

## The Relationship Between Self-Esteem and Mental Health Of Adolescents

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### ABSTRACT

Mental health has serious consequences for the future of adolescents. Poor mental health affects routine activities, damages relationships, and hinders development and productivity. Adolescents with mental health problems have difficulty completing schoolwork. Various sources state that self-esteem is a predictor of mental health. This study aims to determine the relationship between self-esteem and mental health in adolescents. The research design was correlational with a cross-sectional approach. The population was 279 adolescents of Srengat junior high school in grade 8. A sample of 164 people was determined using a purposive sampling technique. The independent variable is self-esteem, and the dependent variable is mental health. Data collection used a questionnaire, which involved filling out a Google form—analysis using Spearman-Rho with a confidence value ( $\alpha$ ) of 0.05. The results showed that most respondents had high self-esteem, namely 59.1%, and almost all had good mental health, namely 87.2%. The Spearman Rho test results showed a p-value = 0.000 ( $> \alpha = 0.05$ ),  $r = 0.424$ , meaning that there is a relationship between self-esteem and mental health of adolescents at Srengat junior high school with moderate strength. This study concludes a significant relationship between self-esteem and adolescents' mental health; the better the self-esteem, the better the mental health of adolescents. Schools and parents should pay more attention to adolescents by taking a personal approach in an effort to improve mental health by increasing adolescent self-esteem.

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

### Background

Mental health is an integral part of public health and quality of life, contributing to the functioning of individuals, families, and communities and the socioeconomic well-being of society (1). Adolescents are one of the age groups most vulnerable to mental health issues. One reason for this vulnerability is that adolescence is one of the fastest developmental phases in human life (2). It is a transitional period between childhood and adulthood, marked by physical and psychological changes, a desire for independence, curiosity, identity exploration, peer bonding, and more (3). Adolescents experience physical, emotional, and social changes, and some are exposed to poverty, abuse, or violence. These factors can trigger internal and external conflicts, making adolescents more susceptible to mental health problems (4,5). Mental health issues can have serious consequences for adolescents' development, productivity, quality of life, and future.

Many adolescents have positive mental health; however, it is estimated that 49.5% of adolescents have experienced a mental health disorder at some point in their lives. Mental health disorder is considered a regular part of adolescent development, as they go through a

wide range of emotions—such as 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 can affect adolescents' emotions, thoughts, and behavior. These disorders can also interfere with daily activities and functioning, such as relationships, schoolwork, sleep, and eating (6). Adolescent mental health is linked to various determinants, one of which is self-esteem. Self-esteem is an important part of an individual's self-concept and vital for positive mental health and adolescent functioning (7).

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% (4). 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 (8).

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%). (9). Based on information from teachers, the number of students at Srengat junior high school, based on information from teachers, is 833 students, while the average number of each class is around 278. A preliminary study conducted on 10 8th-grade children showed that 40% of children have low self-esteem, 40% have moderate, and 20% have high self-esteem. Meanwhile, mental health shows 35% with negative mental health.

Mental health is a state of mental well-being that enables an individual to cope with the stresses of life, realize their abilities, learn well and work fruitfully, 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 our world. Mental health is a fundamental human right for personal, community, and socio-economic development (4). Previous research has 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 across a school year.

Broadly defined, self-esteem refers to the value an individual places on themselves. It is closely linked to depressive symptoms and serves as a key factor in adolescent mental well-being (10). Self-esteem influences one's ability to maintain a positive self-view, especially in challenging situations involving evaluation by others (11). During adolescence, self-esteem plays a crucial role in shaping future health and social outcomes, with higher self-esteem associated with success in employment, social relationships, well-being, peer acceptance, academic achievement, and problem-solving skills (7,12).

Low self-esteem is correlated with depression, substance abuse, antisocial behavior, and suicidal ideation. Research result identified low self-esteem as a risk factor for bullying victimization. Similarly, Swearer found that both bullies and their victims tend to have low

self-esteem (13). Research in Banda Aceh found a significant negative correlation between bullying and adolescent mental health.

A study of junior high school students in Serang revealed that 16.42% had low self-esteem, 72.30% moderate, and 11.28% high. Most students demonstrated moderate levels in all indicators of self-esteem—power, worth, virtue, and competence—though they struggled with self-control and gaining recognition from others. Self-esteem is critical for adolescents to assess their abilities, compare themselves with their environment, and avoid anxiety over others' opinions (14).

