



**TITLE**

The Correlation of Self-esteem and Adolescents Mental Health at SMPN 2 Srengat

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**ABSTRACT**

*Mental health has serious consequences for a teenager's future. Low mental health affects routine activities, damages relationships, hinders development and productivity. Teenagers with mental health problems have difficulty completing school assignments. Various sources say that self-esteem is a predictor of mental health. This study aims to determine the correlation of self-esteem adolescents mental health at SMPN 2 Srengat. The research design is correlational with a cross-sectional approach. The population is 279 teenagers from SMPN 2 Srengat grade 8. A sample of 164 people was determined using purposive sampling technique. The independent variable is self-esteem and the dependent variable is mental health. Data collection uses a questionnaire by filling out the Google form. Analysis uses Spearman-Rho with a confidence value ( $\alpha$ ) of 0.05. The research results showed that more than half of the respondents had high self-esteem, namely 59.1%, and more than half of the respondents had good mental health, namely 87.2%. The results of the Spearman Rho test show a p-value = 0.000 ( $> \alpha = 0.05$ ),  $r = 0.424$ , meaning that there is a correlation of self-esteem and adolescence mental health at SMPN 2 Srengat with moderate strength. The conclusion in this study is that there is a significant relationship between self-esteem and adolescent mental health, the better self-esteem, the better adolescent mental health. Schools and parents should pay more attention to teenagers by taking a personal approach as an effort to improve mental health through increasing teenagers' self-esteem.*

**Keywords:** *Self-Esteem, Adolescents, Mental Health*

## INTRODUCTION

Mental health is an integral part of public health and quality of life (QoL) that contributes to the functioning of individuals, families, communities and social and economic well-being of society (WHO, 2022). Adolescents are one of the age groups that are vulnerable to mental health problems. One of the causes of this vulnerability is because adolescence is one of the fastest phases of human development (WHO, 2017). Adolescence is a transitional period between childhood and adulthood which is marked by the emergence of physical and psychological changes, the desire to be free from power, curiosity, seeking and finding self-identity, forming peers and so on (Eni et al., 2023). Adolescents experience physical, emotional, and social changes and some are exposed to problems of poverty, abuse or violence. This can trigger internal and external conflicts that make adolescents vulnerable to mental health problems (IDAI, 2013; WHO, 2021). Mental health problems have serious consequences for the development, productivity, quality of life of adolescents, and their future. While many adolescents have positive mental health, an estimated 49.5% of adolescents experience a mental health disorder at some point in their lives. It is a normal part of adolescent development to experience a range of emotions, such as: adolescents feeling anxious about school or friendships, or feeling depressed after the death of a close friend or family member. However, mental health disorders with persistent symptoms will affect how adolescents feel, think, and act. Mental health disorders can also interfere with routine activities and daily functioning, such as relationships, schoolwork, sleeping, and eating (U.S. Department of Health & Human Services, 2021). Adolescent mental health is associated with a variety of determinants, one of which is self-esteem. Self-esteem is an important part of an individual's self-concept and is considered important for positive mental health and functioning during adolescence (Boden et al., 2008).

The prevalence of mental health problems globally is estimated at 1 in 7 adolescents aged 10-19 years as much as 14%, most of which are unrecognized and untreated. Mental health problems that often occur at the age of 15-19 years are anxiety (panic or excessive worry) as much as 4.6%, depression 2.8%, and behavioral disorders 2.4% (WHO, 2021). The results of a survey by the division of child and adolescent psychiatry at the University of Indonesia in 2020 of 393 adolescents, stated that as many as 95.5% of adolescents had experienced mental health problems in the form of anxiety and 88% had experienced depression. The prevalence of mental health disorders in ages >15 years in East Java is 6.8% of the 39,698,631 population (East Java Health Profile, 2020). Indicators that students are experiencing mental health problems are shown by negative behavior shown by students during the learning process at school, for example: playing truant, having difficulty doing schoolwork, and having more conflicts with friends or older people (Whitlock & Schantz, 2008). The Indonesia – National Adolescent Mental Health Survey (I-NAMHS) measures the prevalence of mental disorders in adolescents aged 10-17 years in Indonesia. The results showed that one in three Indonesian adolescents experienced mental health disorders in the past 12 months, while one in twenty Indonesian adolescents experienced mental disorders in the past 12 months. This figure is equivalent to 15.5 million and 2.45 million adolescents. The most common mental problems suffered by adolescents are anxiety disorders (a combination of social phobia and generalized anxiety disorder) at 3.7%, followed by major depressive disorder (1.0%), behavioral disorders (0.9%), and PTSD and ADHD (both 0.5%). (Salma, 2022). The number of students at SMPN 2 Srengat based on information from teachers is 833 students, while the average number of each class is around 278 students. A preliminary study conducted on 10 8th grade children showed that 40% of children have low self-esteem and 40% have moderate and 20% high self-esteem. While mental health shows 35% with negative mental health.

