

Levels Of Depression, Anxiety, and Stress With Health Behaviors In Productive Age

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ABSTRACT

Background: Mental health is an important part of overall health, which includes physical, mental, and social well-being, not just being free from disease. Mental health disorders such as depression, stress, and anxiety, are conditions that affect a person's feelings, thoughts, and behavior. This study aimed to find out the overview of the level of depression, anxiety and stress with health behaviors at productive age.

Methods: The method used is quantitative with a cross-sectional approach. The location of the research is in Kediri. The population in this study is all people of productive age in Kediri. The sample is a number of people of productive age totaling 10 people. The sampling technique used is accidental sampling. This study was carried out by taking data with questionnaires, namely the DASS-21 and HPLP II questionnaires. The statistical test used was spearman rank rho.

Results: the level of depression with health behavior had a correlation coefficient of -0.515 with a p-value of 0.128, the level of anxiety with health behavior was obtained with a correlation coefficient of -0.509 with a p-value of 0.133 and the level of stress with health behavior was obtained with a correlation coefficient of -0.624 with a p-value of 0.054.

Conclusion: There is no significant relationship between the level of depression, anxiety and stress and health behavior. This study did not get optimal results, so the next researcher can add respondents.

INTRODUCTION

Mental health is a condition of psychological well-being that allows a person to cope with the pressures of life, study and work optimally, and contribute to their social environment. Mental health is an important part of overall health, which includes physical, mental, and social well-being, not just being free from illness. It allows individuals to live their lives productively and function optimally. (Health Development Policy Agency, 2024)

It is estimated that 450 million people around the world suffer from mental, neurological disorders, and drug abuse. This disorder is shown to carry 14% of the global burden of disease. About 154 million of them suffer from depression. In 1 in 7 adolescents aged 10-19 years experience psychological problems. Depression is the main cause of disability in adolescents. Depression can be a cause of suicide and suicide is the 4th cause of death from depression in the world. Most of the psychological disorders are not realized and do not receive proper treatment. Improper and slow handling of cases of depression can lead to death by suicide. (Health Development Policy Agency. 2024)

According to the Indonesian Association of Psychiatric Specialists (PDSKJI), which examined 14,988 people from 2020-2022, it was found that the results of an increase in psychological problems that continue to increase every year, namely 70.7% had psychological problems in 2020, 80.4% had psychological problems in 2021 and 82.5% had psychological problems in 2022. For anxiety problems, 68.8% had anxiety problems in 2020, 76.1% had anxiety problems in 2021 and 75.8% had anxiety

problems in 2022. For depression problems, 69.3% had depressive problems in 2020, 77.2% had depressive problems in 2021 and had depressive problems in 2022. Based on gender, women are higher than men with percentages of 75.8% and 24.2%. For the most age range, 20-30 years old, followed by less than 20 years old and 31-40 years old, where the age range is still included in the productive age (Wijaya, A. E, dkk, 2023).

Mental health disorders such as depression, stress, and anxiety, are conditions that affect a person's feelings, thoughts, and behavior. Depression is characterized by prolonged feelings of sadness, loss of energy and loss of interest or pleasure in doing daily activities that last for 2 weeks or more and can be accompanied by various physical symptoms such as changes in appetite and sleep disturbances. Stress is the body's response to external pressure or threats that cause symptoms such as restlessness, anxiety, and irritability. Anxiety is a feeling of excessive and persistent worry or fear that can interfere with daily activities. (Biromo, dkk, 2025). These three things are often mental health problems, especially in adolescence, which of course is included in the productive age according to previous research.

Based on the description above, the author wants to take the title Levels of Depression, Anxiety, and Stress with Health Behaviors in Productive Age in order to find out the description of these three things with health behaviors in productive age.

