



Strawberry Generation: The role of parental attachment, friendship quality, and mental health self-efficacy on adolescent self resilience

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ABSTRACT

Background: Strawberry generation is one of the phenomena that exists in adolescents today. The term 'strawberry generation' refers to adolescents who are creative but fragile and easily overwhelmed. This condition is supported by found which 1:7 adolescent aged 10-19 years experience mental disorders. The mental health influenced by resilience. Adolescents with low self-resilience show an increased risk of anxiety and depression symptoms in young adulthood.

Purpose: This study aims to reveal how parental attachment, friendship quality, and mental health self-efficacy affect adolescent's resilience. Mental health self-efficacy has limited research in Indonesia, this variable became novelty of this study.

Method: This study used a quantitative approach with an explanatory method, the research sample was 398 high school students in Bogor City with random sampling on school determination, the data obtained then went through statistical tests with SPSS to get correlation and multiple linear regression result.

Findings: parental attachment, friendship quality, and mental health self-efficacy simultaneously affect adolescent self-resilience by 28.7 percent. Factor that significantly affect adolescent self-resilience are adolescent gender, friendship quality, and mental health self-efficacy.

Implication: This research can serve as a base for the development of resilience improvement programs in the community (family, school and government).

KEYWORDS

Adolescent, resilience, mental health

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Introduction

Teenagers who often complain and give up easily are often heard nowadays. This phenomenon popularly known as the 'strawberry generation'. The term 'strawberry generation' refers to adolescents who are creative but fragile and easily overwhelmed (Aulia et al., 2021). World Health Organization (2021) found that 1:7 adolescent aged 10-19 years experience mental disorders. Kementerian Kesehatan (2018) found that 22.3 percent sufferer mental emotional disorder were adolescent aged 15-24 years. Resilience has important role in helping adolescent to survive stressors (Azzahra, 2017), because resilience influenced mental health (Wirabrata et al., 2024). Resilience is ability to adapt on significant challenges that threaten their functioning, survival, or development (Masten, 2018). Adolescents with low self-resilience show an increased risk of anxiety and depression symptoms in young adulthood (Parlikar et al., 2025). Based on data, adolescent at that age is not resilient enough to deal with difficulties and solve their problem so that they have an impact on mental health.

Low level of resilience is caused by parental skill which is lack of communication (Fauzi & Tarigan, 2023). As a factor that have a role in the creation of the strawberry generation, communication also a dimension that shapes attachment between parent and adolescent, where

parental attachment affects resilience, secure parental attachment leads to higher resilience (Sulaeman & Shaleh, 2023; Trissaputri & Soetjiningsih, 2024). Secure attachment creates individual with emotional stability and optimal mental health to interact and contribute to society (Megawangi, 2015). The Indonesian National Suicide Prevention Strategy (Onie et al., 2022) reveals that family and religion play an important role in decreasing suicide risk and prevention. Parental attachment is an affectionate bond between two individuals (attachment figure and children) that has a strong intensity (Armsden & Greenberg, 1987). Adolescent relationships with family are considered to have a positive impact on adolescent mental health (Anasuyari et al., 2023).

Adolescent resilience can be influenced by internal and external factors, based on Bronfenbrenner's ecological system theory human development was influenced by the environmental context, the reciprocal relationship between individual and the environment that will shape the behavior of these individual (Mujahidah, 2015). The closest environment to adolescent is the microsystem (include family, peers, school and neighborhood). Based on social learning theory, which developed by Albert Bandura, person's behavior can be learned through observation of social models in the surrounding environment, whether they are teachers, parents, or peers (Sumianto et al., 2024).

Rachman et al. (2020), adolescent resilience is influenced by parent-child interaction and peer interaction, where the quality of friendship affects adolescent resilience (Anasuyari & Latifah, 2023). Friendship quality is generally used to describe the nature of friendship and the quality of interaction between people (Sandjojo, 2017).