Mental health is a state of mental well-being that enables a person to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underlies our individual and collective ability to make decisions, build relationships, and shape the world we live in. Mental health is a fundamental human right and it is essential for personal, community and socio-economic development (WHO, 2021). Previous studies have investigated levels and stability in mental health (depressive/anxiety symptoms and mental well-being) and

self-esteem and the predictive role of self-esteem and mental health in adolescents over the course of a school year.

Self-esteem in a broad sense is how much value a person places on themselves. Self-esteem as a factor related to depressive symptoms and as an important source for mental well-being in adolescence (Moksnes & Reidunsdatter, 2019). Self-esteem is related to a person's ability to have a positive attitude towards themselves, and to maintain that positive belief in challenging situations, especially situations that include evaluation by others (Henriksen et al., 2017). Self-esteem in adolescence has a significant impact on later life stages, including health and social during adulthood, for example: there is a correlation between higher self-esteem and positive outcomes, such as success in work, better social relationships, a sense of well-being, and positive perceptions from peers, academic achievement, and good coping skills (Boden et al., 2008; Trzesniewski, K. H., Donnellan, M. B., Moffitt, T. E., Robins, R. W., Poulton, R., & Caspi, 2006). The impact of low self-esteem is associated with depression, substance abuse, antisocial behavior, and suicide. In addition, Fajriyah and Setiawati (2019) stated that low self-esteem is a factor in the tendency to become a victim of bullying. Another researcher, Swearer found that both perpetrators and victims of bullying have low self-esteem (Bauman & Rio, 2006). A study in Banda Aceh showed that the involvement of adolescents as perpetrators of bullying is related to mental health problems, there is a negative and significant relationship between bullying and mental health in adolescents (Faizah, 2017). Another study conducted on junior high school adolescents in Serang City showed that self-esteem in the low category was 16.42%, moderate 72.30%, and high 11.28%. All indicators of self-esteem, namely strength, significance, virtue and competence are in the moderate category. This means that most students already have aspects of self-esteem in the power indicator. However, it is clear that they have not been able to fully master, regulate and control their behavior and get recognition for their behavior from others (Iftikhar, 2021). Self-esteem is an important thing that teenagers need to have in the future to know their level of ability, compare themselves with their environment, and not worry about other people's views (Rachmawati, 2020).

Low self-esteem is associated with anxiety, depression, and academic stress, which significantly affect students' quality of life and are associated with suicidal ideation (Nguyen et al., 2019). Whereas high self-esteem at baseline predicts fewer symptoms of anxiety/depression and attention problems 3 years later after controlling for previous symptom levels, gender, therapy (or lack of), and medication (Henriksen et al., 2017). The consequences of failing to address adolescent mental health conditions extend into adulthood, negatively impacting physical and mental health, and limiting opportunities for a fulfilling adult life (WHO, 2021). Although the government has increased access to various health facilities, only a small number of adolescents seek professional help for their mental health problems. Only 2.6% of adolescents with mental health problems accessed services in the past 12 months. The I-NAMHS also found that the majority (38.2%) of adolescent caregivers chose to access mental health services from school. On the other hand, adolescents need help, more than two-fifths (43.8%) reported that they did not seek help because they preferred to deal with their adolescent problems alone or with support from family and friends (Salma, 2022). The results of a study showed that protective factors, one of which is self-esteem, have a positive and significant effect on adolescent mental health ( $p < 0.05$ ) (Keliat et al., 2019). Based on the results of other studies, self-esteem has a stronger relationship with adolescent mental well-being compared to family socio-economic determinants (Ahrnberg et al., 2021).