METHODS

The method used is quantitative with a cross-sectional approach. The location of the study is in Kediri. The population in this study is all people of productive age in Kediri. The sample is a number of people of productive age totaling 10 people. The sampling technique used is accidental sampling. The independent variables in this study are the level of depression, anxiety, and stress, while the dependent variables in this study are health behaviors at productive age. This study was conducted by taking data with questionnaires, namely the DASS-21 and HPLP II questionnaires. DASS-21 (Depression Anxiety Stress Scales–21) is a questionnaire used to measure three psychological conditions, namely depression, anxiety, and stress. This instrument consists of 21 statements, with each aspect having 7 items. HPLP-II (Health-Promoting Lifestyle Profile II) is an instrument used to measure health-promoting behavior. This instrument was developed by Walker, Sechrist, and Pender and the HPLP II version consists of 52 items. There are 6 dimensions of HPLP II, namely health responsibility, physical activity, nutrition/nutrition, spiritual growth, interpersonal relationships, and stress management. DASS-21 and HPLP II have been tested and instruments for use by health workers. Data were analyzed using the spearman rank rho test.

RESULTS

Respondent Characteristics

Table 1 Characteristics of Respondents by Gender

No.	Gender	Frequency	(%)
1.	Male	3	30
2.	Female	7	70
	Total	10	100

Based on table 1, it shows that the respondents, who are almost entirely female, amounted to 7 people (70%).

Table 2 Characteristics of Respondents Based on Recent Education

No.	Recent Education	Frequency	(%)
1.	Senior High School	2	20
2.	Diploma III	1	10
3.	S1	4	40
4.	S2	2	20
5.	Other	1	10
	Total	10	100

Based on table 2, it shows that respondents who have almost a final S1 education amount to 4 people (40%).

Variable Characteristics

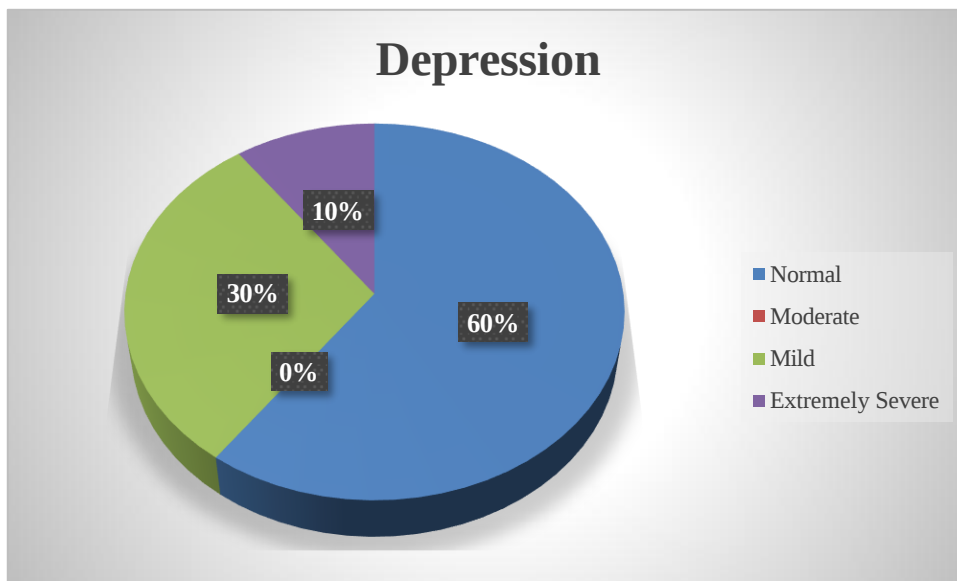


Figure 1 Characteristics of variables based on Depression

Based on figure 1, it shows that respondents based on the level of depression are 6 people (60%) including the normal category of 10 respondents