Self-efficacy has important role in building resilience (Pillay et al., 2022), which higher self-efficacy possessed higher resilience (Nabila & Ashshiddiqi, 2023). Self-efficacy is associated with self-belief that adolescents can perform new tasks or face difficulties and achieve the desired results (Bandura 1997). The efficacy discussed in this study focuses on the mental health self-efficacy, which is a self-belief or confidence that adolescent feel regarding their ability to recognize mental condition in themselves or their friend, the ability to manage stress, and the ability to provide support to others (Frank et al., 2021).

Based on previous research, it appears that the problem of low self-resilience can be overcome by increasing parental attachment, friendship quality, and mental health self-efficacy in adolescent. This study was conducted to analyze the influence of parent-adolescent attachment, friendship quality, and mental health self-efficacy on adolescent self-resilience. Currently, there is also no research that combines the three independent variables simultaneously associated with adolescent self-resilience, this study also offers a new perspective as well as to the limited mental health self-efficacy literature so it can be concluded this study has differences with previous studies and has novelty.

Method

Research Design

This study used quantitative approach which is intended to test the theory through research on relationship between variables, existing variable are measured using research instrument so that the data collected can be analyzed using statistical procedures (Creswell, 2016). The research method used is explanatory, which aims to test previously formulated hypotheses and the result of the study will be able to explain the causal relationship between each variable by testing the hypothesis, this method is expected to explain phenomena based on the data and information obtained (Sugiyono, 2018). Survey method which used in this study is

Cross Sectional Study, which collects data from the same or different object with the same or different instruments (Sugiyono, 2018).

Participants

This research was conducted in Bogor City, with a population of high school students in Bogor City who were in grade 10th. The sample selection in this study used cluster random sampling technique, which is a sampling technique that divides the main population into several part (cluster) then the sample chosen randomly from the cluster (Puspitawati, & Herawati, 2018). In this study, cluster has been chosen from school category which divided as public and private school, based on data from *Data Pokok Pendidikan* (2024) it is known that Bogor City has 55 high school, with 45 private SMA and 10 public SMA, then 2 SMAS and 2 SMAN were selected to represent each cluster from the population. Determined the sample size based on the population size, which is 22,068 students at the high school in Bogor City and used margin of error of 5%, the research sample size is calculated using the Slovin formula to obtain a number of 392.8787 participants taken from 4 schools that have been selected from random sampling. In practice, this study obtained a sample size of 398 participants, 184 participants from public high school and 214 from private high school.

Instruments

The instruments used are translated English instruments, as follows: 1) The parental attachment instrument used is the Inventory of Parent and Peer Attachment Revised (IPPA-R) which has been revised by Gullone and Robinson (2005) as many as 28 items with Cronbach's alpha of .882; 2) The friendship quality instrument used is the Friendship Quality instrument adapted by Bukowski et al. (1994) as many as 23 items with Cronbach's alpha of .858; 3) The self-efficacy instrument used is the Mental Health Self-Efficacy instrument developed by Frank et al. (2021) as many as 14 items with Cronbach's alpha of .771; 4) The resilience instrument used is the Resilience Scale which has been adapted by Fernandes et al. (2018) as many as 25 items with Cronbach's alpha of .887.

Analytical technique

Before collecting data, every question in this study, both instrument which have been translated and adapted, also question related to adolescent and family characteristic have passed the ethical review test by the IPB University research ethic commission (1522/IT3.KEPMSM-IPB/SK/2024) and only involve participant who have agreed to informed consent. All data that has been collected directly through Google form, will then be processed using Microsoft Office Excel 2019 for data cleaning and data editing, then statistical analysis utilizing Statistical Package for Social Science (SPSS) 26.0 for inferential testing (correlation and regression). The data obtained from this study has an abnormal distribution, in order to ensure the normality assumption was achieved, all of data has been transformed used the square root formula because the existing data has moderate positive skewness (Ghozali, 2021). Kolmogorov-Smirnov test before transformation was .010 and after transformation indicated that the data approximated a normal distribution ($p > .05$) which is 0.200.