Self-esteem is important for the emotional development and mental health of adolescents.

The concern of parents, teachers, and the community can help children find their strengths, encourage them more, give praise at the right time, and help them learn to compete are some valuable methods to increase students' self-esteem (Chen & Ma, 2023).

## **METHODS**

This study is a quantitative study, correlational design with a cross-sectional approach. The aim is to determine the correlation between students' self-esteem and mental health. The independent variable is self-esteem. The dependent variable in this study is adolescent mental health. The population used as the subject of this study were 8th grade students at SMPN 2 Srengat totaling 279 people. The sample used in this study

was part of 8th grade students at SMPN 2 Srengat who met the inclusion criteria totaling 164 students, taken using the purposive sampling technique. The instrument used to collect data was a self-esteem assessment questionnaire using the Rosenberg Self-Esteem Scale. Mental health assessment used a mental health questionnaire developed by Juwariah 2023, which has been tested for validity and reliability. The data that had been collected was tested using the Spearman-Rho correlation analysis test. This research has received a certificate of Ethical Eligibility from the Ethics Committee of Patria Husada Blitar Health College with Number: 06/PHN/KEPK/74/06.22

## RESULTS

An objective description of the results of research and discussion. Clearly explained in the form of narration and data based on the purpose of the study, if necessary accompanied by illustrations (paintings, drawings, graphs, diagrams), tables or photos that support data. Simple and not complicated. Result that have been described with tables or illustrations does not need to be explained complicatedly.

**Table 1. Frequency Distribution of General Data/ Characteristics of Adolescents at SMPN 2 Srengat**

No	General Data	Frequency (f)	Percentage (%)
1	Age:		
	≤13 years	35	21,3
	14 years	115	70,1
	15 years	14	8,5
2	Gender:		
	Male	52	31,7
	Female	112	68,3
3	Amount Sibling:		
	None (Only child)	27	16,5
	One	18	11,0
	Two	72	43,9
	Three	37	22,6
	More than three	10	6,1
4	Lives With:		
	Both parents	121	73,8
	Grandparents/grandparents/grandparents/siblings	16	9,8
	Father only	8	4,9
	Mother only	8	4,9
	Mother and sibling	5	3,0
	One of the parents is a stepparent	5	3,0
Boarding house/boarding house	1	0,6	
5	Child Number:		
	First	88	53,7
	Second	53	32,3
	Third	15	9,1
	Fourth	5	3,0
	Fifth	3	1,8
6	Father's Age:		
	Early adulthood (26-35 years)	5	3,0
	Late adulthood (36-45 years)	95	57,9
	Early elderly (46-55 years)	36	22,0
	Late elderly (56-65 years)	24	14,6
	Elderly (>65 years)	0	0
	Deceased	4	2,4

No	General Data	Frequency (f)	Percentage (%)
7	<b>Father's Age:</b>		
	Early adulthood (26-35 years)	6	3,7
	Late adulthood (36-45 years)	89	54,3
	Early elderly (46-55 years)	39	23,8
	Late elderly (56-65 years)	29	17,7
	Elderly (>65 years)	0	0
	Deceased	1	0,6
8	<b>Father's Job:</b>		
	PNS/ State servant	5	3,0
	Private	24	14,6
	Trader	9	5,5
	Farmer	55	33,5
	TKI	2	1,2
	Laborer/ laborer	35	21,3
	Not working	5	3,0
	Others	22	13,4
	Self-employed	4	2,4
	Teacher	0	0
	Deceased	3	1,8
9	<b>Father's Job:</b>		
	PNS/ State servant	2	1,2
	Private	3	1,8
	Trader	16	9,8
	Farmer	13	7,9
	TKI	14	8,5
	Laborer/ laborer	17	10,4
	Not working	78	47,6
	Others	17	10,4
	Self-employed	3	1,8
	Teacher	1	0,6
	Deceased	0	0
10	<b>Marital status:</b>		
	First marriage	131	79,9
	Separated and remarried	14	8,5
	Divorced	15	9,1
	Divorced died	4	2,4
11	<b>Health problems:</b>		
	None	139	84,8
	Yes	25	15,2
12	<b>Problems with the environment (parents/friends/teachers):</b>		
	None	138	84,1
	Yes	26	15,9