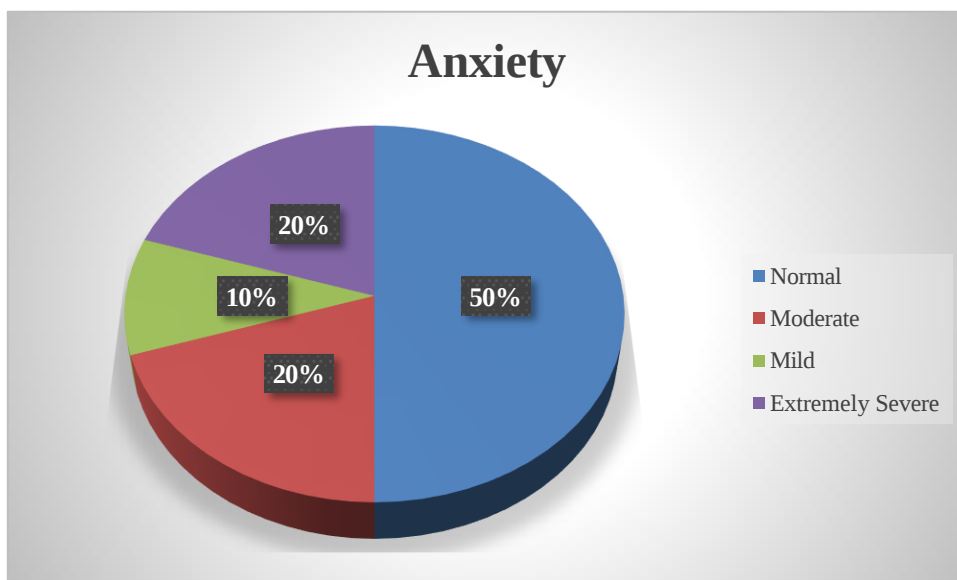


Figure 2 Characteristics of Variables based on Anxiety

Based on figure 2, it shows that the respondents based on the level of anxiety are 5 people (50%) including the normal category of 10 respondents.

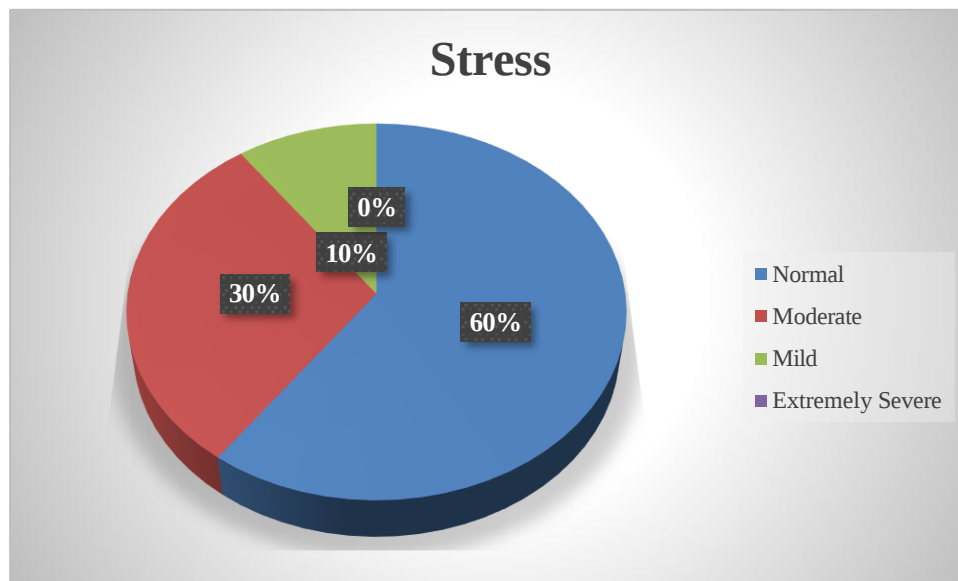


Figure 3 Characteristics of variables based on Stress

Based on figure 3, it shows that the respondents based on the level of anxiety are 5 people (50%) including the normal category of 10 respondents.