Low self-esteem is associated with anxiety, depression, and academic stress, all of which significantly affect students' quality of life and are linked to suicidal ideation (15). Conversely, high self-esteem has been shown to predict fewer symptoms of anxiety, depression, and attention problems over three years, even after controlling for baseline symptoms, gender, therapy, and medication use (11).

Failure to address adolescent mental health issues can have long-term consequences into adulthood, affecting both physical and mental health and limiting the opportunity for a fulfilling life (4). At the same time, the government has expanded access to healthcare facilities; only a small percentage of adolescents seek professional mental health support—just 2.6% in the past 12 months. The Indonesian National Adolescent Mental Health Survey (I-NAMHS) found that 38.2% of caregivers preferred school-based services. In comparison, 43.8% of adolescents did not seek help, opting to manage their problems independently or with support from family and friends (9).

Research has shown that protective factors such as self-esteem significantly impact adolescent mental health (16). Moreover, self-esteem has been found to have a stronger association with adolescent mental well-being than socio-economic background (17). Self-esteem is essential to emotional development and mental health in adolescents. Parental, educational, and community support—helping children recognize their strengths, providing encouragement and timely praise, and fostering healthy competition—can significantly enhance self-esteem (18).

Based on this background, the researcher is interested in studying the relationship between self-esteem and adolescent mental health at Srengat junior high school.

## Methods

This study uses a quantitative research type with a correlational design and a cross-sectional approach, where the method used emphasizes the measurement/observation time of independent and dependent variable data only once at one time (19). The independent variable in this study is self-esteem. The dependent variable is a variable that is influenced, or another variable determines its value. The dependent variable in this study is adolescent mental health. The population is a subject that meets the established criteria. The population used as the subject of this study were 8th-grade male and female adolescent students at Srengat junior high school, totaling 279 people. Sampling in this study used a purposive sampling technique. The research instrument used the Rosenberg Self-Esteem Scale and the mental health questionnaire from Titik Juwariah 2023. Data analysis used the Spearman-Rho correlation test with a confidence value ( $\alpha$ ) of 0.05 to determine the relationship between variables. This study has received an Ethical Certificate from the Patria Husada Blitar Health College Ethics Committee with Number 06/PHN/KEPK/74/06.22.

## Results

The characteristics of respondents and their parents, consist of: age, gender, child, number of siblings, living with, father's age, mother's age, father's occupation, mother's occupation, parents' marital status, health problems, problems with the environment

(friends/teachers/parents).

**Table 1. Characteristics of Respondents**

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	Number of Siblings:		
	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	Living With:		
	Both parents	121	73.8
	Grandparents / Relatives	16	9.8
	Father only	8	4.9
	Mother only	8	4.9
	Mother and siblings	5	3.0
	One step-parent	5	3.0
	Boarding house / Dormitory	1	0.6
5	Child order:		
	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
	Senior (>65 years)	0	0
	Deceased	4	2.4
7	Mother's Age:		

No	General Data	Frequency (f)	Percentage (%)
	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
	Senior (>65 years)	0	0
	Deceased	1	0.6
8	Father's Occupation:		
	Civil servant / Government employee	5	3.0
	Private sector	24	14.6
	Trader	9	5.5
	Farmer	55	33.5
	Migrant worker	2	1.2
	Laborer	35	21.3
	Unemployed	5	3.0
	Others	22	13.4
	Entrepreneur	4	2.4
	Teacher	0	0
	Deceased	3	1.8
9	Mother's Occupation:		
	Civil servant / Government employee	2	1.2
	Private sector	3	1.8
	Trader	16	9.8
	Farmer	13	7.9
	Migrant worker	14	8.5
	Laborer	17	10.4
	Housewife / Unemployed	78	47.6
	Others	17	10.4
	Entrepreneur	3	1.8
	Kindergarten teacher	1	0.6
	Deceased	0	0
10	Marital Status of Parents:		
	First marriage	131	79.9
	Separated and remarried	14	8.5
	Divorced	15	9.1
	Widowed	4	2.4
11	Health Issues:		
	None	139	84.8
	Present	25	15.2
12	Issues with environment		

No	General Data	Frequency (f)	Percentage (%)
	(parents/friends/teachers):		
	None	138	84.1
	Present	26	15.9

Table 1 shows that most adolescents are 14, totaling 115 individuals (70.1%). Most of them are female, with 112 individuals (68.3%). Nearly half have two siblings, accounting for 72 individuals (43.9%). Most live with both parents, totaling 121 individuals (73.8%), and most are the firstborn child, with 88 individuals (53.7%).