Table 1 shows that most teenagers are 14 years old, namely 115 people (70.1%), the gender is mostly female, namely 112 people (68.3%), almost half of them have the most siblings, two (2), namely 72 people (43.9%), most teenagers live with both parents, namely 121 people (73.8%), and most children are the first child, namely 88 people (53.7%). Parental data shows that the age of the father and mother is mostly in late adulthood, the age of the father is 95 people (57.9%), the age of the mother is 89 people (54.4%). Almost half of the father's occupation is a farmer, namely 55 people (33.5%), while almost half of the mother is a housewife, namely 78 people (47.6%). The marital status of the parents is almost all the first marriage, namely 131 people (79.9%). There are no health problems experienced by 139 teenagers (84.8%), most

teenagers did not have problems with their environment (parents/friends/teachers), namely 138 people (84.1%).

**Table 2. Self-Esteem of Adolescents at SMPN 2 Srengat**

Self-Esteem	Frequency (f)	Percentage (%)
Low Self-Esteem	0	0
Medium Self-Esteem	67	40,9
High Self-Esteem	97	59,1
	164	100

Table 2 shows that more than half of the self-esteem of adolescents at SMPN 2 Srengat is in the high self-esteem category, namely 97 people (59.1%).

**Table 3 Mental Health of Adolescents at SMPN 2 Srengat**

Mental Health	Frequency (f)	Percentage (%)
Poor Mental Health	0	0
Borderline	21	12,8
Good Mental Health	143	87,2
	164	100

Table 3 explains that almost all of the mental health of adolescents at SMPN 2 Srengat is in the good mental health category, namely 143 people (87.5%).

Table 4

	Poor Mental Health		Poor Mental Health		Poor Mental Health		Total	
	f	%	f	%	f	%	f	%
Low Self-Esteem	0	0	0	0	0	0	0	0
Medium Self-Esteem	0	0	20	12,2	47	28,7	67	40,9
High Self-Esteem	0	0	1	0,6	96	58,5	97	57,1
Total	0	0	21	12,8	143	87,2	164	100

*p-value*= 0,000, *r*=0,424

Table 4 explains that Spearman's Rho statistical test shows that there is a correlation of self-esteem and adolescents mental health at SMPN2 Srengat, with a *p-value* = 0.000 (<0.05), with a moderate strength of relationship *r* = 0.424 (0.30-0.49).

## DISCUSSION

### 1. Self-Esteem

Explains findings in the community service activity including the facts, theories, and opinion.

The results of the study showed that most of the adolescents' self-esteem was in the high self-esteem category, namely 97 people (59.1%). A study identified factors that can influence adolescent self-esteem, namely: gender, family environmental support, social environmental support (Malik, 2019). In Malik's study, high self-esteem in female adolescents was 58 people (35.4%). The results of this study are not in line with other studies which show that many women have low self-esteem. Gender factors in self-esteem have been included in many studies. Gender roles and stereotypes, body image, parenting style, and cultural norms appear to be determining factors in women's self-esteem. Perceptions of gender roles, parenting styles, and body image vary according to cultural context and have different impacts on the development of self-esteem in adolescent girls. The physical changes that occur when girls enter adolescence are more pronounced than boys, and society's expectations of women entering adulthood regarding body image or gender roles are also

different from men's cultural expectations. Other studies show that low self-esteem mostly occurs in adolescents, namely 51.9% (Fitriani et al., 2023). An individual who has low self-esteem tends to doubt his abilities (inferiority) towards others and believes that others will doubt his abilities. Meanwhile, people who have high self-esteem feel confident and as a result they can effectively handle all kinds of situations. The results of Kaynak's study stated that adolescent girls have lower levels of self-esteem than adolescent boys (Kaynak et al., 2022). According to researchers, this gap may occur because: (1) Some cultures may give more praise or appreciation to certain behaviors or characteristics that are more often found in adolescent girls, such as interpersonal skills, sensitivity, or obedience. This can increase their self-esteem. (2) Adolescent girls are often given greater pressure to meet the standards of beauty and physical appearance set by society and the media. If they feel they meet or even exceed these standards, they may have higher self-esteem. (3) Adolescent girls may be more likely to receive emotional and social support from their peers and family, which can strengthen their self-esteem. (4) Adolescent girls who have a positive understanding of their gender identity and accept their role in society may have higher self-esteem. (5) Individual life experiences also play an important role in shaping a person's self-esteem. Childhood experiences, relationships with parents, academic achievement, involvement in extracurricular activities, and social interactions can all influence the self-esteem of adolescents, both girls and boys.