Result and Discussion

398 participants were sampled in this study consisted of adolescent aged 15 year (74.1%) and 16 year (25.9%). 200 participants (50.3%) were female and 198 participants (49.7%) were

male. There were 184 participants from public high school (46.2%) and 214 participants from private high school (53.8%). The highest percentage of participants daily allowance was in the range of Rp. 15,001 - Rp. 30,000 as much as 56.5 percent, and 87.9 percent of participants lived with parent. The distribution of participant characteristics can be seen in Table 1 below:

Table 1.

Distribution of Participants based on Adolescent Characteristics

Category	Male		Female		Total	
	n	%	n	%	N	%
Age						
15 years	136	68.7	159	79.5	295	74.1
16 years	62	31.3	41	20.5	103	25.9
Total	198	100	200	100	398	100
Average ± SD	15.3 ± 0.6		15.2 ± 0.5		15.2 ± 0.6	
School Origin						
Public Highschool	74	37.4	110	55.0	184	46.2
Private Highschool	124	62.5	90	45.0	214	53.8
Total	198	100	200	100	398	100
Daily Allowance						
<Rp. 15.000	47	23.7	43	21.5	90	22.6
Rp.15.001-Rp.30.000	106	53.5	119	59.5	225	56.5
Rp. 30.001 - Rp. 45.000	15	7.6	14	7	29	7.3
Rp. 45.001 - Rp. 60.000	23	11.6	21	10.5	44	11.1
>Rp. 60.000	7	3.6	3	1.5	10	2.5
Total	198	100	200	100	398	100
Average ± SD	Rp. 27.000 ± Rp.14.000		Rp.26.000 ± RP.13.000		Rp. 27.000 ± Rp.13.000	
Residence Information						
With Father	2	1.0	1	0.5	3	0.8
With Mother	10	5.1	24	12.0	34	8.5
With Parent	183	92.4	167	83.5	350	87.9
With Extended Family	3	1.5	8	4.0	11	2.8
Total	198	100	200	100	398	100

Parent's age was categorized into three categories, young adulthood (20-40 years), middle adulthood (41-65 years), and advanced adulthood (>65 years). The highest percentage of parents age is in the middle adult category, 87.5 percent of fathers and 71.1 percent of mothers. A total of 50.5 percent of fathers and 46.5 percent of mothers had a university education, and 6 percent of fathers and 6.8 percent of mothers had only completed primary school. The occupation of the parents was quite diverse. The largest percentage of father's occupations were private employees (31.1%) and entrepreneurs (21.1%). Meanwhile, more than half of the mothers did not work or were housewives (62.3%). As many as 36.9 percent of families had 3 children, 36.4 percent of families had 2 children, and the rest had an only child or more than 3 children. The participants family income ranged from Rp0.00 to Rp90,000,000 per month with an average of Rp

11,850,040.98. The poverty line for Bogor City in 2024 was Rp 699,861.00 (Badan Pusat Statistik (BPS), 2024). 21.6 percent of participants live below the poverty line, and 78.4 percent are above the poverty line. The distribution of participants based on family characteristics by gender is provided in Table 2.

Table 2.