Parental data shows that most fathers and mothers are in late adulthood, with 95 fathers (57.9%) and 89 mothers (54.4%). Nearly half of the fathers work as farmers, totaling 55 individuals (33.5%), while almost half of the mothers are homemakers, totaling 78 individuals (47.6%). Most parents are in their first marriage, with 131 individuals (79.9%). Regarding health, 138 adolescents (84.8%) reported no health issues. Most adolescents reported no problems with their environment (parents/friends/teachers), with 138 individuals (84.1%).

Table 2 Adolescent Self-Esteem at SMPN 2 Srengat

Self-Esteem Level	Frequency (f)	Percentage (%)
Low Self-Esteem	0	0
Moderate Self-Esteem	67	40.9
High Self-Esteem	97	59.1
Total	164	100

Based on Table 2, more than half of the adolescents at SMPN 2 Srengat have high self-esteem, totaling 97 individuals (59.1%).

Table 3 Adolescent Mental Health at Srengat junior high school

Mental Health Status	Frequency (f)	Percentage (%)
Poor Mental Health	0	0
Borderline	21	12.8
Good Mental Health	143	87.2
Total	164	100

Based on Table 3, almost all adolescents at Srengat junior high school fall under the good mental health category, with 143 individuals (87.2%).

Table 4 Spearman's Rho Statistical Test Results on the Relationship Between Self-Esteem and Mental Health of Adolescents at Srengat junior high school.

Self-Esteem Level	Poor Mental Health	Borderline	Good Mental Health	Total



Self-Esteem Level	Poor Mental Health	Borderline	Good Mental Health	Total
Low	0	0	0	0
Moderate	0	0	20	12.2
High	0	0	1	0.6
Total	0	0	21	12.8
p-value = 0.000, r = 0.424				

Based on the results of the Spearman's Rho statistical test, there is a significant relationship between self-esteem and mental health among adolescents at Srengat junior high school, with a p-value = 0.000 (<0.05) and a moderate correlation strength (r = 0.424).

## Discussion

### The Relationship Between Self-Esteem and Adolescent Mental Health at Srengat junior high school

This study's findings indicate that most adolescents at Srengat junior high school possess high levels of self-esteem, with 97 students (59.1%) categorized as having high self-esteem. This result aligns with existing literature, highlighting several contributing factors to adolescent self-esteem, such as gender, family support, and social environment (20). Malik's study found that many adolescents with high self-esteem were female. Interestingly, this contrasts with other research suggesting females are likelier to experience low self-esteem.

Gender differences in self-esteem have been widely discussed in psychological research. Cultural norms, gender roles and stereotypes, parenting styles, and body image are all influential factors that can shape self-esteem, particularly among adolescent girls. The physical and emotional changes experienced by girls during puberty are often more pronounced than those of boys, and societal expectations around body image and gender roles for girls entering adulthood tend to be stricter. Depending on the context, these factors can either strengthen or diminish their self-perception.

Some studies report that adolescents, in general, are at risk of developing low self-esteem. For instance, the study found that 51.9% of adolescents exhibited low self-esteem. Individuals with low self-esteem often struggle with self-doubt and fear that others will also question their abilities. In contrast, those with high self-esteem are more confident and better equipped to handle challenges across various aspects of life (21).

Gender disparities adolescent girls tend to have lower self-esteem than boys. However, the researchers also proposed several possible reasons why some girls may report higher self-esteem. These include cultural tendencies to praise traditionally feminine traits such as empathy and obedience, the positive reinforcement girls receive when they meet societal beauty standards, and the emotional and social support they often receive from peers and family. Additionally, girls who have a healthy understanding of their gender identity and accept their roles in society tend to have greater self-esteem. Personal experiences such as childhood environment, parental relationships, academic success, extracurricular involvement, and social interactions all play a vital role in shaping the self-esteem of both girls and boys.

