Journal of Public Health Sciences
Vol. 4, No. 02, pp. 231-244
journal.iistr.org/index.php/JPHS
DOI: 10.56741/IISTR.jphs.001007

Factors Associated with Self-esteem Levels in Generation Z Students at Universitas Muhammadiyah Jakarta: A Cross-sectional Study

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ARTICLE INFO

Article history
Received 09 May 2025
Revised 30 June 2025
Accepted 08 July 2025

ABSTRACT

Generation Z faces significant mental health challenges, including low self-esteem. In Indonesia, over 30% of individuals experiencing low self-esteem do not receive adequate treatment. Among the approximately 2.5 million people with mental illnesses, around 40% report low self-esteem. This study aimed to identify factors associated with self-esteem levels among students at Universitas Muhammadiyah Jakarta in 2024. An analytical cross-sectional research design was employed, with probability sampling used to select 103 respondents. Data were collected through questionnaires and analyzed using the Chi-square test. Results indicated that the majority of Generation Z students with low self-esteem reported insufficient family support (67 students, 65.0%), limited peer support (69 students, 67.0%), and were predominantly female (67 students, 67.0%). Statistical analysis revealed significant associations between family support and self-esteem level (P = 0.001), peer support and self-esteem level (P = 0.030), and gender and self-esteem level (P = 0.005).

Keywords
Self-esteem
Family Support
Peer Support
Gender Differences
Generation Z

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Introduction

According to the latest United States Census statistics for 2024, the Generation Z population is approximately 69.31 million, representing more than 20% of the total American population and surpassing the previous generation, the Millennials. Similarly, the Indonesia Generation Z Report 2024 estimates that Generation Z accounts for approximately 27.94% of Indonesia's population, or around 74.93 million individuals. Defined as those born between 1997 and 2012, Generation Z has become one of the largest demographic groups in multiple countries, including Indonesia. This cohort even exceeds the Millennial population in Indonesia, which stands at 69.38 million (25.87%). In DKI Jakarta, the Generation Z population is estimated at around 7 million, accounting for 25.65% of the total population [1].

Despite their demographic prominence, Generation Z faces significant mental health challenges, notably low self-esteem. An international study conducted in 2011 reported the prevalence of low self-esteem in various countries as follows: The Netherlands (24.99%), Norway (22.37%), Australia (36.85%), Sweden (42.90%), Canada (32.61%), Italy (20.28%), Germany (16.06%), the United Kingdom (41.73%), and the United States (31.92%). This study surveyed 69,269 respondents across these countries [2]. In Indonesia, data from the Ministry of Health indicate that over 30% of individuals with low self-esteem do not receive adequate treatment. Among the 2.5 million people with mental disorders, approximately 40% experience low self-esteem. In DKI Jakarta alone, the prevalence of mental disorders is recorded at 0.22%, including conditions such as hallucinations, social isolation, suicide risk, and low self-esteem [3].

Family support is a primary factor influencing self-esteem. Support from family members fosters a sense of security, appreciation, and love, thereby enhancing individuals' confidence in facing life's challenges. The family serves as the main support system in both health and illness, aiming to build and sustain self-esteem [4]. Emotional support from parents, spouses, or children has been linked to extended life expectancy and reduced anxiety levels. Conversely, the absence of such support can lead to feelings of worthlessness and social alienation [1].

Self-esteem issues are particularly salient among Generation Z, who have grown up immersed in technology and social media. Exposure to idealized images, such as flawless bodies, glamorous lifestyles, and exceptional achievements, often triggers unhealthy social comparisons. Consequently, many Generation Z individuals experience dissatisfaction when they perceive themselves as failing to meet these standards. Moreover, pressures from family, peers, and society to succeed in various domains contribute to their psychological burden.