Distribution of Participants based on Family Characteristics

Category	Male		Female		Total	
	n	%	n	%	n	%
Father's Age						
Young Adulthood (20-40 years)	22	11.1	14	7	36	9
Middle Adulthood (41–65 years)	170	85.9	178	89	348	87.5
Advanced Adulthood (>65 years)	6	3	8	0.4	14	3.5
Total	198	100	200	100	398	100
Min-Max	32-75		35-72		32-75	
Average ± SD	48.01 ± 6.6		48.31 ± 6.5		48.16 ± 6.6	
Mother's Age						
Young Adulthood (20-40 years)	59	29.8	54	27	113	28.4
Middle Adulthood (41–65 years)	138	69.7	145	72.5	283	71.1
Old Adulthood (>65 years)	1	0.5	1	0.5	2	0.5
Total	198	100	200	100	398	100
Min-Max	33-64		30-69		30-69	
Average ± SD	43.86 ± 5.6		44.24 ± 5.5		44.05 ± 5.6	
Father's Education						
Not graduated from Elementary School	0	0.0	0	0.0	0	0.0
Elementary School (6 years)	12	6.1	12	6	24	6.0
Junior High School (9 years)	11	5.5	15	7.5	26	6.5
Senior High School (12 years)	76	38.4	71	35.5	147	37.0
College/University (>12 years)	99	50.0	102	51.0	201	50.5
Total	198	100	200	100	398	100
Min-Max	6 - 21		6 – 21		6 – 21	
Average ± SD	13.59 ± 3.3		13.60 ± 3.1		13.60 ± 3.2	
Mother's Education						
Not graduated from Elementary School	0	0.0	0	0.0	0	0.0
Elementary School (6 years)	11	5.6	16	8.0	27	6.8
Junior High School (9 years)	21	10.6	26	13.0	47	11.8
Senior High School (12 years)	66	33.3	73	36.5	139	34.9
College/University (>12 years)	100	50.5	85	42.5	185	46.5
Total	198	100	200	100	398	100
Min-Max	6 - 22		6-23		6 – 23	
Average ± SD	13.56 ± 3.4		13.13 ± 3.7		13.34 ± 3.6	
Father's Job Type						
Jobless/Retired	13	6.6	22	11	35	8.8
Entrepreneur	50	25.3	34	17	84	21.1
Private Employee	59	29.8	65	32.5	124	31.1

Category	Male		Female		Total	
	n	%	n	%	n	%
Civil Servant (ASN)	14	7.1	15	7.5	29	7.3
Army/Police	11	5.5	6	3	17	4.3
Architect	1	0.5	3	1.5	4	1
Labor	17	8.6	35	17.5	52	13.1
BUMN/BUMD Employee	4	2	5	2.5	9	2.3
Lecturer/teacher	7	3.5	3	1.5	10	2.5
Others	22	11.1	12	6	34	8.5
Total	198	100	200	100	398	100
Mother's Job Type						
Jobless/Housewife	113	57.1	135	62.5	248	62.3
Entrepreneur	27	13.6	12	6	39	9.8
Private Employee	17	8.6	9	4.5	26	6.5
Civil Servant (ASN)	13	6.6	9	4.5	22	5.5
Researcher	5	2.5	0	0	5	1.3
Lecturer/teacher	13	6.6	13	6.5	26	6.5
Doctor/Nurse/Midwife/Pharmacist	4	2	11	5.5	15	3.8
Labor	1	0.5	3	1.5	4	1
Household Assistant	2	1	6	3	8	2
Others	3	1.5	2	1	5	1.3
Total	198	100	200	100	398	100
Number of Children						
1 child	14	7.1	28	14.5	43	10.8
2 children	70	35.4	73	37.5	145	36.4
3 children	77	39.4	71	34.5	147	36.9
>3 children	37	18.1	28	13.5	63	15.9
Total	198	100	200	100	398	100
Min-Max	1 – 7		1 - 8		1 – 8	
Average ± SD	2.74 ± 0.97		2.56 ± 1.12		2.65 ± 1.05	
Per Capita Income (Bogor)						
Poor (< 699.8)	34	17.2	52	26.0	86	21.6
Prosper (> 699.8)	164	82.8	148	74.0	312	78.4
Total	198	100	200	100	398	100
Min-Max	0 – 17500		0 – 30000		0 – 30000	
Average ± SD	2737.9±2991.4		2661.4±3886.4		2699.4±3466.0	

The study showed average attachment index was 67.23. Most participant (55.0%) had attachment with their mothers in the ambivalent attachment category, 27.9 percent were in the neglected attachment category and only 17.1 percent had secure attachment. More than half of the male adolescents had an attachment with their mother in the ambivalent category at 63.1 percent, while the distribution of female adolescents was in the ambivalent attachment category at 47.0 percent and neglected attachment at 33.0 percent. Distribution of participants based on attachment categories by gender can be seen in Table 3.

