting only of a father, mother, and children (82.00%). The respondents did not have a family history of depression (66.70%), but some respondents did have a family history of depression (33.30%). The sibling relationship patterns among adolescents in East Jakarta are shown in Table 1. As shown in Table 1, the highest average score among respondents was in the Warmth dimension (M = 36.25). This indicates that the majority of adolescents in East Jakarta are highly likely to form warm and pleasant relationships with their siblings. The levels of depression among adolescents in East Jakarta are shown in Table 2. Table 2 shows that respondents had mild depression (60.20%), while there were no cases of severe depression. This indicates that the majority of respondents were able to manage their stressors effectively.

Table 1. Distribution of Mean Scores by Age and Sibling Relationship Patterns Among Adolescents in East Jakarta (n=445)

Variable	Mean	SD	95% CI
Age	17.63	2.168	17.43 – 17.83
Sibling Relationship Patterns			
Warmth	36.25	7.529	37.30 – 38.57
Power	28.87	4.876	35.55 – 36.95
Conflict	22.86	4.345	28.41 – 29.32
Rivalry	17.22	4.904	16.77 – 17.68

Table 2. Frequency Distribution by Gender, Birth Order, Family Type, Family History and Level of Depression Among Adolescents in East Jakarta (n=445)

Variable	Frequency (n)	Percentage (%)
Gender		
Female	327	73.50%
Male	118	26.50%
Birth Order		
1	191	42.90%
2	158	35.50%
3	58	13.20%
4	25	5.60%
5	10	2.20%
6	2	0.40%
7	1	0.20%
Family Type		
Nuclear (father, mother, child)	365	82.00%
Conjugal (father, mother, children, grandparents)	62	14.00%
Extended (nuclear and close relatives)	18	4.00%
Family History		
Depression Present	148	33.30%
No Depression	297	66.70%
Level of Depression		
Mild (0-12)	268	60.20%
Moderate (13-40)	177	39.80%
Severe (41-54)	0	0%

Table 3. Relationship Between Sibling Relationship Patterns and Levels of Depression Among Adolescents in East Jakarta (n=445)

Sibling Relationship Pattern	Level of Depression			p-value	F
	Mild	Moderate	Severe		
Warmth	37.88	33.79	-	<0.001	33.803
Power	28.72	29.08	-	0.445	0.583
Conflict	22.50	23.40	-	0.033	4.565
Rivalry	16.93	17.67	-	0.118	2.456

A correlation analysis between sibling relationship patterns and levels of depression among adolescents in East Jakarta was conducted to determine the relationship between these factors. The results of the test for both research variables are presented in Table 3. Table 3 shows that the average score for the "sibling relationship: warmth" pattern is high, with a low level of depression (37.88). There is a significant difference between the "sibling relationship: warmth" pattern and depression levels ($p < 0.001$) and $F = 33.803$ indicates that the variability in the level of depression is significantly influenced by the pattern of sibling relationship: warmth that individuals have, and the regression model formed has very strong predictive ability.

Discussion

This study shows a significant relationship between warmth and depression levels. The results of the study show that the highest average warmth scores were found among participants with low depression levels, indicating that as warmth increases, depression levels tend to decrease. Meanwhile, a higher conflict pattern score at a moderate level of depression indicates that the higher the conflict pattern, the higher the level of depression tends to be. This finding aligns with research conducted by Hasanah & Fitri (2022), which found that warmth has a positive correlation with psychological well-being—meaning that the higher the warmth score, the greater the psychological well-being. That psychological well-being is a protective factor against the onset of depression. Furthermore, warmth and closeness among siblings can be fostered by engaging in both verbal and nonverbal communication with one another (Simatupang, 2014). Buist, Deković, & Prinzie (2013) adds, based on her research findings, that negative sibling relationship experiences are more likely to lead adolescents to view themselves as unworthy of love, thereby triggering feelings of anxiety, depression, and distrust of others. Good relationships with siblings play a crucial role in reducing the incidence of depression because siblings often serve as a source of emotional, social, and psychological support in a person's life. Closeness to siblings can create a sense of security, acceptance, and a sense of not being alone when facing life's challenges or stresses.