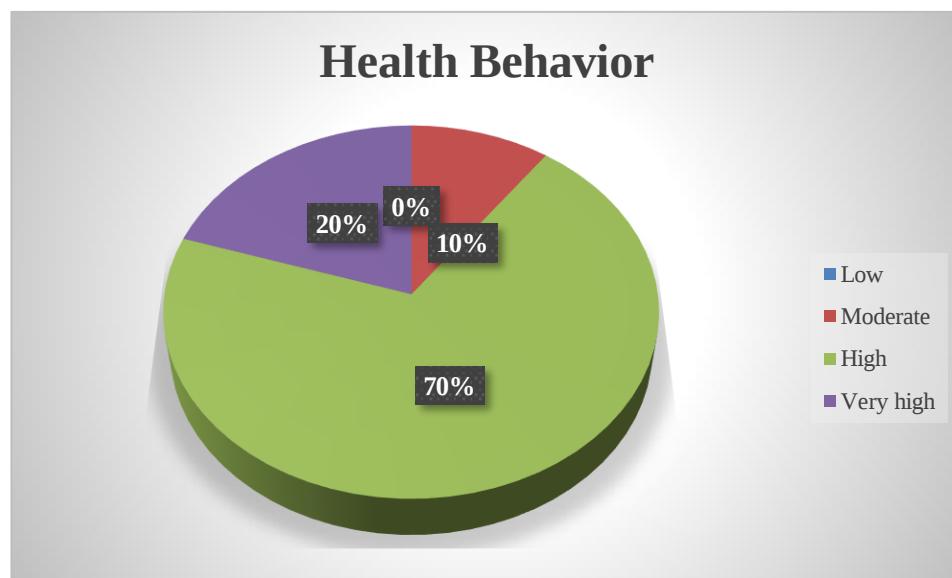


Figure 4 Characteristics of Variables Based on Health Behavior

Based on figure 4, it shows that 7 people (70%) are respondents based on health behavior, including the high category of 10 respondents.

Table 3 Statistical Test Results

Variable	Health behaviors	
	Correlation coefficient (ρ)	p-value
Depression	-0,515	0,128
Anxiety	-0,509	0,133
Stress	-0,624	0,054

Based on table 3, the results of the statistical test showed that the level of depression with health behavior had a correlation coefficient of -0.515 with a p-value of 0.128, the level of anxiety with

health behavior was obtained with a correlation coefficient of -0.509 with a p-value of 0.133 and the level of stress with health behavior was obtained with a correlation coefficient of -0.624 with a p-value of 0.054. All three used $\alpha = 0.05$.

DISCUSSION

Based on the results of the analysis using the Spearman Rank test, it was shown that the relationship between the level of depression and health behavior had a correlation coefficient of -0.515 with a p-value of 0.128. The p-value was greater than the significance level of 0.05. This shows that there is no significant relationship between the level of depression and health behavior. A negative rho value indicates that the direction of the relationship is opposite. This means that in the research data, there is a tendency that the higher the depression score, the lower the health behavior score. In theory, the direction of the relationship can be explained because depression can affect a person's energy, motivation, concentration, sleep, appetite, and ability to carry out daily activities. This result is generally in accordance with research evidence that shows a relationship between life behavior patterns and depressive symptoms. Systematic review and meta-analysis by Bourke et al., found that groups with healthier lifestyle combinations had lower levels of depression, anxiety, and psychological distress symptoms. (Bourke, dkk, 2025). With these changes, a person who experiences depressive symptoms can have difficulty maintaining various behaviors that support health. Depressive symptoms can act as a barrier to increasing physical activity. (Mandasari & Tobing, 2020 in Rahny and Muslimahayati, 2021). In addition, based on characteristics, depressive symptoms are slightly higher in women, and the unemployed population, where this pattern is similar to Bangladesh, India, Nepal, and the United States. (Mubasyiroh, dkk, 2024).

In the relationship between anxiety level and health behavior, a correlation coefficient of -0.509 with a p-value of 0.133 was obtained. These results showed that there was no significant relationship between anxiety and health behavior. The negative correlation coefficient showed that there was a tendency that the higher the anxiety score, the lower the health behavior score. Theoretically, anxiety can affect a person's functioning through psychological and physical symptoms. Excessive worry, tension, sleep disturbances, difficulty concentrating, and fatigue can interfere with an individual's ability to carry out daily activities optimally. The relationship between living behavior and anxiety is also supported by previous research. A meta-analysis by Bourke et al. found that a combination of healthy living behaviors was associated with lower levels of anxiety symptoms (Bourke, dkk, 2025). Thus, there is a basis that mental health and health behaviors can be interrelated. Factors that affect anxiety are personal factors, family factors and social factors. (Budiman, dkk, 2024).