Individual who have secure attachment with parent in childhood will have a secure attachment pattern as adult, have strong self-confidence, good interpersonal skills, and have a

positive view of themselves and their social environment (Ainsworth, 1979), and conversely individual with ambivalent attachment tend to crave safety and security in relationship, but on the other hand also create a range by pushing their partner away. Attachment has a significant impact on adolescents' mental health (Tan et al., 2023), because positive caregiver responses have a huge influence on the baby's personality as an adult, where secure attachment creates human with emotional stability and good mental health (Megawangi, 2015).

Table 3

Distribution of Participants Based on Attachment Categories by Gender

Category	Male		Female		Total	
	n	%	n	%	n	%
Parental Attachment						
Attachment neglected	45	22.7	66	33.0	111	27.9
Attachment ambivalent	125	63.1	94	47.0	219	55.0
Attachment secure	28	14.1	40	20.0	68	17.1
Total	198	100	200	100	398	100
Min-Max	29 - 96		13 - 96		13 - 96	
Average $\pm$ SD	67.96 $\pm$ 12.99		66.55 $\pm$ 16.55		67.23 $\pm$ 14.85	
<i>p-value</i>			.232			
<i>r</i>			-.060			

The result showed average of the friendship quality index was 64.84. More than half of the participants (59.8%) had moderate friendship quality, 31.4 percent were in the low category and only 8.8 percent were in the high category. Half of the male adolescents had moderate friendship quality at 52.5 percent, while the distribution of female adolescents was in the moderate category at 67 percent. The distribution of participants based on friendship quality category by gender can be seen in Table 4.

Adolescent relationship with peers have a large part in the lives of adolescents (Santrock, 2019), because peers are the source of affection, sympathy, understanding and moral guidance for adolescents, a place to experiment and try to achieve independence from parent (Papalia & Feldman, 2017).

Table 4.

Distribution of Participants Based on Friendship Quality Categories by Gender

Category	Male		Female		Total	
	n	%	n	%	n	%
Friendship Quality						
Low (<60)	81	40.9	44	22.0	125	31.4
Middle (60-79)	104	52.5	134	67.0	238	59.8
High (>79)	13	6.6	22	11.0	35	8.8
Total	198	100	200	100	398	100
Min-Max	34 - 96		35 - 93		34 - 96	
Average $\pm$ SD	62.88 $\pm$ 11.32		66.79 $\pm$ 10.38		64.84 $\pm$ 11.02	
<i>p-value</i>			.000			
<i>r</i>			.182**			

The study showed average index of mental health self-efficacy was 63.03. Half of the participants (51.8%) had mental health self-efficacy in the moderate category, 43.0 percent were in the low category and only 5.3 percent were in the high category. Half of the male adolescents

had moderate category of mental health self-efficacy at 55.6 percent, while the distribution of female adolescents was in the moderate category at 48 percent. The distribution of participants based on mental health self-efficacy category by gender can be seen in Table 5.

Mental health self-efficacy is the belief or confidence felt by adolescents regarding their ability to recognize mental condition in themselves or their friends, the ability to manage stress, and the ability to provide support to others (Frank et al., 2021). Low self-efficacy has been identified as a barrier to accessing mental and physical health treatment (Frank & Born, 2022).

Table 5.

Distribution of Participants Based on Mental Health Self Efficacy Categories by Gender

Category	Male		Female		Total	
	n	%	n	%	n	%
Mental Health Self Efficacy						
Low (<60)	81	40.9	90	45.0	171	43.0
Middle (60-79)	110	55.6	96	48.0	206	51.8
High (>79)	7	3.5	14	7.0	21	5.3
Total	198	100	200	100	398	100
Min-Max	18 – 96		29 – 91		18 – 96	
Average $\pm$ SD	62.35 $\pm$ 10.43		61.62 $\pm$ 10.40		61.98 $\pm$ 10.41	
<i>p-value</i>			.470			
<i>r</i>			-.036			

Average index of self-resilience was 68.62. More than half of the participants (62.3%) had resilience in the moderate category, 22.1 percent had a low category and 15.6 percent were in the high category. Half of the male adolescents had self-resilience in the moderate category at 55.6 percent, while the distribution of female adolescents was in the moderate category at 69.0 percent. The distribution of participants based on the category of self-resilience according to gender can be seen in Table 6.