Individuals who have harmonious relationships with siblings tend to find it easier to share stories, express their feelings, and receive support during times of stress. This support can help reduce feelings of sadness, anxiety, loneliness, and hopelessness, which are symptoms of depression. Furthermore, positive interactions with siblings can also boost self-confidence, self-esteem, and psychological well-being. Conversely, poor sibling relationships, those full of conflict, or those lacking communication can increase emotional distress and make individuals more vulnerable to psychological disorders, including depression. Lack of family support can lead to feelings of isolation and difficulty coping adaptively. In adolescents and young adults, siblings often serve as supportive figures who understand shared life experiences and provide empathy and support more readily than others. Therefore, positive sibling relationships can be a protective factor in maintaining mental health and reducing the risk of depression.

Depression is a mood disorder characterized by sadness, hopelessness, and pessimism. Depression can be categorized into three levels of severity: mild, moderate, and severe (Towsend & Morgan, 2021). The present study differs from the research by Slametiningsih *et.al.* (2022) involving 50 high school students in East Jakarta, which found that 30 of them experienced depression, with the highest percentage falling into the moderate depression category, at 43.3%. Mild depression indicates a normal individual response to life stressors and remains adaptive in nature. Adolescents who are in the process of seeking and exploring their identity are highly susceptible to various environmental influences. The success of this process leads them to a stable state and an understanding of their role within the family. Conversely, failure may lead adolescents to identity and social confusion, which can result in self-isolation and ultimately depression (Hockenberry & Wilson, 2013). The majority of adolescents experience mild depression, indicating that, in general, they are able to manage their responses to stressors so that they do not develop into maladaptive responses. Therefore, interventions that strengthen adolescents' coping skills in responding to stressors can be an effective way to help them cope with life's pressures.

A sibling relationship is a type of relationship that occurs between biological siblings. This type of relationship consists of patterns of warmth, power, conflict, and rivalry (Furman & Buhrmester, 1985). During the adolescent development process, the developmental focus shifts from seeking exclusive parental attention to defining one's identity independently without the need to compare oneself to others. This process also encourages adolescents to build relationships outside the family environment, such as at school, with friends, and with romantic partners. Adolescents also become more aware of the different roles they play and their contributions to the family (Buist, & Vermande, 2014).

The warmth relationship pattern serves as the primary support for adolescents in exploring their identity and enhancing their social trust and self-esteem. This is because adolescents feel they have a safe space to express their feelings without feeling judged (Erikson, 1968). Research findings indicate that the most prevalent sibling relationship pattern among adolescents in East Jakarta is warmth. This relationship pattern can also prevent maladaptive responses in adolescents when facing life pressures or stressors (Waite *et al*., 2011). When linked to the process of adolescent identity formation, the warmth relationship pattern is the one most likely to help adolescents achieve identity success. This aligns with Erikson's (1968) assertion that the success of the adolescent identity formation process can be assessed, in part, by observing the adolescent's relationship with their siblings—specifically, whether they withdraw from them or not.

A study conducted by Lestari on adolescents in Jakarta (2017) found that 10% exhibited a "warmth" relationship pattern, 30% a "conflict" pattern, and 40% a "power" pattern, while no data indicated a "rivalry" pattern (Lestari, 2017). These findings support the notion that the "rivalry" pattern among adolescents is indeed becoming increasingly rare and is being supplanted by other relationship patterns. Nevertheless, there are significant differences in the scores for the other three patterns compared to previous studies. Meanwhile, the rivalry relationship pattern is extremely rare in the results of this study, consistent with previous research, which shows that as children transition into adolescence, conflicts with siblings consistently shift toward constructive forms, meaning that instances of rivalry decrease and tend to lead toward role negotiation (Lindell & Campione-Barr, 2017). Additionally, the formation of sibling relationship patterns is influenced by the parenting styles applied by parents. An analysis conducted by Liu & Rahman (2022) indicates that an authoritative parenting style strengthens the quality of sibling relationships and reduces conflict and rivalry. The majority of sibling relationship patterns among adolescents are characterized by warmth, which is indicated as a relationship filled with warmth and mutual support, thereby helping adolescents navigate their psychosocial development process—specifically, the search for self-identity. Meanwhile, a pattern that rarely emerges is rivalry, as during adolescence, competition with siblings is replaced by role negotiation. Therefore, it is important for parents to pay attention to the nature of the relationships between their children.