A preliminary study conducted on 26 August 2024 at Universitas Muhammadiyah Jakarta involving 10 students found that 70% reported low self-esteem using the Rosenberg

Self-Esteem Scale (RSES). These initial findings highlight the need for a more comprehensive investigation into the factors influencing self-esteem among Generation Z, particularly within the student population at Universitas Muhammadiyah Jakarta.

Literature Review

Coopersmith's framework (1967) identifies several factors that influence a person's self-esteem. One key factor is appreciation and acceptance from significant individuals. According to Coopersmith, self-esteem is shaped by the perceptions and attitudes of people considered important in an individual's life, such as parents and immediate family members. The family serves as the primary environment where initial relationships and social interactions occur.

Another factor involves social class and success. Coopersmith explains that an individual's social class position can be reflected in their occupation, income, and living conditions. Those with stable jobs, high incomes, and comfortable living standards are often viewed as more successful within their communities, which provides them with material and cultural advantages.

Individual values and inspirations also contribute to self-esteem by influencing how people interpret their experiences of success. While these factors may not directly affect self-esteem, they are filtered through personal goals and values that the individual holds.

How individuals cope with negative evaluations is another important factor. Those who are able to minimize the impact of external criticism are better protected from internalizing negative judgments.

Gender differences have also been shown to affect self-esteem. Women typically report lower self-esteem than men and often experience feelings of inadequacy, insecurity, and a perceived need for protection. These differences are often linked to parental roles and societal expectations that vary between genders.

Intelligence is another contributing factor. Individuals with lower self-esteem may struggle to achieve high accomplishments, while those who perform well and experience success tend to have higher self-esteem.

Physical appearance can also influence self-esteem. Individuals perceived as physically attractive generally have higher self-esteem compared to those with less attractive features.

Family support plays a crucial role. The family acts as the primary source of care, education, and socialization. It provides a setting where individuals seek fairness and opportunities for participation, which fosters higher self-esteem.

Finally, social support from the broader environment is significant. Individuals living in environments characterized by support, affection, and care are more likely to maintain high

self-esteem. Conversely, those who experience distrust, lack of affection, or bullying tend to suffer declines in self-esteem.

Material and Methods

This study employed an analytical research design with a cross-sectional approach, which involved data collection at a single point in time to examine relationships between variables. The study population consisted of regular undergraduate students from the Faculty of Political Science, Social Welfare Study Programme, at Universitas Muhammadiyah Jakarta, totaling 135 students. A sample of 103 students was selected using probability sampling techniques.

The independent variables analyzed were family support, peer support, and gender, while the dependent variable was self-esteem. Three questionnaires were used as research instruments: the Family Support Questionnaire, the Peer Social Support Questionnaire, and the Self-Esteem Questionnaire. The Family Support Questionnaire used in this study was developed by Albertin Waruyu and consists of 44 items designed to measure the level of perceived support from family members [6]. This questionnaire demonstrated strong psychometric properties, with item-total correlation values exceeding the critical threshold (r count > r table = 0.297), and a high reliability coefficient (Cronbach's alpha = 0.935), indicating consistency among the items. The Peer Support Questionnaire, developed by Qonita Rahmah, includes 30 items that assess the level of social support from peers [7]. The validity of this instrument was confirmed, with item validity coefficients ranging from 0.359 to 0.749, and a reliability coefficient of 0.92, supporting the instrument's internal consistency. For both the Family Support and Peer Support variables, each item was rated using a 4-point Likert scale. The Family Support Questionnaire has a maximum total score of 176, while the Peer Support Questionnaire has a maximum score of 120. In both cases, the total scores were categorized into two groups: adequate support (if the total score was equal to or above the median) and poor support (if the total score was below the median). This classification approach, using the median as the cutoff point, was based on empirical data to avoid bias and to ensure appropriate proportions for statistical testing using methods such as the Chi-Square test.

