

SOURCES OF SOCIAL SUPPORT AND RESILIENCE AMONG ADOLESCENTS IN TANGERANG REGENCY

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Abstract

Resilience is an important factor that can help a person to get through difficult phases in life. Current research focuses on dynamic resilience, which can be developed through interaction with the surrounding environment. In this study will be further analyzed the effect of each source of perceived social support on adolescent resilience in Tangerang Regency, as one of the areas prone to crime. Participants in this study were 429 junior high school students aged 13-16 years old. The study used The 14-Items Resilience Scale (RS-14) and The Multidimensional Scale of Perceived Social Support (MSPSS) which had previously been adapted by researchers. The results showed that perceived social support was a predictor of adolescent resilience in Tangerang Regency with a medium effect size, $R^2 = .166$, $F(1, 427) = 84.861$, $p = .000$. In general, there is no difference between the social support received by male and female adolescents, $t(427) = 0.402$, $p = .689$. However, it was found that female adolescents feel more supported by friends compared to male adolescents, $t(427) = -3.041$, $p = .003$.

Keywords: resilience; perceived social support; adolescence; Tangerang Regency

INTRODUCTION

Adolescence is an important phase that is generally accompanied by many challenges. According to Sulistiowati et al. (2019), only half of the adolescents observed had flourishing mental health in Depok, Jakarta, Tangerang, and Denpasar. However, 47.7% of adolescents had low emotional well-being (Sulistiowati et al., 2019). Curtis (2015) explained that the condition in adolescent phase can be influenced by family, religion, environment, culture, society and peer groups. In general, Indonesia is still striving for a safe environment for children and adolescents. This can be seen from the 2022 data about 2133 complaints regarding children and adolescent in conflict with the law, which is dominated by cases of sexual violence (Komisi Perlindungan Anak Indonesia, 2023). Furthermore, 2019 data shows that the largest percentage of the population of crime victims is children on the island of Java, one of which is in Banten Province (Badan Pusat Statistik, 2019). One of the areas prone to crime in Banten Province is Tangerang Regency.

In one year, more than 3000 crimes occur involving adults and children with the highest crime rate being theft (Badan Pusat Statistik Kabupaten Tangerang, 2015). Geographically, this is supported by the condition of the region which is on the border between villages and cities known as sub-urban areas. Rocque and Posick (2017) explained the criteria for sub-urban areas that support the occurrence of criminal acts, namely the tendency for areas to be dark, quiet, and have an inadequate security system. Apart from that, rapid population growth, still high unemployment rates, educational disparities between districts/cities, welfare disparities between districts/cities, and crime-prone areas also support the increasing tendency to commit criminal acts in this area (Handayani, 2017).

The experience of being a victim is also important to pay attention to considering that this also contributes to encouraging children and adolescents to become involved as perpetrators in the future (Kelley et al., 2014). Apart from experiences as victims, several other factors have been found to

support children committing crimes, such as experiences of trauma, inappropriate parenting, and exposure to criminal acts that occur in the surrounding environment. However, not all children with these risk factors will carry out risky actions such as criminal acts because there are variables that have been found to protect individuals from being involved in criminal acts or repeating criminal acts, namely resilience (Kelley et al., 2014). Resilience is an important factor that prevents children from being involved in criminal acts, both as perpetrators and victims (Borg et al., 2018).

There are two points of view in defining resilience, namely the ability to recover which is an innate trait so that it is permanent and stable (1), and the concept of resilience is seen as something that involves various preventive variables and can be intervened (2), referring to Lee et al. (2013). The perspective that resilience is a stable thing is inadequate to explain the importance of adaptation obtained through interactions between individuals and the environment, such as family, community, and/or other social environments. Lee et al. (2013) explained that environmental and contextual factors play an important role in shaping a person's resilience. This supports the second point of view regarding resilience as a dynamic process. Finally, the viewpoint that resilience is an evolving variable is more widely researched today (Lee et al., 2013). Wagnild and Young (1993) developed an instrument to measure resilience as a process, namely The Resilience Scale (RS). Resilience is defined as a personal character acting as a moderator between the negative effects of stress and the ability to adapt (Wagnild & Young, 1993). Five components make up self-resilience, namely equanimity, perseverance, self-reliance, meaningfulness, and existential aloneness (Wagnild, 2009; Wagnild & Young, 1993). Equanimity is the ability to see things in a balanced way, both positive and negative. Perseverance refers to the ability to keep going even when experiencing challenges or problems. Self-

reliance is a feeling of confidence in yourself regarding your ability to solve certain problems. Meaningfulness is the ability to see that there is a purpose and there is always a reason to survive. Finally, existential aloneness is the awareness that each person is different, unique, and able to face life's challenges independently (Wagnild, 2009; Wagnild & Young, 1993).