The average age of the respondents in this study was 17.63 years. During this age range, adolescents begin transitioning toward independence and gradually adjusting to their roles within the family. Adolescents begin to want to be valued as mature individuals, leading to a process of role negotiation (Towsend & Morgan, 2021). Additionally, the World Health Organization/ WHO (2015) states that mental health disorders, including depression, will rise sharply among late adolescents. This condition is primarily caused by increasing social and academic pressures, as well as a deepening identity crisis as they enter the transition to early adulthood. The findings of this study indicate that the age group of respondents experiencing depression is in the largest age range in East Jakarta with demographic data from the East Jakarta Central Statistics Agency in 2023, which shows that the 15-19 year old age group is the largest demographic group in East Jakarta (Badan Pusat Statistik Provinsi DKI Jakarta, 2023). Meanwhile, data projections by the United Nations predict that the median age of Indonesia's population will be 15.5 years by 2025. This means adolescents constitute the largest proportion of the population (United Nations, Department of Economic and Social Affairs, Population Division, 2022). Late adolescence has the potential to influence the quality of relationships with siblings and may lead to more complex symptoms of depression due to broader social role pressures.

The majority of adolescents across all patterns and levels of depression in East Jakarta are female. According to the Badan Pusat Statistik Provinsi DKI Jakarta (2023), there are more male adolescents in their late teens than females. Nevertheless, research conducted by Fikrie & Fitriah (2019) indicates that females tend to exhibit more prosocial behavior than males. This is indicated by the fact that the majority of participants in this study were more females than males in East Jakarta. Female adolescents with depression tend to be more focused on interpersonal relationships and identity. This tendency causes females to form warmer relationships and experience more emotional conflict than males, who tend to be passive and avoid conflict (Erikson, 1968). Adolescent girls are also dominated by their emotions, which allows for higher levels of role negotiation compared to boys (Lindell & Campione-Barr, 2017). Adolescent girls tend to have higher hormonal sensitivity and stress responses compared to boys (Korczak, Westwell-Roper & Sassi, 2023). Although the proportion of females to males is very low, the developmental focus of females—which prioritizes relational connections, interpersonal identity, and tends to be more emotional compared to males—makes gender a variable that must be considered when extrapolating research findings to larger populations.

On average, the respondents were firstborns, meaning that the majority of participating respondents were the eldest children. The characteristics of the eldest children show an attitude of nurturing, leading and being oriented towards family rules. According to Alfred Adler's theory (1958), the firstborn child receives their parents' full attention. After younger siblings are born, the eldest child experiences "dethronement," being displaced from the position of being the center of attention. Faced with this situation, the eldest child will exhibit nurturing and leading behaviors as a way to maintain their authority and influence within the family (Adler, 1958). Furthermore, Franklin *et al.* (2024) found that firstborns have a 48% higher risk of experiencing anxiety and a 35% higher risk of being diagnosed with depression compared to subsequent children. Meanwhile, Sulloway (2025) adds that firstborn children are generally more conventional and rule-oriented, leading them to be more involved in structured activities, including research.

The results of the study indicate that the majority of respondents come from nuclear families (father, mother, and child). Sailor (2004) states that small families (father, mother, and child) tend to have more quality time with their parents. This study is also consistent with Soekanto (2012), who argues that this family structure is the simplest form of family commonly found, particularly in modern and urban societies. A nuclear family consisting of a father, mother, and child without intervention from other relatives does not guarantee warmth within that family. How adolescents respond to the pressures they face is influenced by the communication patterns they

receive from their parents. Research conducted by Angela *et al*. (2024) indicates that authoritarian and permissive communication styles make it difficult for adolescents to express their feelings and increase the risk of depressive symptoms. Conversely, research by Dwiyana & Supratman (2023) indicates that open and harmonious communication can enhance adolescents' recovery from depression. The nuclear family, consisting of a father, mother, and children, is a very common family type found in urban environments, such as East Jakarta. More intense interactions between parents and children influence sibling relationships and psychosocial dynamics, such as depression in adolescents.