Self-esteem was measured using the RSES, a widely accepted and publicly accessible psychological scale developed by Morris Rosenberg in 1965 . The RSES consists of 10 statements rated on a 4-point Likert scale, where 1 indicates "strongly disagree" and 4 indicates "strongly agree." The total score ranges from 10 to 40. In this study, self-esteem scores were classified into two categories: scores of 27 or higher were categorized as high self-esteem, and scores below 27 as low self-esteem. The cutoff score of 27 was based on the median value obtained from the actual sample data distribution. This method is commonly used in

social research involving ordinal data, as it allows for balanced groupings in bivariate statistical analysis [8].

Prior to data collection, ethical approval and a research permit were obtained from the Head of the Study Programme of the Faculty of Political Science at Universitas Muhammadiyah Jakarta. Ethical clearance was granted by the Health Research Ethics Committee of the Immanuel Institute of Health Bandung under reference number *208/KEPK/IKI/XII/2024*. Data collection procedures adhered to ethical principles, including respect for participant rights, privacy, and confidentiality. Written informed consent was obtained from all respondents, and all collected data were securely maintained.

Data analysis included univariate and bivariate techniques. The chi-square test was used for bivariate analysis to assess relationships between independent variables (family support, peer social support, and gender) and the dependent variable (self-esteem level). Both variables were categorical with ordinal scales.

Results and Discussions

A. Gender

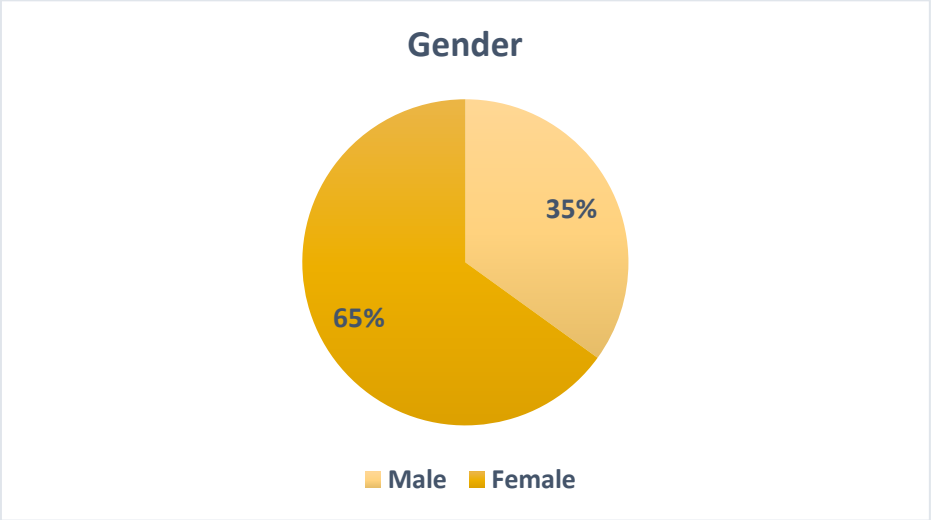


Fig 1. Gender distribution of the participants.

As in Figure 1, respondent characteristics based on gender were categorized into two groups: male and female. The univariate analysis revealed that, of the 103 respondents at Universitas Muhammadiyah Jakarta in 2025, the majority were female (n = 67; 65.0%).

According to Coopersmith's theory, females generally exhibit lower self-esteem compared to males. This disparity has been attributed to multiple factors, including parental roles in child-rearing, societal expectations, and differential treatment of boys and

girls within the family. Persistent sociocultural norms that undervalue women and resistance to gender equality further contribute to these differences.

Moreover, prevailing societal beliefs often ascribe traits such as strength, resilience, perseverance, and emotional restraint to males, reinforcing higher self-esteem in men relative to women [9]. These findings highlight a significant gender-based disparity in the development of self-esteem, frequently favoring characteristics associated with toughness in men over women [10].

B. Family Support

Based on the data in Figure 2, 67 students (65.0%) reported that they did not receive sufficient support from their families. This percentage includes respondents who reported receiving only adequate support as well as those who reported insufficient family support.