High levels of resilience are not only related to adaptive behaviour but also to psychological and physiological conditions (Richardson, 2002). By understanding the factors that support or reduce resilience in individuals and communities, we can better understand the methods that can be used to develop and maintain resilience. Research that has been carried out to date has found that factors related to resilience can be divided into two large categories, namely (a) demographic variables and (b) psychological variables. Demographic factors found to be related to resilience were age and gender. However, the research results have not been consistent. Previous research found that as age increases, resilience also increases (Campbell-Sills et al., 2009), but other research finds the opposite (Beutel et al., 2009). Apart from that, there are inconsistencies in research results regarding differences in levels of resilience in adolescent boys and adolescent girls. Sahin-Baltaci and Karatas (2015) found that there was no difference in resilience scores between male and female adolescents. However, Prabhu and Shekhar (2017) found differences, namely that male adolescents were found to be more resilient compared to girls. This is expected because the number of participants is small and tends to be homogeneous. On the other hand, psychological factors found to be related to resilience are divided into two, namely risk factors and protective factors. Some of the risk factors found are depressive symptoms, severe anxiety-related impairments, and high stress (Lee et al., 2013). Research has identified several protective factors that have been found to consistently correlate with

resilience, namely life satisfaction, optimism, positive affect, self-efficacy, self-esteem, and social support (Lee et al., 2013).

In efforts to develop resilience, Prabhu and Shekhar (2017) explained that social support is an important aspect that is needed. This is also supported by research results from Sahin-Baltaci and Karatas (2015) which show that social support is a strong predictor of resilience in adolescents. Social support is a multidimensional construct that includes physical and instrumental support, attitudes, other resources and information, as well as emotional and psychological support (López & Salas, 2006). Cohen and Wills (1985) defined social support as a collection of information that causes an individual to believe that he is cared for, valued, and will get help when he needs it. Support from family, school, and environment was found to be an important variable in the lives of pre-adolescents to adolescents. However, currently, there is not much research that discusses the comparative influence of each type of support (family, friends, or other closest parties) on adolescent resilience, especially in Indonesia.

Based on these conditions, this research is aimed at looking at the influence of sources of social support on resilience in adolescents, especially in the Tangerang Regency area. Following up on inconsistencies in research related to resilience and social support in adolescents, the research also carried out further analysis regarding the comparison of resilience between genders in this age range (13-16 years old). Researchers developed two hypotheses in this research. The first hypothesis of this research is that perceived social support is a predictor of adolescent resilience in Tangerang Regency. Then, the second hypothesis is that there is a difference between the social support received by male and female adolescents.

METHOD

This research is non-experimental quantitative research. Participants in this

research were 429 junior high school students (13-16 years old) in Tangerang Regency, with details of 153 men and 276 women. The criteria for participants in this research were students in grades VII to IX of junior high schools located in Tangerang Regency and were able to read and write. The sampling technique used was non-probability sampling, that is, all potential participants who met the criteria were asked to fill out the research instrument voluntarily and guided by researchers.

This research used two measuring tools, namely the 14-Items Resilience Scale (RS-14, Wagnild & Young, in Bernier et al., 2014) and The Multidimensional Scale of Perceived Social Support (MSPSS) by Zimet et al. (1988). RS-14 consists of 14 statements with a Likert scale of 1-7 (strongly disagree-strongly agree) which measures five components, namely equality, perseverance, self-reliance, meaningfulness, and existential aloneness. MSPSS consists of 12 statements with a Likert scale of 1-7 (strongly disagree-strongly agree) which measures perceptions of social support obtained from specific sources: family, friends, and other close people with a division of 4 statements regarding support from family, 4 statements from friends, and 4 statements from other important parties, in this research specifically "teachers".

These two measuring instruments have been adapted by researchers into Indonesian. Apart from that, the researcher also adjusted the answer scale to 1-4 (very unsuitable-very suitable) to make it easier for participants. This was done considering the results of measuring instrument readability tests on junior high school students which showed that they had difficulty answering on a 1-7 Likert scale. The results of the reliability test show that the RS-14 and MSPSS provide a reliability coefficient (Cronbach's alpha) that is good and suitable for use, namely .69 for RS-14 and .71 for MSPSS. The corrected item-total correlation range for RS is .366 – .511 and .403 – .448 for MSPSS.

The data processing and analysis process that will be used in this research used several statistical techniques with SPSS 20 software, namely, regression, and *t*-test. Descriptive statistical techniques were used to see a general description of the demographic data of research participants, which included age and gender distribution. This research uses simple regression analysis to estimate the relationship between two variables and to predict the value of the outcome variable (resilience) based on the value of the predictor variable (perception of social support). Analysis using the *t*-test was used to see the differences in the average scores of the variables studied in groups of male and female adolescents.