The study's findings reveal interesting patterns regarding the self-esteem of adolescents at Srengat junior high school. A significant number of students with high self-esteem were aged 14, totaling 63 individuals or 38.4%. Self-esteem fluctuates during adolescence, marked by intense physical, emotional, and cognitive changes. During this critical developmental stage, adolescents begin to form their self-concept and evaluate their worth based on both

internal changes and external feedback. Research suggests that self-esteem may dip during early adolescence due to the pressures of identity formation, social comparisons, and bodily changes. However, it tends to improve as adolescents become more confident in their abilities and roles. Notably, academic, social, and extracurricular success often boosts self-esteem, helping adolescents feel capable and valued.

The study also found that adolescents with two siblings showed the highest levels of self-esteem among the sibling groupings, with 44 individuals or 26.8%. The balanced family dynamic, where the adolescent is neither isolated nor overwhelmed by too many sibling relationships, allows room for healthy social interaction and support.

Moreover, birth order appeared to play a notable role. Firstborns constituted the largest group with high self-esteem, totaling 50 individuals or 30.5%. Firstborns may be attributed to the unique position of firstborns in the family. Often, they receive undivided attention and high expectations from parents, which can foster a strong sense of responsibility and achievement. These factors can, in turn, contribute positively to their self-esteem.

The influence of birth order on personality and behavior has long been acknowledged. Firstborns often experience pressure to excel and set an example, which may build resilience and confidence when navigated successfully. Ultimately, the interplay between age, sibling dynamics, and birth order underscores adolescent self-esteem development's complex and multifaceted nature.

The findings indicate that the highest levels of adolescent self-esteem were found among those whose fathers were in the late adulthood age group, with 54 individuals (32.9%), and similarly, mothers in the same age group, with 53 individuals (32.3%). Parental age can significantly influence their role in nurturing children, including developing high self-esteem in adolescents. According to the researcher, this is related to several factors: 1) the ability to provide emotional support, 2) serving as behavioral role models—where older parents may exemplify confidence, resilience, and emotional regulation, which adolescents can mirror, 3) the wisdom in offering constructive and affectionate feedback, 4) the capacity to grant appropriate autonomy and responsibility, making adolescents feel trusted and valued, and 5) encouragement to pursue goals and dreams, reinforcing a sense of competence and self-worth.

High self-esteem was also prevalent among adolescents whose fathers worked as farmers (34 individuals or 20.7%) and whose mothers were housewives (51 individuals or 31.1%). Parental occupations influence adolescents' self-esteem, including socioeconomic status, role modeling, time spent together, and educational aspirations. Stay-at-home mothers may have more time to engage with and support their children emotionally, developing strong self-esteem. Additionally, parents with more flexible jobs tend to have more opportunities to be present and attentive to their children's needs.

Furthermore, most adolescents with high self-esteem came from families where the parents were in their first marriage—85 individuals (51.8%). This suggests a generally harmonious family environment, reinforced by the fact that most students at Srengat junior high school did not report family conflicts such as frequent parental arguments. Previous research supports that family harmony significantly correlates with adolescent self-concept, accounting for as much as 57.4% of its development. In contrast, adolescents from divorced or remarried parents tended to have moderate self-esteem. Studies show that self-acceptance plays a significant role in shaping self-esteem for children from divorced families—up to 86.1%—with the remaining 13.9% influenced by factors like rejection, lack of parental presence, or social anxiety.

Divorce affects not only the couple but also the children, often leaving them feeling neglected, angry, sad, or abandoned. Losing the consistent presence of one parent can have psychological repercussions and impact their emotional well-being. Stress can have an impact on one's performance (23).



In terms of health, 85 individuals (51.8%) of adolescents with high self-esteem had no health issues. Research confirms that physical health affects adolescent self-esteem through aspects such as appearance, functionality, social perception, and performance in academic and social spheres. Thus, both physical and mental health are essential in supporting positive self-esteem development.

The study also revealed that most adolescents (87 individuals or 53%) did not face interpersonal issues with parents, teachers, or peers. Literature reviews align with this, highlighting friendships, psychological pressure, and social support as key influences on adolescent self-esteem. Positive relationships with family, peers, and educators often fulfill adolescents' emotional needs, leading to higher self-worth.

Lastly, adolescents with high self-esteem primarily lived with both parents—77 individuals (46.95%)—indicating fulfilling parental roles. Fathers present in the household report higher self-esteem than none. As the closest and most consistent support system, the family plays a crucial role in shaping adolescent self-esteem through emotional, social, and developmental support.

