



Understanding the protective factors (self-esteem, family relationships, social support) and adolescents' mental health in Jakarta[☆]



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Abstract

Objective: Mental health problems may occur in teenage years, thus it is important for adolescents to understand how to maintain mental health.

Method: This was a correlative descriptive study to examine mental health and adolescent protective factors (self esteem, family relationships, and social support). There were 452 eighth grade students under 15 years old at junior high schools who participated in this study. The respondents were selected with purposive sampling technique. Respondents filled a questionnaire about self esteem, family relationships, social support, and youth mental health.

Results: The results show the majority of respondents have moderate self esteem, good family relationships, and adequate social support from parents, teachers, classmates, and peers, but they obtain lack social support from school (such as school administrator and anyone, except teachers and their friends).

Conclusions: Promotion of adolescent mental health is recommended for schools. Adolescent protective factors could be improved to achieve optimal adolescent mental health.

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Introduction

Early onset mental disorders have become a global problem. WHO states that 450 million people in the world experience mental disorders.¹ Mental disorders are known to begin at the productive age about 10–29 years.^{2,3} In Indonesia, 14 million people over the age of 15 suffer from mental disorders.⁴ Based on these results, mental disorders begin to occur in adolescence.

Adolescents with mental disorders are a vulnerable group in need of more attention. Mental health requires balance between emotions, thoughts, and behavior.⁵ When an individual has strong mental health, they are able to optimize their potential, exercise self-control, and contribute to their social well-being.⁶ Therefore, the mental health of adolescents is an issue that needs to be improved in an effort to prevent the occurrence of mental disorders.

Protective factors are defined as characteristics that can encourage individuals, including adolescents to achieve mental health.⁷ These protective factors can come from individuals, families, and communities. However, according to Wille et al., the influence of self-concept, family climate, and social support plays a big role in reducing the incidence of mental disorders.⁸ Therefore, these protective factors need to be improved in order to reach healthy young people.

Self-esteem is a mechanism of psychological self-protection. It is defined as a self-evaluation influenced by the characteristics, abilities, and achievements of oneself and the views of others. Subsequent self-evaluation forms adaptation of personality and behavior.⁹ Furthermore, adaptive behavior helps individuals survive in their daily lives and use appropriate coping, then they avoid mental health problems.

In addition, family relationships and social support are also protective social factors that come from families and communities. Family relationships are close ties between family members resulting from interactions within the family.¹⁰ Meanwhile, social support is assistance obtained by individuals from those around them.¹¹ Social support consist of emotional, appraisal, instrumental and informational assistance. Previous research indicates that both family relationships and social support have a positive influence on the development of interpersonal abilities and emotional qualities, and reduce the risk of depression in adolescents.^{12–15} The importance of these three protective factors in developing mental health was the reason for this study.

Method

Design

This is a correlative descriptive study to examine mental health and adolescent protective factors (self esteem, family relationships, and social support).

Sample

There were 452 eighth grade students at junior high schools in East Jakarta who were less than 15 years old that participated in this study. The respondents were selected with

a random sampling technique followed by purposeful sampling.

Instruments

This study used the Rosenberg Self-Esteem Scale consisting of 10 questions (r 0.43–0.82; OR 0.84), the Index of Family Relations Questionnaire consisting of 25 questions (r 0.43–0.84; OR 0.94), the Child and Adolescent Social Support Scale consisting of 60 questions (r 0.39–0.97; OR 0.97), and the Mental Health Continuum Short Form consisting of 14 items (r 0.37–0.88; OR 0.87).

Ethical considerations

The respondents had received a thorough explanation of this research. If they agreed and were willing to be a part of the study then the process continued by signing the informed consent sheet. This study has been reviewed by the Commission on Ethics of Research, Faculty of Nursing Sciences, Universitas Indonesia with No. 118/UN2.F12.D/HKP.02.04/2018.

Data analysis

The data shows distribution of protective factors (self esteem, family relationship and social support) by their frequency, as well as mental health factors (emotional, psychological, and social wellbeing).

Results

Table 1 describes the adolescent protective factors. Most of the adolescents have moderate self-esteem (84.1%), good family relationships (98.7%), and high levels of support from parents, teachers, classmates, and close friends (87.2%; 76.1%; 69.7%; and 77.4%, respectively). However, they received low social support from the school (58.6%). The majority of adolescents have moderate.

Table 2 illustrates forms of social support. Social support gained from adolescents' parents and the school predominantly takes the form of informational support (28.8%; 33%). Support from teachers and close friends predominantly takes the form of emotional support (31.2%; 27.9%). Furthermore, social support provided by classmates is mostly in the form of instrumental support (28%).

Discussion

Most adolescents in East Jakarta are identified as having moderate mental health. This condition is also found in adolescents in SMPN 1 and SMPN 5 of Depok.¹⁶ Moderate mental health means that the adolescents are flourishing in some aspects of their lives, yet not quite meeting optimal mental health criteria.^{17,18}

Different conditions are found in street adolescents in Jakarta, Depok, and Bogor. Street adolescents' mental health is actually flourishing.¹⁹ The differences in mental health conditions among street youth can be explained by their own individual characteristics and views on events in

Table 1 Protective factors and mental health of adolescents (n = 452).