RESULT AND DISCUSSION

Presented in Table 1, this study found that perceived social support contributed to predicting adolescent resilience in Tangerang Regency with an effect size that was classified as medium based on Emerson (2023), $R^2 = .166$, $F(1, 427) = 84.861$, $p = .000$. In line with this result, Sahin-Baltaci and Karatas (2015) found that when social support and life satisfaction were combined, both had an influence on resilience with a medium effect size. Sippel et al. (2015) explained that social support is an external factor that plays a role in building a person's self-quality, including self-resilience. High social support can make someone regulate emotions better (Sippel et al., 2015).

The dense population in the Banten area increases the risk of criminal activity (Handayani, 2017). This what makes teenagers also vulnerable to becoming perpetrators or victims and experience psychological problem. Social support from those around us is very important to increase adolescents' resilience amidst the challenges of change within themselves and risks from outside themselves (Cole et al., 2022). In addition, high social support can also increase self-confidence, reduce the possibility of engaging in risky behavior, for

example, excess alcohol, and foster the ability to solve problems (Sippel et al., 2015). It can be seen that high social support influenced aspects of an individual's physical and mental health that support a person to become resilient (Camara et al., 2017).

Each dimension of social support still influences resilience significantly in order of influence from the greatest, namely family, friends, then teachers. Family support, $t(427) = 7.687$, $p = .000$, was found to have the greatest influence compared to other sources of support. This is following the results of research by Soest et al. (2010) that support from the family is strongly related to resilience because it is the first environment in which children grow up and feel confident in their abilities and can view the world more positively. According to Hu and Cai (2023), perceived family support was strongly associated with positive mental health of junior high school students. Support from the family mediated by resilience was also found to reduce the risk of mental health problems in adolescents (Ye et al., 2023).

Table 1.
Regression Result of The Research
Variables

Predictors	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>
(Constant)	27.524	1.385	19.877	.000
<i>Perceived Social Support</i>				
Family	.349	.085	7.687	.000
Friend	.245	.088	5.230	.000
Teacher	.220	.102	4.660	.000
R^2		.166		
<i>Adj. R²</i>		.164		
<i>F</i>		84.861		

Note. Dependent variable: Resilience.

When we want to increase the resilience of children and adolescents, it is important to note that the availability of a safe, stable, and loving family environment is very important (Agustini et al., 2019). In addition, parents' psychosocial well-being and parenting skills were found to be consistent predictors of

child functioning, especially in child psychosocial aspects (Panula et al., 2020). Tian et al. (2018) suggested that adolescent resilience promotion programs should focus on improving parental support in a family context and developing individual self-esteem.

This research also analyzed the comparison of resilience and social support in male and female adolescents, as well as the comparison of each dimension of social support. The results of the analysis show that there is no difference in resilience and social support scores for male and female adolescents. This result is following the research results of Sahin-Baltaci and Karatas (2015) but different from the research results of Prabhu and Shekhar (2017) which stated that women's resilience is higher than men. Factors that need to be considered as

differentiators between existing studies are the age difference (13-16 years old) and the unequal number of participants between men and women.

Further analysis of each source of social support shows that teenagers in Tangerang Regency feel they receive more support from family, compared to support from friends or teachers. Apart from that, there is a significant difference in scores regarding social support originating from friends, namely that female adolescents feel more supported by friends compared to male adolescents, $t(427) = 3.041$, $p = 0.003$, as presented in Table 2. This can also happen because there is a difference in openness between male and female in friendship. Female adolescents tend to be more open in sharing the emotional problems they face with their friends (Yoon et al., 2022).

Table 2.
Gender-wise Comparison of Resilience and Social Support Scores

Variables	Male		Female		<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Resiliency	40.25	4.749	40.06	4.804	0.402	.689
<i>Perceived social support</i>	31.34	4.45	32.08	5.14	-1.496	.136
Family	12.39	2.26	12.42	2.69	-0.130	.902
Friend	9.94	2.71	10.72	2.42	-3.041	.003
Teacher	9.01	2.07	8.94	2.29	-0.305	.760

CONCLUSION

It can be concluded that perceived social support contributes to predicting adolescent resilience in Tangerang Regency with an effect size that is classified as medium. Each dimension of social support still influences resilience significantly in order of influence from the greatest, namely family, friends, then teachers. In this study, it was also found that there were no differences in resilience and social support scores for male and female adolescents. However, there is a significant difference in scores regarding social support originating from friends,

adolescent girls feel more supported by friends compared to adolescent boys. Further research regarding the influence of social support on resilience among adolescents in various regions in Indonesia can be carried out by considering the type of social support provided. Apart from that, it is also necessary to carry out comparative resilience research between groups that receive optimal social support and vice versa. The number of participants per age and gender can also be made more equal to get a big picture of resilience and social support according to the participant's characteristics.

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