Based on age, the highest self-esteem was at the age of 14 years, namely 63 people (38.4%). The relationship between adolescent age and self-esteem shows that self-esteem tends to fluctuate during adolescence. The critical period of adolescence is in the physical, social, psychological, cognitive period and the ability to express and understand emotions to provide emotional experiences that influence behavior (Parasar & Dewangan, 2018). Adolescence will cause physical changes that shape their self-concept and assess their meaningfulness in life (Nurliana, 2017). Several studies have found a general pattern in which self-esteem decreases during early adolescence (around 12-14 years of age), then increases over time towards the end of adolescence (around 18-19 years of age). Factors that influence self-esteem during this period include physical changes, social pressure, interpersonal relationships, and identity development (Robins & Trzesniewski, 2005). According to researchers, not all 14-year-olds will have high self-esteem, and some may experience different challenges in building strong self-esteem. Other factors influence the development of high self-esteem in adolescents, the success of various aspects of their lives, such as academic achievement, social skills, or achievements in extracurricular activities can contribute positively.

Based on the number of siblings, high self-esteem is highest in adolescents with two siblings, namely 44 people (26.8%). Based on birth order, the highest self-esteem is in first-born adolescents, namely 50 people (30.5%). Birth order is an important aspect that is largely overlooked during studies on child behavior. Adler argued that a child's personality is largely characterized by their time in the family, because their parents tend to handle children uniquely depending on their birth order (Mairet, 2013). Birth order can be associated with a child's behavior, interests, attitudes, and personality traits. Parents are usually happy when their first child is born and devote time and attention to the newborn. The firstborn usually gets instant and undivided attention from their parents. As a result, the firstborn feels happy and secure until the second child is born (Fatima & Ashraf, 2018).

Based on several research results above, it can be explained more broadly as follows; Birth order in the family affects adolescents' self-esteem in several ways: (1) most respondents were first children, first children often experience more pressure to be an example for their younger siblings. They may feel the need to achieve success or meet parental expectations, which can give them a greater sense of responsibility. Success can increase their self-esteem.

Based on the father's age, high self-esteem in the late adult age group was 54 people (32.9%), while the mother's age was also in late adulthood, namely 53 people (32.3%). Age can affect the role of parents in educating children, one of which is in the formation of high self-esteem in adolescents. According to researchers, this is related to: (1) providing emotional support. (2) behavioral models: Late adult parents play an important role as behavioral models for adolescents. The way parents show their own self-esteem, the way they interact with others, and the way they handle stress and life challenges can affect the way adolescents see and understand themselves. (3) Wisdom in Giving Feedback: The way parents provide feedback on adolescent behavior and achievements can affect their self-esteem. Constructive, supportive,

and loving feedback can help build adolescents' self-confidence and self-esteem. (4) Giving Responsibility and Autonomy: Late adult parents who provide appropriate responsibility and autonomy to their adolescents can help them feel valued and valuable. (5) Late adult parents who support adolescents in pursuing their goals and dreams, whether in education, career, or personal interests, can help strengthen their self-esteem. Supporting and encouraging them to pursue their dreams can help build a sense of competence and positive self-esteem.

The highest high self-esteem was with fathers' jobs as farmers, namely 34 people (20.7%), mothers' jobs as housewives as many as 51 people (31.1%). Parental employment can have a significant impact on adolescents' self-esteem through various means including social and economic status, role models, time and attention, and education and aspirations. Supporting children by providing emotional support, time, and opportunities to develop is very important in helping them build positive self-esteem. Housewives can devote more time and attention by interacting with adolescents, so that adolescents feel cared for, supported, and thus form high self-esteem. Flexible parental employment and still having time to pay attention to adolescents also contribute to the formation of high self-esteem in adolescents.