The research results showed that most adolescents at Srengat junior high school have good mental health, with 143 individuals (87.2%) falling into the "good mental health" category. Adolescent mental health is a global public health issue and needs to be prioritized. In addition to its direct impact, mental health also has significant indirect consequences, as concurrent mental health problems can affect future generations. Good mental health is a personal asset that includes coping with everyday problems (24).

Most adolescents with good mental health were female, totaling 96 individuals (58.5%). This result contrasts with other research that found gender bias in mental health, where girls tended to report more emotional problems than boys (25).

Other studies state that gender is a determinant of mental health in adolescents. Although most research shows that female adolescents have lower mental health than males, this study also shows that the number of girls with borderline mental health is higher compared to boys.

Cross-tabulation results showed that adolescents with two siblings had good mental health, with 67 individuals (40.9%). Meanwhile, adolescents with three siblings and borderline mental health totaled seven individuals (4.3%). Other research has found a negative relationship between the number of siblings and mental health in China and the United States (26), suggesting that more siblings may increase the risk of mental health issues. Sibling relationships can reflect positive aspects like affection and support and negative aspects like conflict and hostility (27). The number of siblings may influence adolescent development in various ways, depending on family dynamics, sibling relationship quality, parental support, and environmental factors.

Based on birth order, most adolescents with good mental health were the firstborn, followed by secondborn children. However, the number of firstborns with borderline mental health was also higher than other birth positions. Birth order has often been considered to influence personality and development. There is a societal belief that child characteristics may reflect their birth order. According to Brandy Smith, PhD, if families do not set healthy boundaries and overload the first child with responsibility, it may lead to mental health issues like anxiety and depression (28). The impact of being the firstborn can vary by individual, with many other factors such as family dynamics, social environment, and personal traits influencing mental health.

Cross-tabulation also revealed that most adolescents who live with both parents have good mental health, totaling 109 individuals (66.5%). Family support plays a crucial role in adolescent mental health. Family harmony affects development, self-esteem, social behavior, and how adolescents handle societal stigma. Research by Wang et al. tahun 2020, states that

family is a critical factor in higher mental development. A harmonious family is characterized by religious life, understanding, openness, affection, mutual trust, and benefit between parents and children. Conversely, uncomfortable and unfavorable family environments can psychologically affect adolescents. Psychological problems among adolescents from single-parent or broken families often stem from a lack of attention and affection (29).

Most adolescents with good mental health had parents in late adulthood. From a neurocognitive perspective (thinking, decision-making, initiative), children born to much older parents may face developmental challenges compared to those with younger parents (30).

Most adolescents with good mental health had fathers working as farmers and mothers working as laborers. In contrast, the highest number of adolescents with borderline mental health had mothers working abroad (as migrant workers). Adolescents with migrant worker mothers may face unique psychological challenges due to the mother's absence, a key figure in child development (31). While parents' jobs are not always directly linked to adolescent mental health.

Most adolescents with good mental health came from families in their first marriage. Mentally healthy children need enough time and attention from parents who can balance career and family life. Loving and disciplined parenting nurtures emotional intelligence, helping children manage their emotions. In families, individuals first experience joy, sadness, disappointment, affection, and criticism, making family life deeply emotional (32).

Adolescents without environmental issues (with parents, peers, and teachers) mostly had good mental health. While those with such issues mostly had borderline mental health, a majority still had good mental health. Mental health problems arising from complicated relationships with parents, friends, or teachers need to seek support from appropriate resources like school counselors, psychologists, or family. Developing healthy coping strategies and strengthening social support are crucial in improving adolescent mental health.

## Conclusion and Recommendation

This study at SMPN 2 Srengat in February 2024 found that most students had high self-esteem (59.1%), while nearly half had moderate self-esteem (40.9%). Additionally, 87.2% of students had good mental health, with only 12.8% in the borderline category. A significant relationship was found between self-esteem and mental health ( $p$ -value = 0.000;  $r$  = 0.424), indicating that higher self-esteem is associated with better mental health.

The study suggests schools, parents, and future researchers support adolescents' mental well-being through counseling, psychosocial education, and positive parenting, while encouraging adolescents to seek help when facing mental health issues.

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