The results of this study are consistent with the findings of Waruyu, who reported that 189 respondents (79.4%) lacked family support, particularly emotional support. Emotional support is essential for individuals to feel safe, comfortable, and secure within the family, and is reflected through trust and care among family members [6]. Similarly, a study conducted by Nuraenah (2023) involving 239 respondents found that the majority (59.4%, n = 142) reported a lack of family support. Insufficient family support has been shown to negatively affect an individual's level of self-esteem [11].

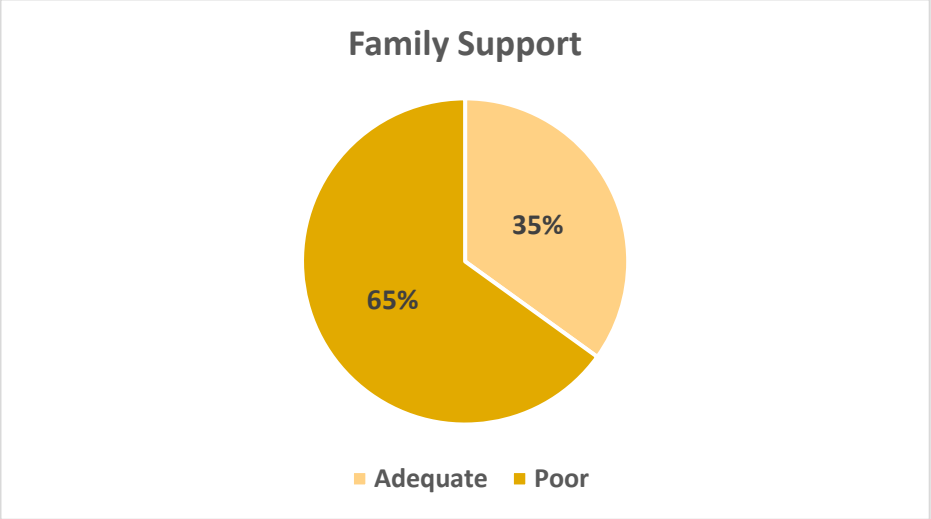


Fig 2. Distribution of student family support of the participants.

C. Peer Support

As in Figure 3, 69 students (67.0%) reported that they did not receive sufficient support from their peers. This percentage includes respondents who reported receiving only adequate support as well as those who reported insufficient peer support.

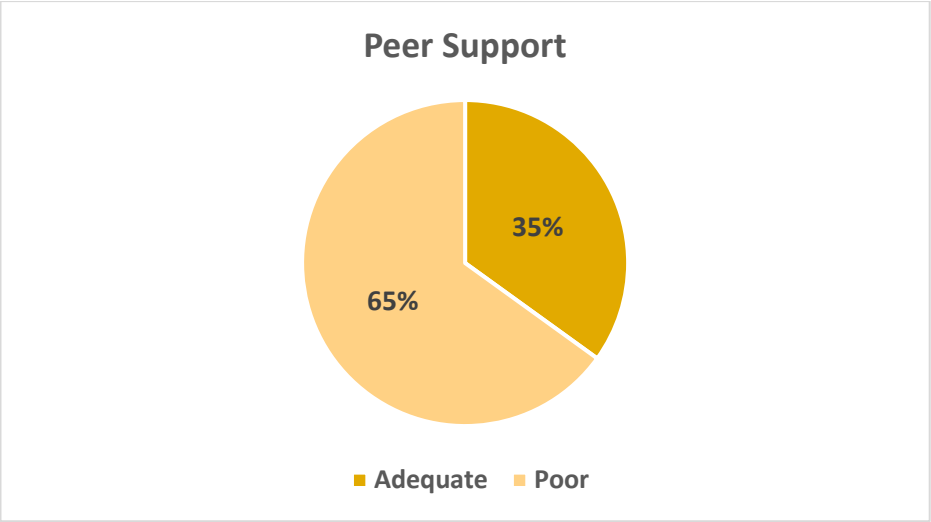


Fig 3. Distribution of student peer support of the participants.