High self-esteem is mostly with the first parent's marital status, namely 85 people (51.8%). Most of the first marital status shows that until now the family has shown a harmonious family, this is supported by the fact that almost all of the SMPN 2 Srengat adolescents do not have family problems such as parents who often fight. Other studies show that there is a significant positive relationship between family harmony and adolescent self-concept with a correlation coefficient of  $r_{xy} = 0.757$ ;  $p(0.000) < 0.050$ . Family harmony affects adolescent self-concept by 57.4% (Khairiyah, 2019). Meanwhile, adolescents with separated and remarried parents, as well as those who are divorced show moderate self-esteem. Other studies have found that there is a relationship between self-acceptance and self-esteem. Self-acceptance contributes to the self-esteem of adolescents with divorced and remarried families, which is 86.1% so that it can be seen that there are 13.9% other factors that influence self-esteem that are not explained and seen in this study, such as self-rejection of leadership or popularity, family and parents and openness and anxiety (Siregar, 2021). Divorce will not only affect those who are divorced, but divorce will also affect children. Those who come from divorced families will feel neglected, angry, disappointed, sad, and even feel the loss of affection from both parents. They cannot feel comfortable, safe and happy from their mother and father because they will live in one house again so it is difficult to meet and difficult to spend time together. So that they lose one of their parent figures so that it has an impact on psychology. High self-esteem is mostly in adolescents who do not have health problems, namely 85 people (51.8%). Other studies explain that physical conditions affect adolescent self-esteem (Zahara, 2015). Health plays an important role in shaping adolescent self-esteem through physical appearance, functional ability, stigma and social treatment, independence, academic and social performance. Therefore, health has a significant impact on adolescent self-esteem, and efforts to maintain physical and mental health to support the positive development of adolescent self-esteem.

Most adolescents do not have problems with the environment (Parents, teachers and friends) namely 87 people (53%). This is in accordance with the results of a literature review on factors that influence adolescent self-esteem, namely relationships in friendships, psychological pressure, social support (Ariyanti & Purwoko, 2023). The absence of problems in social relationships with friends, teachers, and parents can be assumed that good social relationships tend to provide social support according to adolescent needs, so that adolescent self-esteem is mostly high.

The results of this study are appropriate because most adolescents with high self-esteem live in families with complete fathers and mothers, namely 77 people (46.95%), so that the role of parents is fulfilled. These results are in accordance with the results of other studies which show that groups of adolescents who have fathers have higher self-esteem compared to groups of adolescents who do not have fathers (Karmila & Mukhlis, 2013). The family is the environment that is closest physically and contributes greatly to providing social support to shape adolescents' self-esteem.

## 2. Mental Health



The results of the study showed that most of the mental health of adolescents at SMPN 2 Srengat was in the good mental health category, namely 143 people (87.2%). Adolescent mental health is a global public health problem and needs to be prioritized. In addition to having a direct impact, mental health also has a very large indirect impact, because mental health problems that occur simultaneously also affect the next generation. Good mental health is a personal asset, one of which includes the ability to overcome everyday problems (Carlén et al., 2023). Most adolescents who have good mental health are female, namely 96 people (58.5%). The results of this study are not in line with research that found that mental health shows gender bias: girls tend to report more emotional problems lower than boys (Bor et al., 2014). Other studies state that gender is a determinant of mental health in adolescents (Rahmawaty et al., 2022). Although most studies have found that the mental health of adolescent girls is lower than that of boys, this study actually also shows that the number of adolescent girls with borderline mental health status is greater in adolescent girls than boys. According to the researchers, the gap in research results showing that girls have better mental health than boys may be caused by: (1) Approach to emotions: adolescent girls are often more open to talking about their feelings and seeking emotional support. They tend to have stronger social support networks and are more likely to seek help when facing mental health problems. Meanwhile, boys may be more likely to hold back their emotions or find different ways to deal with stress, which can result in under-detected mental health problems. (2) Different Experiences of Stigma: Stigma related to mental health may differ between boys and girls. Some studies suggest that boys may be more likely to hold back from seeking help or feel embarrassed to disclose their mental health problems due to social pressures that require them to show strength and courage. (3) The Drive to Maintain Balance: Adolescent girls often have greater social pressure to maintain balance between various aspects of their lives, including homework, school, and social relationships. They may be better trained in managing stress and prioritizing their own well-being.