The results of the study indicate that participation was higher among respondents from families with no history of depression compared to those from families with a history of depression. Generally, individuals with a family history of depression are at a higher risk of developing depression (Chand, Arif, & Kutlenios, 2023). However, in this study, the distribution between respondents with a family history of depression and those without such a history was not evenly distributed, making it difficult to assess whether adolescent depression in East Jakarta is directly influenced by a family history of depression. Kendler *et al*. (2006) states that the genetic influence on depressive symptoms is only about 40–50%, meaning that a person can still experience depression even if they have no family members with a history of depression. Furthermore, Mojtabai (2007) notes that some families may be unaware of their own history of depression. This can occur because they have not undergone accurate screening and thus have never been diagnosed, or due to a belief in the stigma that prevents them from acknowledging psychological issues. The absence of a family history of depression does not automatically mean that adolescents have a minimal risk of experiencing depressive symptoms. This is because the occurrence of depression itself is still influenced by various external factors beyond the immediate family. Therefore, a family history of depression can be a factor that tends to influence depression levels, taking into account the equal distribution of respondents across each category. A limitation of this study is that it did not screen participants based on a history of clinically diagnosed depression; therefore, high CDI scores cannot definitively be said to represent depression in the medical sense.

Conclusion

On average, the sibling relationship patterns among adolescents in East Jakarta are characterized by warmth, and their depression levels are low. Factors that can influence sibling relationship patterns include age, gender, birth order, family type, and a family history of depression. Meanwhile, there is a significant association between warmth patterns and depression levels. Higher levels of warmth tend to reduce depression levels compared to sibling relationship patterns such as conflict, power, and rivalry. Interventions such as interpersonal communication and conflict management training, as well as the strengthening of social support among siblings can be implemented to foster more harmonious relationships.

The research findings can be used to provide education and guidance for adolescents and parents in building relationships with their siblings and observing their children's interactions. Additionally, healthcare services can conduct early detection of depression among adolescents who have poor relationships with their siblings. Future research could examine in greater detail other factors influencing the relationship between sibling relationship patterns and adolescent depression levels, such as environmental conditions, having non-biological siblings, and differing family backgrounds, including adoption. Longitudinal studies are also needed to understand the dynamics of relationship patterns and their association with depression levels over a longer period.

References

Adler, A. (1958). *What life should mean to you*. New York: Capricorn Books.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders.* (5th ed.). American Psychiatric Publishing.

Angela, J., Puspita, L., Astuti, I., & Sulistiowati, N. (2024). Gambaran sibling relationship saudara kandung dari anak berkebutuhan khusus di Sekolah Luar Biasa Denpasar. *Coping: Community of Publishing In Nursing, 12*(3), 310-318. DOI: 10.24843/coping.2024.v12.i03.p11

Aryanti, R., Pramesti, D., & Putra, M.G. (2024). Hubungan dukungan keluarga dengan kejadian depresi pada remaja madya di SMK Negeri 1 Sedayu, Bantul, Yogyakarta. Prepotif: *Jurnal Kesehatan Masyarakat*, 8(2), 2340-2347. DOI: https://doi.org/10.31004/prepotif.v8i2.12789

Badan Pusat Statistik Provinsi DKI Jakarta. (2024). *Jumlah penduduk menurut kelompok umur dan kabupaten/kota di Provinsi DKI Jakarta (Jiwa), 2023*. Retrieved from https://jakarta.bps.go.id/id/statistics-table/2/MTMxNiMy/jumlah-penduduk-menurut-kelompok-umur-dan-kabupaten-kota-di-provinsi-dki-jakarta--jiwa-.html

Badan Pusat Statistik Provinsi DKI Jakarta. (2023). *Penduduk menurut kelompok umur dan jenis kelamin Kota Jakarta Timur (Jiwa), 2019-2022*. Retrieved from https://jaktimkota.bps.go.id/id/statistics-table/2/MTMwIzI=/penduduk-menurut-kelompok-umur-dan-jenis-kelamin-kota-jakarta-timur.html

Badan Kebijakan Pembangunan Kesehatan (2023). *Survei Kesehatan Indonesia (SKI) dalam angka data akurat kebijakan tepat.* Jakarta: KemKes RI

Berman I.S., McLaughlin K.A., Totenham N., Godfrey K., Seeman T., Loucks E., Suomi S., Danese A., Sheridan M.A. (2022). Mengukur kesulitan di masa kanak-kanak: Pendekatan dimensional. *Psikopatologi Pengembangan*, 34(2), 499-511. DOI: 10.1017/S0954579421001826.

Bedford V.H., & Avioli P.S (2001). Variations on sibling intimacy in old age. *Generations*, 25, 34–40.

Buist, K.L., Deković, M., & Prinzie, P. (2013). Sibling relationship quality and psychopathology of children and adolescents: A meta-analysis. *Clinical Psychology Review*, *33*(1), 97-106. DOI: 10.1016/j.cpr.2012.10.007.