The results of this study differ from those reported by Yunitasari, who found that 44% of respondents received peer support at a sufficient level. During childhood, individuals primarily interact with their parents; however, during adolescence, they begin to expand relationships with peers. These relationships provide opportunities for increased peer support, which can play a significant role in enhancing adolescents' self-esteem [9]. Peer support refers to the assistance, attention, and care provided by peers that fulfills the needs for intimacy, togetherness, and emotional security [12].

D. Self-esteem Level

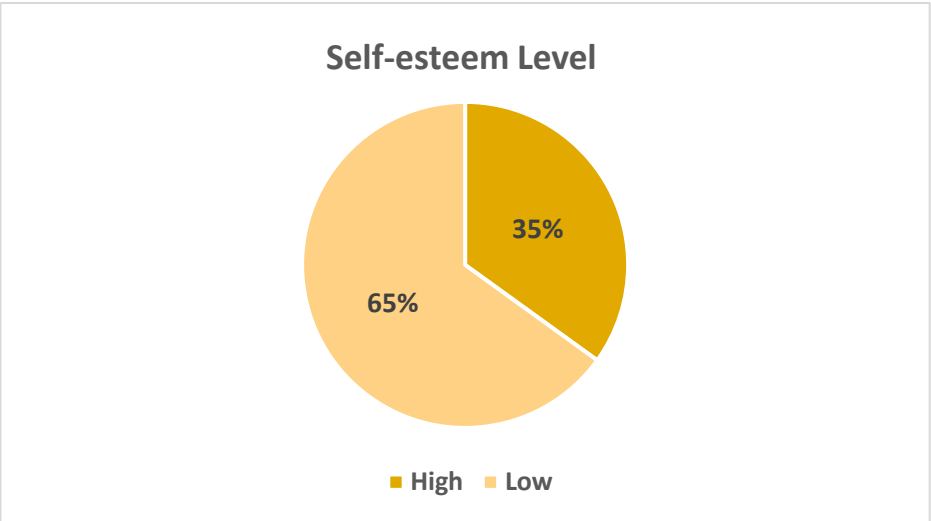


Fig 4. Distribution of the self-esteem level of the participants.

Based on the data in Figure 4, 67 students (65.0%) were categorized as having a low level of self-esteem. This percentage includes respondents who reported receiving both adequate and insufficient family support.

The results of this study are consistent with those of Nuraenah, who found that 51% of 239 respondents exhibited low self-esteem [11]. Similarly, research by Rani and Siti Rahma identified several factors contributing to low adolescent self-esteem. One factor was the lack of parental attention to academic performance, with 96.8% of respondents reporting that their parents did not adequately monitor their academic development. This lack of support may lead to feelings of helplessness and reduced confidence in their abilities. In addition, 96.2% of respondents reported a tendency to act solely according to their personal desires without regard for social norms or external expectations, a behavioral pattern that often results in social isolation and negatively affects self-esteem. Furthermore, 95.7% of adolescents indicated that they frequently perceived their efforts as ending in failure. This mindset, characterized by the belief that one's efforts are futile, plays a major role in the development of negative self-esteem, as individuals feel unable to achieve success despite their efforts. These factors can create a self-perpetuating cycle that worsens low self-esteem in adolescents [13].

E. Relationship between Family Support and Self-esteem Level

Table 1. Relationship between family support and self-esteem level among study participants.

