

## Supplementary File

**Table 1A. STROBE Statement—Checklist of items that should be included in reports of cross-sectional studies**

Item No	Recommendation	Response based on the Manuscript
<b>Title and abstract</b>	<p>1 (a) Indicate the study's design with a commonly used term in the title or the abstract</p> <p>(b) Provide in the abstract an informative and balanced summary of what was done and what was found</p>	<p>✓ applicable page 1,2</p> <p>The title includes this "Findings from IFLS-5 Data" and in the abstract in methods section states "cross-sectional" study.</p> <p>✓ applicable page 2.</p> <p>Abstract is informative contain background, aim, method, result, conclusion and key words.</p>
<b>Introduction</b>		
Background/rationale	2 Explain the scientific background and rationale for the investigation being reported	<p>✓ applicable page 1-2</p> <p>Globally, mental health is a public health issue that impacts people of all ages, and depression has been recognized as a serious mental health problem.</p> <p><b>Background:</b> Paragraph 1, 2 and <b>Rational for the investigation</b> in Paragraph 5</p>
Objectives	3 State specific objectives, including any prespecified hypotheses	<p>✓ applicable page 2</p> <p>The study objective is in the last paragraph in the introduction at paragraph 5</p> <p>To examine the determinants of depressive symptoms among Indonesian youth, focusing on gender differences.</p>
<b>Methods</b>		
Study design	4 Present key elements of study design early in the paper	<p>✓ applicable page 2</p> <p>Study design: Cross sectional was mention in the Abstract and also in method (study design)</p>

Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	<b>locations:</b> IFLS is a national longitudinal survey in Indonesia that collected data on the socioeconomic and health status of Indonesian individuals, their families, households, and communities <b>Period:</b> it was collected in late 2014 and early 2015, using a questionnaire with a response rate of over 90%. <b>Data collection:</b> A multistage stratified sample technique was used, Additional details regarding the design of the IFLS study are available at <a href="http://www.rand.org/labor/FLS/IFLS.htm">http://www.rand.org/labor/FLS/IFLS.htm</a>
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants	✓ applicable page 3  <b>Inclusion criteria:</b> Participants ages 15 to 24 were included in this study (n= 6522). However, respondents who reported physiological health issues, as well as those who lacked information about depressive symptoms (CES-D-10) were excluded. <b>Source and Method:</b> is explaining in details in figure1
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	✓ applicable page 3  Dependent and independent variables were explained in details methodology in study variables section
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	✓ applicable page 3  <b>Measurement tool:</b> Depressive symptoms were the dependent variable in this study. Depressive symptoms were measured using a self-reported depressive symptoms scale, the Center for Epidemiologic Studies Depression Scale (CES-D) questionnaire comprising of 10 items. Page 6
Bias	9	Describe any efforts to address potential sources of bias	✓ applicable page 3-4  1. All analyses were weighted using cross-sectional IFLS survey weights. 2. Variance inflation factors (VIFs) were determined to

			check for possible multicollinearity of the independent variables before the final model was executed.
Study size	10	Explain how the study size was arrived at	✓ applicable page 3.
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	<p>Final analysis included 6,522 youth... Figure 1 shows inclusion and exclusion criteria.</p> <p>✓ applicable page 3</p> <p>1.Age was categorized to two group adolescent (15-19) and young adults (20-24) (Kiss et al., 2022; United Nations Department of Economic and Social Affairs, 2013).</p> <p>2.BMI (normal, underweight, overweight, and obese).</p> <p>3.Social participation was assessed using this question" I would like to ask you what about some community or government activities and programs that may have taken place in this village during the past 12 months". There were 17 social activities used to assess social participation. Based on societal involvement, social participation levels were first classified as (0) low (0–1 activities), (1) moderate (2–3 activities), and (2) high (&gt;3 activities) (Alfian et al., 2024).</p>
Statistical methods	12	<p>(a) Describe all statistical methods, including those used to control for confounding</p> <p>(b) Describe any methods used to examine subgroups and interactions</p> <p>(c) Explain how missing data were addressed</p> <p>(d) If applicable, describe analytical methods taking account of sampling strategy</p>	<p>✓ applicable page 3-4.</p> <p>Descriptive, bivariate, and multivariate logistic regression models... weighted using IFLS weights.</p> <p>✓ applicable page 4</p> <p>Multivariate logistic regression model was conducted, separately by gender group</p> <p>✓ applicable page 3&amp;12</p> <p>Respondents who lacked information about depressive symptoms were excluded." (Figure2 Sample flowchart)</p> <p>✓ applicable page 3-4.</p>