Based on the results of cross-tabulation, it shows that adolescents with two siblings have good mental health as many as 67 people (40.9%). Some adolescents who have three siblings show mental health in the borderline category as many as 7 people (4.3%). Based on another study, it was found that the number of siblings is negatively related to mental health in China and the United States (Downey & Cao, 2023). This means that the more siblings there are, the more at-risk adolescents are of experiencing mental health problems. Warm sibling relationships reflect positive aspects of the relationship such as affection, support, friendship, and closeness, while sibling conflict consists of negative aspects such as arguments, fights, aggression, hostility and negativity (Liu et al., 2015). The number of siblings has its own influence on adolescent development. Adolescents with few siblings tend to fight more often than adolescents with many siblings. The number of siblings can affect adolescent mental health, but the impact varies depending on various factors, including family dynamics, quality of sibling relationships, parental support, and other environmental factors. Based on the results of the cross-tabulation of the child's position in the family, it shows that most of the first children have good mental health, followed by the position of the second child. However, the first child with borderline health is also more than the position of other children. Birth order in the family has been a common reason that influences a child's personality or development. There is a stigma in society that states that a child's characteristics can represent birth order. Brandy Smith, PhD., a psychologist, said that if the family does not provide healthy boundaries, imposes excessive responsibility on the eldest child, then this can cause mental health problems, such as anxiety and depression (Anna, 2023). The impact of being the first child in the family can vary between individuals. Many other factors, such as family dynamics, social environment, and individual characteristics, can also affect adolescent mental health. The results of the cross-tabulation show that most adolescents who live with both parents have good mental health, namely 109 people (66.5%). Family support plays a very important role in adolescent mental health. Family harmony affects adolescent mental health development, self-esteem formation, social behavior, and facing stigma from society. Previous research was conducted by Wang et al. (2020) stated that family is an important factor for higher mental development. Family harmony is described by the creation of religious life, understanding, openness, affection, and mutual trust between children and parents (Sas, Nurdin, & Bakar, 2018). An uncomfortable and unpleasant family atmosphere and unfavorable family relationships can have a psychological impact on adolescent children (Mulyadi, 2017). Psychological problems of adolescents with single parents (for example, broken families) tend to occur due to lack of attention and affection (Windarwati et al., 2020).

The age of fathers and mothers of adolescents who have good mental health is mostly in late adulthood. Judging from neurocognitive factors (how to think, how to make decisions, initiative), children born to parents who are far apart in age have a risk of not developing as optimally as children from young parents, including in the child's mental development (Paramita, 2020). The age of late adult parents can have a

positive impact on adolescent mental health, because: (1) Adolescents from older parents may develop higher levels of maturity and empathy because they are involved in caring for their parents or providing additional support. (2) Adolescents from older parents may have closer and stronger relationships with their parents because they spend more time together in situations that require mutual support. (3) Adolescents from families with older parents may develop the ability to cope with challenges and changes in life better. (4) Adolescents who have older parents may have a deeper understanding of the aging process, health, and physical limitations. However, the impact of the age of late adult parents on adolescent mental health is not always positive. Each family has unique dynamics and situations, and some adolescents may experience additional stress or emotional burden due to the responsibility of caring for older parents. The occupations of parents of adolescents with good mental health are mostly farmers and mothers as laborers. While with borderline mental health, the most mothers are migrant workers. For adolescents whose mothers are migrant workers, the psychological dynamics that occur in this development process are interesting because of the absence of the mother as one of the central figures who usually plays a major role in the development of the child (Amalia, 2011). Parental occupation is not always directly related to adolescent mental health. However, parental occupation can have its own influence on adolescent mental health in several ways, namely: (1) A stable, supportive, and loving family environment can provide protection and support for adolescent mental health. (2) If one or both parents experience high stress at work, this can affect the atmosphere at home and the overall well-being of the family. (3) Parental occupation can affect the amount of time they spend with their children. Lack of quality time with parents can increase the risk of mental health problems in adolescents. (4) Parents' jobs can shape adolescents' perceptions of work, ambition, and life. (5) Parents' jobs can also affect the family's economic well-being. Family economic well-being can affect adolescents' access to resources that support their mental health.