Family Support	Self-esteem Level				Total		P-value	OR
	High		Low					
	n	%	n	%	n	%		
Adequate	24	66.7	12	33.3	36	100	0.001	9.167 (2.607 – 23.299)
Poor	12	8.3	55	82.1	67	100		
Total	**36**	**35.0**	**67**	**65.0**	**103**	**100**		

Based on Table 1, among the 36 respondents who reported adequate family support, 66.7% exhibited a high level of self-esteem. In contrast, among the 67 respondents with poor family support, 82.1% had a low level of self-esteem. The Chi-square test yielded a p-value of 0.001 ($p < 0.05$), indicating a significant relationship between family support and self-esteem level among Generation Z students at Universitas Muhammadiyah Jakarta in 2025. Furthermore, adequate family support increased the odds of having high self-esteem by approximately 9.17 times compared to poor support (OR = 9.167; 95% CI 2.607–23.299).

These findings align with previous research conducted by Waruyu, which reported a p-value of 0.006, demonstrating that higher family support is associated with lower stress levels, a factor contributing to higher self-esteem among students. According to Friedman,

as cited in Waruyu's research (2021), family support is defined as the attitudes, actions, or behaviors of family acceptance expressed through informational, appraisal, instrumental, and emotional support. Family support provides adolescents with multiple benefits, including the fulfillment of physical and emotional health needs, a sense of trust, and higher self-esteem [6].

A lack of family support can significantly impact an individual's psychological development, particularly in the formation of self-esteem. When individuals perceive insufficient attention, affection, and emotional support from their families, they may experience emotional isolation. The absence of warm and caring family relationships can lead to feelings of insecurity, depriving individuals of a safe and supportive environment for development. Consequently, self-confidence, which is typically nurtured in the family context, may be weak or underdeveloped, negatively affecting individuals' self-perceptions. Those who do not receive adequate support often struggle to value themselves positively, exhibiting feelings of worthlessness and self-doubt regarding their ability to face life's challenges. This low self-esteem hampers belief in their potential, increasing feelings of insignificance [14].

This deficiency in self-confidence can adversely affect social relationships, academic or professional performance, and overall emotional well-being. Ultimately, inadequate family support not only undermines self-esteem but may also exacerbate mental health issues, trapping individuals in persistent negative emotions that are difficult to overcome without changes in their social environment and enhanced support systems [15].

F. Relationship between Peer Support and Self-esteem Level

Table 2. Relationship between peer support and self-esteem level among study participants.

Peer Support	Self-esteem Level				Total		P-value	OR
	High		Low					
	n	%	n	%	n	%		
Adequate	17	50.0	17	50.0	34	100	0.030	2.632 (1.119-6.188)
Poor	19	27.5	50	72.5	69	100		
Total	**36**	**35.0**	**67**	**65.0**	**103**	**100**		

Based on Table 2, among the 34 respondents reporting adequate peer support, 50.0% exhibited high self-esteem, while 50.0% had low self-esteem. In contrast, among the 69 respondents with poor peer support, 72.5% had low self-esteem. The Chi-square test revealed a significant association between peer support and self-esteem level ($p = 0.030$, $p < 0.05$). The odds ratio (OR) of 2.632 (95% CI: 1.119–6.188) indicates that adequate peer support increases the odds of high self-esteem by approximately 2.6 times compared to poor peer support.

Social support from peers is a critical factor influencing self-esteem, particularly during adolescence. Farid Mashudi defines social support as the provision of assistance to individuals experiencing decreased self-actualization, including stress, distrust, and lowered self-esteem, provided by those in close relationships such as relatives or friends [16]. Peer support encompasses various forms of mutually supportive social behaviors, including emotional support, information sharing, and practical assistance. Positive peer interactions foster feelings of being valued, accepted, and important within social groups, all of which contribute to enhanced self-esteem [17].

During adolescence, individuals acquire increased social knowledge primarily through peer interactions. These interactions teach effective social skills, the development of friendships, and strategies to gain peer acceptance, thereby supporting social and emotional development. Peers thus serve both as a source of emotional support and as vital agents in personal and social identity formation [12].

The findings of this study reaffirm the essential role of social support (both familial and peer) in shaping and maintaining self-esteem, especially among Generation Z students navigating identity development. Consistent with prior research, emotional support from family acts as a protective factor that enhances confidence and fosters positive self-perception among adolescents and young adults [18].