		All analyses were weighted using cross-sectional IFLS-5 survey weights for complexity multistage stratified sampling design adjustment and to ensure the estimation of nationally representative.
	(e) Describe any sensitivity analyses	Not applicable
<b>Results</b>		
Participants	13*	<p>(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed</p> <p>✓ applicable page 12.</p> <p>Figure 1 included: “Flowchart of inclusion and exclusion criteria”</p>
		<p>(b) Give reasons for non-participation at each stage</p> <p>✓ applicable page 12.</p> <p>Figure 1 included: Flowchart of inclusion and exclusion criteria.</p>
		<p>(c) Consider use of a flow diagram</p> <p>✓ applicable page 3.</p> <p>Flowchart of inclusion and exclusion criteria in page 12.</p>
Descriptive data	14*	<p>(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders</p> <p>✓ applicable page 4</p> <p>Table 1 provides detailed breakdowns of Socio demographic, socioeconomic, health-related factors lifestyle factor, life satisfactions, community participation, and depression characteristics of youths individuals.</p>
		<p>(b) Indicate number of participants with missing data for each variable of interest</p> <p>✓ applicable page 12.</p> <p>Figure 1. Flowchart of inclusion and exclusion criteria</p>

			explain missing data in depressive symptoms variables, however, other variables there is no missing data.
Outcome data	15*	Report numbers of outcome events or summary measures	✓ applicable page 4-5.
Main results	16	<p>(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included</p> <p>(b) Report category boundaries when continuous variables were categorized</p>	<p>From the Results section in Table1 and Table2, for example</p> <p>1. Depressive symptoms affected approximately one-third of the youth (30.39%) with a slightly higher rate among those aged 20–24 years (30.26%) than in aged 15–19 years (28.86%).</p> <p>✓ applicable page 4.</p> <p>The final multivariate logistic regression model was created, separately by gender group. The results were presented with p-value, (OR) and 95% confidence intervals (CI), a p-value lower than 0.05 was considered significant.</p> <p>✓ applicable page 3.</p> <p>1. Age was categorized to two group adolescent (15-19) and young adults (20-24) (Kiss et al., 2022; United Nations Department of Economic and Social Affairs, 2013).</p> <p>2. BMI citation of underweight (<math>BMI &lt; 18.5</math>), normal weight (<math>BMI 18.5-24.9</math>), overweight (<math>BMI 25.0-29.9</math>), and obese (<math>BMI \geq 30.0</math>).</p> <p>3. Social participation was assessed using this question "I would like to ask you what about some community or government activities and programs that may have taken place in this village during the past 12 months". There were 17 social activities used to assess social participation. Based on societal involvement, social</p>

		participation levels were first classified as (0) low (0–1 activities), (1) moderate (2–3 activities), and (2) high (>3 activities) (Alfian et al., 2024).
	(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	Not applicable
Other analyses	17 Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	✓ applicable page 4.  Only subgroup analysis, gender-stratified multivariable logistic regression was conducted.
<b>Discussion</b>		
Key results	18 Summarise key results with reference to study objectives	✓ applicable page 5-7  The research findings indicate that almost one-third of Indonesian youths reported having experienced depressive. The results is similar to study conducted by Peltzer & Pengpid, (2015) used CES-D to examine the prevalence of depression in young adults in South-east Asia, including Indonesia.  This study supports earlier researches (Handajani et al., 2022; Idris & Tuzzahra, 2023; Purborini et al., 2021) on a number of contributor factors that contribute to depressive symptoms. Among these factors are being unmarried, unhealthy, and life dissatisfaction were the most common factors that influenced depressive symptoms among both genders. The current smoker was the only factor that influenced depressive symptoms in males while former smokers and comorbidities were only in females.
Limitations	19 Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	✓ applicable page 7.  However, the limitation of this study was that the cross-sectional nature of this study limits the ability to make causal judgments about the relationships among

		variables. Additionally, although the IFLS captures a wide range of variables, not all psychosocial factors that contribute to teen depression can be captured, such as specific trauma or violent exposure.
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence
Generalisability	21	Discuss the generalisability (external validity) of the study results

✓ applicable page 7

✓ applicable page 7.

There are several strengths of this study. First, it uses data from the Indonesian Family Life Survey (IFLS), which contains a large, relatively representative sample of individuals in Indonesia, with a thorough examination of gender differences in depression.

#### **Other information**

Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	Not applicable
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\*Give information separately for exposed and unexposed groups.

**Note:** An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at [www.strobe-statement.org](http://www.strobe-statement.org).