Adolescents with good mental health are mostly adolescents whose parents' marital status is their first marriage. Mentally healthy children need enough time from parents who are able to balance career and work. Children who have mental health because they are raised by parents with love, are raised with discipline and which has an impact on the child's emotional intelligence, so that children are able to manage their own emotions. Because, in the family, a person first experiences joy, sadness, disappointment, affection and maybe even criticism, because family life is influenced by the life of feelings and emotional atmosphere (Notti & Ufi, 2021). Adolescents who do not have problems with the environment (parents, friends, teachers) have good mental health. Meanwhile, adolescents who have problems, some have borderline mental health, but most still have good mental health. When dealing with mental health issues that may arise from difficult relationships with parents, friends, or teachers, it is important to seek support from appropriate resources, such as school counselors, psychologists, or family. Building healthy coping skills and strengthening social support are also important in helping teens cope with these issues and improve their mental health.

### 3. The Correlation of Self-Esteem and Adolescents Mental Health at SMPN 2 Srengat.

Adolescence is a period in life where most developmental changes occur in a relatively short period of time. During this period, self-esteem generally fluctuates to a low level in childhood but increases throughout adolescence and young adulthood, therefore, self-esteem is also an important psychological asset that can be utilized to facilitate mental health throughout life (Carlen et al., 2023). Self-esteem is the belief that a person has that he/she is capable, meaningful, successful, and valuable. Self-esteem is formed in the family and social environment including the school environment. Fair treatment and the provision of opportunities to be active and democratically educated make adolescents have high self-esteem. Conversely, an environment that often provides punishment and prohibitions without clear cause and reason causes adolescents to feel worthless. The formation of self-esteem begins with individuals who realize whether they are valuable or not, this is the result of the process of appreciation, acceptance, and treatment of others in their environment (Rosiana, 2023).

Normal self-esteem compared to high self-esteem at ages 12 and 13 is a predictor of later mental well-being. Therefore, supporting self-esteem early on can improve mental well-being in adolescence (Carlén et al., 2023). Other studies have shown that self-esteem is a protective factor for adolescent mental health (Keliat et al., 2019). However, there was 1 adolescent with high self-esteem with borderline mental health. Adolescents with high self-esteem can still experience mental health problems because self-esteem does not always reflect the overall emotional and psychological state.

A Norwegian study found that self-esteem and mental health are reciprocally related. The results underscore gender differences in adolescent mental health overall and thus the potential importance of recognizing gender when working on universal strategies for positive mental health development (Moksnes & Reidunsdatter, 2019). Adolescents with low self-esteem, lack confidence in overcoming academic difficulties, tend to have negative perceptions of self-esteem, have low levels of resilience and use negative coping styles to overcome difficulties, such as self-blame, avoidance, and fantasy (Algahtani et al., 2020). Sadwani (2012), stated that adolescents with low self-esteem feel more depressed than students with high self-esteem

In accordance with the results of the study, the description above illustrates the strong relationship between self-esteem and mental health in adolescents. In response to this, schools and families should be developed and modified optimally with an approach that can be accepted by students as a part of the process of forming self-esteem.

## **CONCLUSION**

The conclusion of the research results is that there is a correlation of self-esteem and adolescents mental health at SMPN2 Srengat, with a p-value = 0.000, with a moderate relationship strength of  $r = 0.424$ , meaning that the higher the level of student self-esteem, the better the mental health will be.

## **SUGGESTION**

For SMPN 2 Srengat, as input for schools to increase the role of teachers, BP teachers, homeroom teachers, school extracurricular activity supervisors to provide positive guidance, counseling and support in increasing adolescent self-esteem and increasing awareness of mental health problems in students of SMPN 2 Srengat. For Educational Institutions, It is hoped that the results of this study can be used as study material in the science of psychiatric nursing and child nursing, especially regarding mental health and psychosocial development of adolescents. Subsequent researchers, this study is basic data to be developed by identifying other factors related to adolescent mental health, such as parenting patterns, spirituality, and resilience. For Respondents. This study is expected to provide information to students about the relationship between self-esteem and mental health in adolescents and can immediately seek help if they experience mental health problems. For Parents, It is expected that they can work together with the school to monitor the development of their children, and can provide social support for the development of self-esteem and mental health of their children.

## **CONFLICTS OF INTEREST**

We delacres that there is no conflict of interest in publishing this article

## **AUTHOR CONTRIBUTIONS**

The first researcher as the person doing the research. the second and third researchers as supervisors in conducting research..

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