Santrock (2016) emphasizes that self-esteem is influenced by interpersonal interactions and social experiences that shape an individual's self-concept. Acceptance and valuation by close others, including family and peers, promote a positive self-view [19]. Given that adolescence and early adulthood involve increased time spent with peers rather than family, peer support becomes particularly influential. Lack of social support within this environment can render self-esteem vulnerable [20]. Additionally, the academic setting introduces complex social pressures, demands, and social comparisons that may either reinforce or undermine self-esteem.

G. Relationship between Gender and Self-esteem Level

Table 3. Relationship between gender and self-esteem level among study participants.

Gender	Self-esteem Level				Total		P-value	OR
	High		Low					
	n	%	n	%	n	%		
Male	19	52.8	17	47.2	36	100	0.005	3.287 (1.398-7.729)
Female	17	25.4	50	74.6	67	100		
Total	**36**	**35.0**	**67**	**65.0**	**103**	**100**		

Based on Table 3, among the 36 male respondents, 52.8% exhibited high self-esteem, whereas 74.6% of the 67 female respondents exhibited low self-esteem. The Chi-square test

revealed a significant association between gender and self-esteem level ($p = 0.005$, $p < 0.05$). The odds ratio (OR) of 3.287 (95% CI: 1.398–7.729) indicates that male respondents were approximately 3.3 times more likely to have high self-esteem compared to female respondents.

Gender plays a significant role in influencing self-esteem due to inherent differences in cognition and behavior between males and females. Adolescent females tend to focus more on external factors, particularly physical appearance, as a basis for their self-esteem. Conversely, adolescent males emphasize personal competencies, often associating self-esteem with achievements in academics, sports, or other skill-based activities. Thus, while both genders build self-esteem through a combination of external and internal factors, the focus and determinants differ, shaped by social roles and cultural expectations [21].

Numerous studies consistently report that females exhibit lower self-esteem than males, especially during adolescence and early adulthood [20]. This disparity is often linked to sociocultural influences such as gender roles, societal expectations, and media representations of beauty and success. Females are generally more susceptible to body dissatisfaction and unrealistic beauty standards propagated by social media and popular culture. These external pressures can significantly undermine young women's self-image, leading to persistent self-doubt, feelings of inadequacy, and internalized inferiority [23]. In contrast, males tend to derive self-worth more from competence and achievement, often within academic, athletic, or leadership domains [24].

Furthermore, gender socialization contributes to differences in self-esteem development. Boys are frequently encouraged to be assertive, confident, and independent, whereas girls are often socialized to emphasize compliance, modesty, and emotional sensitivity [25]. Consequently, males may develop a more stable and higher sense of self-worth, being less likely to internalize negative feedback or social comparisons.

Biological and psychological factors also influence gender differences in self-esteem. Females tend to be more self-critical and sensitive to interpersonal relationships, while males are often more task-oriented and resilient to emotional distress [26]. This suggests that females may be more vulnerable to negative social evaluations, which can more profoundly impact their self-esteem.

Conclusion

This study concludes that the majority of respondents were female, with most reporting inadequate family and peer support. Additionally, a greater proportion of respondents exhibited low self-esteem. Bivariate analysis revealed significant associations between family support, peer support, gender, and the level of self-esteem.

Study Limitations and Recommendations for Future Research

This study has several limitations that should be noted. First, the cross-sectional design restricts causal interpretation between family support, peer support, gender, and self-esteem. Longitudinal or experimental studies are recommended to explore these relationships over time. Data collection relied solely on self-reported questionnaires, which are vulnerable to bias. Future research could benefit from incorporating qualitative methods or third-party assessments for a more comprehensive analysis.