Resilience is ability to adapt on significant challenges that threaten their functioning, survival, or development (Masten, 2018). Resilience can act as a protective factor in patient undergoing treatment for anxiety and depression after experiencing traumatic situations (Leys et al., 2021).

Table 6.

Distribution of Participants Based on Self-Resilience Categories by Gender

Category	Male		Female		Total	
	n	%	n	%	n	%
Self-Resilience						
Low (<60)	88	44.4	0	0.0	88	22.1
Middle (60-79)	110	55.6	138	69.0	248	62.3
High (>79)	0	0.0	62	31.0	62	15.6
Total	198	100	200	100	398	100
Min-Max	46 – 98		40 – 98		40 – 98	
Average $\pm$ SD	69.65 $\pm$ 10.89		67.60 $\pm$ 11.59		68.62 $\pm$ 11.28	
<i>p-value</i>			.061			
<i>r</i>			-.094			

The results of the correlation test show the characteristics of adolescent are proven to be significantly related to friendship quality, it was found that gender has a significant positive

relationship with friendship quality ($r = .182^{**}$, $p = .000$), the result of T test supported the correlation by finding that the average value of female participant is greater than male value, which means female participant have better friendship quality than male participant, this finding in line with the research of Foody et al. (2019) which revealed men's friendship quality was worse than women's. Matitaputty and Rozali's (2021) research revealed female adolescents who were friends for more than 1 year had positive friendship quality compared to male adolescents who were friends for less than 1 year. In family characteristics, it was found that father's education also had a significant positive relationship with the friendship quality variable ($r=.130^{**}$, $p=.010$), which means the higher father's education possessed better quality of adolescents' friendship, but there is no previous research to support this finding. Correlation test result of adolescents' characteristics and family characteristics with variables of parental attachment, friendship quality, mental health self-efficacy, and self-resilience are provided in Table 7.

Table 7

Correlation Between Variables

Variable	Correlation coefficient (r)			
	Attachment	Friendship Quality	Mental Health Self-Efficacy	Self-Resilience
Adolescent Characteristic				
Age (year)	.042	-.054	-.065	.054
Gender (0=Male, 1=Female)	-.060	.182**	-.036	-.094
School Origin (0=Public, 1=Private)	-.024	-0.048	-.053	-.081
Daily Allowance	-.020	0.015	-.051	-.061
Residence Information	.095	-0.081	-.014	-.014
Family Characteristic				
Father's Age (years)	.020	-.024	-.054	-.036
Father's education (year)	-.019	.130**	.043	-.023
Father's Job Type	-.014	-.051	.009	.013
Mother's Age (year)	-.026	.001	-.069	-.069
Mother's Education (year)	.049	.077	.037	-.045
Mother's Jib Type	-.082	-.073	.028	-.007
Per Capita Income	.064	-.025	.052	.027
Number Of Children	-.098	-.091	-.009	-.019

The results of multiple linear regression analysis in Table 7 have a coefficient of determination or *R square* (R^2) value of .287, meaning that a adolescents characteristics such as adolescent age, gender, school origin, daily allowance, residence information, and family characteristics such as parental age, length of parental education, parental work, per capita income, number of children, as well as parent-adolescent attachment, friendship quality, and mental health self-efficacy simultaneously or jointly affect adolescents' self-resilience by 28.7 percent, while 71.3 percent is influenced by other variables that are not studied. The factors that significantly affect adolescents' self-resilience are adolescents' gender, friendship quality, and mental health self-efficacy. Adolescent gender characteristics ($\beta = -.105$; $p = .024^*$) have a

significant negative influence on adolescents' self-resilience. This can be interpreted that male adolescents have better self-resilience, this finding contradicts Sojer's (2024) found that female adolescents obtained significantly higher self-resilience scores and Arı and Çarkıt's (2020) which revealed that the level of self-resilience of women and men was the same.