Buist, K.L., & Vermande, M. (2014). Sibling relationship patterns and their associations with child competence and problem behavior. *Journal of family psychology (JFP): Journal of the Division of Family Psychology of the American Psychological Association (Division 43)*, *28*(4), 529–537. https://doi.org/10.1037/a0036990

Chand, S.P., Arif, H., & Kutlenios, R.M. (2023). *Depression (nursing).* Retrieved from: https://www.ncbi.nlm.nih.gov/books/NBK430847/

Christiani, C., & Mulajaya, R. P. (2024). Remaja, masalah dan penanggulangannya: Teenagers, problems and overcoming them. *Jurnal Suara Pengabdian 45*, *3*(1), 08-16. DOI**:** 10.56444/pengabdian45**.**

Dwiyana, R.F., & Supratman, L.P. (2023). Peran komunikasi keluarga pada remaja penderita depresi bandung. *eProceedings Management*, *10*(6), 4599-4604.

Erikson, E. H. (1968). *Identity: Youth and crisis*. New York: W. W. Norton & Company.

Evans, K., Nizette, D., & O'Brien, A. (2017). *Psychiatric & mental health nursing*. Elsevier Health Sciences.

Finan, L.J., Ohannessian, C.M., & Gordon, M.S. (2018). Trajectories of depressive symptoms from adolescence to emerging adulthood: The influence of parents, peers, and siblings**.** *Developmental psychology*, *54*(8), 1555. DOI 10.1037/dev0000543.

Fikrie, & Fitriah A. (2019). Perbedaan perilaku prososial pada remaja ditinjau dari jenis kelamin. *Jurnal Psycho Holistic,* 1(1), 18-22.

Furman, W., & Buhrmester, D. (1985). Children's perceptions of the qualities of sibling relationships. *Child development*, 448-461.

Franklin, B., Higgs, E., Bartelt, K., Sandberg, N. (2024). *Firstborn children and only children more likely to have anxiety and depression than later-born children*. Retrieved from https://epicresearch.org/articles/firstborn- children-and-only-children-more-likely-to-have-anxiety-and-depression-than-later-born- children.

Gass, K., Jenkins, J., & Dunn, J. (2007). Are sibling relationships protective? A longitudinal study. *Journal of child psychology and psychiatry*, *48*(2), 167-175. DOI: 10.1111/j.1469-7610.2006.01699.x

Hasanah, N., & Fitri, S. (2020). Pengaruh sibling relationship terhadap kesejahteraan psikologis peserta didik SMA Negeri Jakarta Barat. *INSIGHT: Jurnal Bimbingan Konseling*, *9*(2), 166-178. DOI: https://doi.org/10.21009/INSIGHT.092.07

Hockenberry, M.J., & Wilson, D. (2013). *Wong's essentials of pediatric nursing* (9th ed.). Elsevier Health Sciences.

Kendler, K.S., Gatz, M., Gardner, C.O., & Pedersen, N.L. (2006). A Swedish national twin study of lifetime major depression. *The American journal of psychiatry*, *163*(1), 109–114. https://doi.org/10.1176/appi.ajp.163.1.109

Kementerian Kesehatan Republik Indonesia. (2020). *Profil Kesehatan Indonesia Tahun 2019*. Jakarta: KemKes RI.

Kementerian Kesehatan Republik Indonesia. (2024). *Profil Kesehatan Indonesia Tahun 2024*. Jakarta: KemKes RI.

King, L.A. (2014). *The science of psychology: An appreciative view. Fifth edition.* New York: McGraw-Hill.

Kasome, R.S. (2020). Hubungan keakraban orangtua dan bullying dengan depresi pada remaja kota Bukittinggi. *Human Care Journal*, *5*(3), 798-803. DOI:10.32883/hcj.v5i3.840

Korczak, D.J., Westwell-Roper, C., & Sassi, R. (2023). Diagnosis and management of depression in adolescents. *CMAJ: Canadian Medical Association journal = journal de l'Association medicale canadienne*, *195*(21), E739–E746. https://doi.org/10.1503/cmaj.220966

Kovacs, M. (1992). *The Children's Depression Inventory (CDI) manual North Tanawanda.* New York, NY: Multi-Health Systems

Lestari, V. (2017). Gambaran pola sibling relationship pada adik usia remaja dengan kakak usia dewasa awal. *Jurnal Muara Ilmu Sosial, Humaniora, dan Seni*, *1*(2), 100-108. DOI: 10.24912/jmishumsen.v1i2.549

Lindell, A.K. & Campione-Barr, N. (2017). Relative power in sibling relationships across adolescence. *New Directions for Child and Adolescent Development*, (156), 49–66. DOI: 10.1002/cad.20201.