Variable	n	%
<i>Self esteem</i>		
High	32	7.1%
Moderate	380	84.1%
Low	40	8.8%
<i>Family relationship</i>		
Good	446	98.7%
Problematic	6	1.3%
<i>Social support: parents</i>		
High	394	87.2%
Low	58	12.8%
<i>Social support: teachers</i>		
High	344	76.1%
Low	108	23.9%
<i>Social support: classmates</i>		
High	315	69.7%
Low	137	30.3%
<i>Social support: close friends</i>		
High	350	77.4%
Low	102	22.6%
<i>Social support: school</i>		
High	187	41.4%
Low	265	58.6%
<i>Adolescent mental health</i>		
Flourishing	198	43.8%
Moderate	205	45.4%
Languishing	49	10.8%

Table 2 Type of social support received by adolescents (n = 452).

Variable	n	%
<i>Social support: parents</i>		
Emotional	117	25.9%
Informational	130	28.8%
Appraisal	102	22.5%
Instrumental	103	22.8%
<i>Social support: teachers</i>		
Emotional	141	31.2%
Informational	139	30.8%
Appraisal	102	22.65%
Instrumental	70	15.35%
<i>Social support: classmates</i>		
Emotional	122	27%
Informational	119	26%
Appraisal	85	19%
Instrumental	126	28%
<i>Social support: close friends</i>		
Emotional	127	27.97%
Informational	118	26.13%
Appraisal	95	21.11%
Instrumental	112	24.79%
<i>Social support: school</i>		
Emotional	125	27.6%
Informational	149	33%
Appraisal	99	21.9%
Instrumental	79	17.5%

their lives.²⁰ Street adolescents who are accustomed to living hard lives will be resilient, developing adaptive coping strategies. Studies have proven that possessing higher levels of resilience and positive self-control can improve adaptive coping strategies and reduce stress levels.^{21,22} WHO define mentally healthy individuals as those who are able to cope with stressors in their lives, feel happy, and stay productive in their social environments.¹ This definition shows that adolescents can be mentally healthy regardless of their background if they are able to cope well with stressors in their lives, stay productive, and try to feel happy under any circumstances. Thus, adolescents with moderate mental health should be encouraged to use adaptive coping strategies, gain positive affects, and increase their involvement in their social environments.^{18,20} This intervention aims to improve adolescents' emotional, psychological, and social functions to achieve optimal mental health.

Most adolescents in East Jakarta have moderate self-esteem, similar to adolescents in Yogyakarta.²³ Every adolescent develops their sense of self-esteem differently, and self-esteem may remain stable, increase, or decrease depending on internal and external factors such as cognitive development that can shape thinking and self-evaluation, physical appearance, and parental or peer influence.²⁴ Adolescents may exhibit moderate self-esteem because they face challenges during their development that may be biological, psychological, social, academic, or career-oriented.

Adolescents with moderate self-esteem exhibit similar characteristics as those possessing high self-esteem. Adolescents with high self-esteem are characterized by their assertiveness, satisfaction with their identities and abilities, unconcern for negative views, and confidence in expressing their abilities. Similarly, adolescents with moderate self-esteem will show the same traits but with less optimal positive attitudes.^{5,25} Therefore, adolescents need to improve their levels of self-acceptance and self-verification and take part in various activities to improve self-esteem.

Adolescents in Jakarta are identified as having good family relationships. Good relationships are characterized by closeness to parents along with a sense of togetherness and harmony within the family.¹⁰ In these situations, adolescents show love and affection to their parents through respect, obedience, appreciation, achievement, and openness. The parents in turn provide for their offspring's educations and their other needs as well. Thus, adolescents with good family relationships exhibit closeness and positive reciprocity among family members. Positive relationships within the family can provide protection, resilience, effective communication, and parenting.^{26,27} Adolescents feel the affection of their families when family members show empathy, attention, support, and assistance in solving problems. Hence, adolescents will trust their family and assume that their family is reliable.

Most adolescents in East Jakarta receive high social support from their parents, teachers, classmates, and close

friends. The same conditions are found in adolescents in Pekanbaru where they are recorded as gaining high support from their parents and peers.²⁸ However, the difference between these two cases exists in the levels of school support. This difference may occur because in Gumantya study, the component of school support includes support from teachers and other school instruments exist within the school. Whereas in this study, support from teacher and school analyzed separately.

Based on the form of support, parents and schools provide more information, lessons, advice, direction, and guidance that can improve self-efficacy, which helps adolescents achieve their goals.²⁹ Parents should also provide high levels of emotional support as adolescents not only need advice but attention and affection from their parents. In this study, teachers also give emotional support that affects whether students achieve their goals. Similarly, among close friends, emotional support plays an important role in improving positive affection to allow adolescents to feel understood, cared for, and loved by those around them. Instrumental support provided by classmates includes lending stationery or sharing food.¹¹ All forms of support are important for adolescents, but the primary support for adolescents depends on their socio-economic condition.

These results indicated that schools need to improve mental health and protective factors by establishing mental health promotion programs by utilizing School Health Unit (UKS) and involving all elements of the school including teachers, school administrators and parents. Future research should continue to follow-up studies in school settings as well as explore how the teacher and parents can be working together to optimizing adolescents' mental health.

Conflict of interests

The authors declare no conflict of interest.

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