The friendship quality variable ($\beta=.129$; $p=.007^*$) has a significant positive effect on adolescent self-resilience, meaning that if the value of friendship quality increases by one unit, the value of adolescent self-resilience will increase by 0.129 points. This finding is in line with research from Anasuyari and Latifah (2023), the quality of friendship significantly influences adolescent resilience, and is supported by Bronfenbrenner's ecological system theory which conveys that the reciprocal relationship between adolescent and the environment will shape the behavior of the adolescent (Mujahidah, 2015), how adolescent behave and react when they have difficulty and deal with problem will be influenced by the environment (microsystem environment includes family, peer, school and living environment). In adolescence, peer become the main developmental environment, and the establishment of friendship quality with peers will foster good psychological adjustment (Delgado et al., 2022). Based on cognitive social behavior Albert bandura, adolescent learn to imitate, and copy the behavior of others or making others as a role model for themselves. Most of people learning occurs in a social environment (Yanuardianto, 2019).

Mental health self-efficacy was also found to have a significant positive influence on adolescent self-resilience ($\beta=.458$; $p=.000^{**}$), it means that if the value of mental health self-efficacy increases by one unit, the value of adolescent self-resilience will increase by 0.458 points. This is supported by the findings of Pillay et al. (2022) providing evidence of the importance of self-efficacy in predicting the level of self-resilience, where an increase in self-efficacy is related to an increase in self-resilience, where higher self-efficacy is possessed higher resilience (Nabila & Ashshiddiqi, 2023). Self-efficacy also plays an important role in mental health coping (Zhou et al., 2021). The results of the test of the influence of adolescent characteristics, family characteristics, parental attachment, friendship quality, and mental health self-efficacy, on adolescent self-resilience are presented in Table 8.

Table 8

Regression Between Variables

Variable	Self-Resilience		
Constans	Unstandardized <i>B</i>	Unstandardized β	Sig.
Adolescent Characteristic			
Age (year)	0.117	.075	.092
Gender (0=Male, 1=Female)	-0.147	-.105	.024*
School Origin (0=Public, 1=Private)	-0.053	-.039	.432
Daily Allowance	-0.014	-.020	.667
Residence Information	0.003	.002	.969
Family Characteristic			
Father's Age (years)	0.021	.011	.827
Father's education (years)	0.010	.020	.765
Father's Job Type	0.002	.022	.628
Mother's Age (years)	-0.037	-.025	.613
Mother's Education (years)	-0.043	-.088	.205

Variable	Self-Resilience		
	Unstandardized <i>B</i>	Unstandardized β	Sig.
Mother's Jib Type	-0.004	-.038	.424
Per Capita Income	0.008	.005	.908
Number Of Children	-0.017	-.27	.555
Attachment	0.011	.016	.729
Friendship Quality	0.128	.129	.007*
Mental health self-efficacy	0.464	.458	.000**
F		9.577	
Sig.		.000 ^b	
R ²		.287	
Adjusted R ²		.257	

Overall, this study confirms the importance of parental attachment, friendship quality, and mental health self-efficacy in shaping adolescent resilience. Ecological system such a good social support, especially from parent and peers, became protective factor that helps develop adolescent resilience as well as belief in the ability, can help adolescent deal with challenges and improve their psychological well-being. Since parental attachment in this study partially did not contribute to the improvement of adolescent self-resilience, it is recommended that future research analyze other factors of parent's relationship with adolescent such as parenting style, parent-adolescent interaction, and others.

This finding can serve as a base for the development of friendship quality and mental health self efficacy improvement program in the community (school and government). Such as learning projects that increase positive interaction and good social dynamics between adolescent and peers, and socialization of mental health knowledge and provides social support for survivors of mental health issues.

Conclusion

This study found that half of adolescents had an ambivalent attachment with their mother, moderate mental health self-efficacy, moderate friendship quality and more than half adolescents had moderate level self-resilience. Parental attachment, friendship quality, and mental health self-efficacy simultaneously affect adolescent self-resilience by 28.7%. Factor that significantly affect adolescent self-resilience are adolescent gender, friendship quality, and mental health self-efficacy. Male adolescents tend to have higher resilience than female. Friendship quality and mental health self-efficacy partially contribute to increased resilience.

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