In addition, the relationship between stress level and health behavior resulted in a correlation coefficient of -0.624 with a p-value of 0.054. This result shows that there is no significant relationship between stress level and health behavior. The coefficient value shows a strong negative relationship. This means that the higher the stress score, the lower the health behavior score in the respondents. Stress begins with an imbalance between the demands and resources that the individual has, the higher the gap occurs, the higher the level of stress experienced by the individual and will feel threatened (Yosep, 2014 dalam Nasriati, 2020). Stress is a common thing in daily life experienced by every individual (Putri, MA, dkk, 2023). It is very important for an individual to understand mental health to realize aspects that are beneficial to him or his surroundings. (Halik, dkk, 2025).

Depression, stress, and anxiety have a significant impact on people's lives. These disorders can decrease quality of life, create poor social relationships, reduce productivity, and increase the risk of harmful behaviors such as substance abuse or suicidal behavior. The high prevalence of mental health disorders can also burden the health system, decrease economic productivity, and increase health care costs. In addition, stigma and discrimination against individuals with mental disorders can hinder them from seeking help and receiving the necessary treatment. One method that can be used to screen depression, stress and anxiety in the general population is to use the Depression, Anxiety and Stress (DASS) instrument. (Biromo, dkk, 2025).

CONCLUSION

The level of depression with health behavior has a correlation coefficient of -0.515 with a p-value of 0.128. This shows that there is no significant relationship between the level of depression and health behavior.

The level of anxiety with health behavior was obtained with a correlation coefficient of -0.509 with a p-value of 0.133. These results showed that there was no significant relationship between anxiety and health behavior.

Stress level with health behavior resulted in a correlation coefficient of -0.624 with a p-value of 0.054. These results showed that there was no significant relationship between stress level and health behavior.

CONFLICTS OF INTEREST

This research does not get optimal results, so the next researcher can add respondents. Because this is very interesting to discuss in more depth

REFERENCES

- Anxiety and Self-Harm Behavior in Adolescents. *Jurnal Keperawatan Jiwa*, 12(2), 471-478.
- Biromo, A. R., Santoso, A. H., Gunaidi, F. C., Edbert, J., & Anthony, L. (2025). Mental Health Screening through Education and Assessment of Depression, Stress, and Anxiety (DASS-42) among the Community in Grogol Urban Village. *Jurnal Pengabdian Bidang Kesehatan*, 3(2), 69-75.)
- Bourke, M., et al. (2025). Clusters of healthy lifestyle behaviours are associated with symptoms of depression, anxiety, and psychological distress: A systematic review and meta-analysis of observational studies. *Clinical Psychology Review*, 118, 102585.
- Budiman, M. E. A., Palupi, J., Yuhbaba, Z. N., Suswati, W. S. E., & Amalia, Z. (2024).
- Halik, A., Lukman, F., & Alifudin, A. (2025). The Relationship Between Stress and Mental Health Behavior Among the Elderly in the Nambo District Community Health Center Area, Banggai Regency. *Jurnal Ilmiah Kesehatan Pencerah*, 14(2), 1-10.
- Health Development Policy Agency. (2024). Laporan Tematik Survei Kesehatan Indonesia Tahun 2023: Kesehatan Jiwa. Kementerian Kesehatan Republik Indonesia.
- Mubasyiroh, R., Idaiani, S., & Suryaputri, I. Y. (2024). Help-Seeking Behavior Among Residents with Symptoms of Depression. *Media Penelitian Dan Pengembangan Kesehatan*, 30(1), 45-54.
- Nasriati, R. (2020). Stress Levels and Stress Management Behaviors of Families of Individuals with Mental Disorders. *Dunia Keperawatan: Jurnal Keperawatan dan Kesehatan*, 8(1), 1-8.
- Putri, M. A., Afifah, A. N., Savitri, P. A., & Farsida, F. (2023). The Relationship Between Income Level and Stress Level Among the Elderly. *Muhammadiyah Journal of Geriatric*, 4(2), 110-116.
- Rahmy, H. A., & Muslimahayati, M. (2021). Adolescent depression and anxiety viewed from health and Islamic perspectives. *DEMOS: Journal of Demography, Ethnography and Social Transformation*, 1(1), 35-44.
- Wijaya, A. E., Asmin, E., & Saptanno, L. B. (2023). Levels of Depression and Anxiety Among the Working-Age Population. *Jurnal Ilmiah Kesehatan Sandi Husada*, 12(1), 150-156.