Liu, C., & Rahman, M.N.A. (2022). Relationships between parenting style and sibling conflicts: A meta-analysis. *Frontiers in psychology*, *13*, 936253. https://doi.org/10.3389/fpsyg.2022.936253

Masturoh I., & Anggita T.N. (2018). *Bahan ajar rekam medis dan informasi kesehatan metodologi penelitian kesehatan*. Kementerian Kesehatan Republik Indonesia.

Mojtabai R. (2007). Americans' attitudes toward mental health treatment seeking: 1990-2003. *Psychiatric services, 58*(5), 642–651. https://doi.org/10.1176/ps.2007.58.5.642

Prayitno, E., Tarigan, N.L., Sukmawaty, W.E.P., & Mauidzoh, U. (2022). Kebangkitan UMKM pasca pandemi Covid-19. *J-ABDI: Jurnal Pengabdian kepada Masyarakat*, *2*(4), 4787-4794. DOI: 10.53625/jabdi.v2i4.3641

Sanders, R. (2004). *Sibling relationships: Theory and issues for practice*. Bloomsbury Publishing.

Sailor, D.H. (2004). *Supporting children: In their home, school, and community*. Boston, MA: Allyn and Bacon

Simatupang, R.M. (2014). *Pola relasi saudara pada remaja yang memiliki saudara dengan gangguan spektrum autism.* [Doctoral dissertation]. Program Studi S1 Psikologi, Fakultas Psikologi, Universitas Airlangga, Surabaya, Indonesia.

Susanti, Y., Pamela, E.M., & Haryanti, D. (2018). Gambaran perkembangan mental emosional pada remaja. In *Unissula Nursing Conference Call for Paper & National Conference,* 1(1), 38-44. DOI: https://dx.doi.org/10.26532/.v1i1.2864

Slametiningsih, Astuti M.A., Nuraenah, Dewiyani L., Maulitha F.B., & Wijaya N.R. (2022). Pencegahan depresi pada remaja di SMA Negeri 104 Jakarta Timur. *Jurnal Pengabdian Masyarakat Kesehatan Stikes PemKab Jombang*, 8(4), 322-326. DOI: https://doi.org/10.33023/jpm.v8i4.1316

Soekanto, S. (2012). *Sosiologi: Suatu pengantar* (Edisi revisi). Jakarta: Rajawali Pers.

Sulloway, F.J. (2025). *Born to rebel: Birth order, family dynamics, and creative lives* [e- book]. Pantheon/Kobo.

Sun, S., & Wang, S. (2015). The Children's Depression Inventory in worldwide child development research: A reliability generalization study. *Journal of child and family studies*, *24*, 2352-2363. DOI: 10.1007/s10826-014-0038-x.

Townsend, M. C., & Morgan, K. I. (2021). *Psychiatric mental health nursing: Concepts of care in evidence-based practice 10th edition*. FA Davis.

United Nations, Department of Economic and Social Affairs, Population Division. (2022). *World Population Prospects 2022: Summary of Results*. Retrieved from https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/wpp2022_summary_of_results.pdf

Waite, E.B., Shanahan, L., Calkins, S.D., Keane, S.P., & O'Brien, M. (2011). Life events, sibling warmth, and youths' adjustment. *Journal of marriage and the family*, *73*(5), 902–912. https://doi.org/10.1111/j.1741-3737.2011.00857.x

Widhiarso, W. (2012). Pengujian kesetaraan presisi dan skala ukur butir-butir pada skala psikologi. *Jurnal Kawistara*, *2*(1), 87-96. DOI: 10.22146/kawistara.3954.

World Health Organization. (2024). *Mental health of adolescents.* Retrieved from https://www.who.int/news- room/fact-sheets/detail/adolescent-mental- health.

World Health Organization. (2015). *Core competencies in adolescent health and development for primary care providers: including a tool to assess the adolescent health and development component in pre-service education of health-care providers*. Retrieved from https://www.who.int/publications/i/item/9789241508315