The sample was limited to one university, which may affect generalizability. Broader, multi-site studies are needed to enhance external validity. Key sociodemographic variables such as socioeconomic status, academic performance, and mental health history were not included and should be considered in future models. The study also did not examine the impact of digital media (i.e., an important influence on Generation Z self-esteem) or other psychological constructs such as resilience, coping, and body image.

Family and peer support were assessed at a single point, without capturing their dynamic nature. Longitudinal designs would better reflect changes over time. Cultural specificity is another limitation, as findings may not apply to other settings. Comparative studies across cultures could clarify how norms and values shape self-esteem. Additionally, while the support measures were reliable, they may not fully reflect the complexity of emotional and social support.

Potential selection bias exists, given the single-faculty sample and voluntary participation. Confounding factors such as trauma history, ongoing treatment, or comorbidities were not controlled for and may have influenced the results. Finally, the study did not test for mediation or moderation effects among variables. Future research should use advanced statistical techniques and qualitative insights to explore these complex relationships in depth.

Conflict of Interest

The authors declare that there is no conflict of interest.

References

[1] A. A. Wulandari, "Indonesia Gen Z," *IDN Research Report*, p. 102, 2024. [Online]. Available: https://cdn.idntimes.com/content-documents/indonesia-gen-z-report-2024.pdf.

[2] M. Kuntari and S. Nyumirah, "Asuhan Keperawatan Pada Tn.N Dengan Gangguan Konsep Diri: Harga Diri Rendah," *Buletin Kesehatan: Publikasi Ilmiah Bidang Kesehatan*, vol. 3, no. 1, pp. 26–40, 2020. [Online]. Available: https://doi.org/10.36971/keperawatan.v3i1.59. [*Eng. Trans.: Nursing Care for Mr. N With Self-Concept Disorder: Low Self-Esteem*]

[3] T. Marliana, D. Pramujiwati, Jamiatun, L. Octavia, R. Heryandi, K. D. Islami, and Y. Safitri, "Pengaruh pemberdayaan masyarakat terhadap perawatan klien isolasi sosial," *Jurnal Keperawatan Jiwa*, vol. 11, no. 1, pp. 11–18, 2023. [*Eng. Trans.: The Effect of Community Empowerment on the Care of Social Isolation Clients*]

[4] H. Inayati and L. Hasanah, "Gambaran Dukungan Keluarga dengan Kehadiran Lansia Pada Posyandu Lansia Di Desa Errabu Kecamatan Bluto," *Journal of Innovation Research and Knowledge*, vol. 2, no. 7, pp. 2975–2982, 2022. [*Eng. Trans.: Description of Family Support with the Presence of Elderly at Elderly Integrated Health Posts in Errabu Village, Bluto District*]
[5] Lenny, "Hubungan Dukungan Orang Tua dengan Kecemasan Mahasiswa dalam Menyelesaikan Pendidikan Prodi Sarjana Terapan Keperawatan Poltekkes Kemenkes Palu," *Jurnal Kolaboratif Sains*, vol. 7, no. 6, pp. 2028–2036, Jul. 2024. [*Eng. Trans.: The Relationship Between Parental Support and Student Anxiety in Completing the Applied Nursing Undergraduate Program at Poltekkes Kemenkes Palu*]
[6] A. Waruyu, "Hubungan Dukungan Keluarga dengan Stres pada Mahasiswa yang Menyusun Skripsi di Fakultas Psikologi Universitas Medan Area," Undergraduate thesis, 2021, pp. 1–115. [*Eng. Trans.: The Relationship Between Family Support and Stress in Students Writing a Thesis at the Faculty of Psychology, Universitas Medan Area*]
[7] Q. Rohmah, "Pengaruh Dukungan Sosial Teman Sebaya Terhadap Stres pada Mahasiswa yang Mengerjakan Skripsi di Universitas Muhammadiyah Malang," Undergraduate thesis, Fakultas Psikologi, Universitas Muhammadiyah Malang, 2017. [*Eng. Trans.: The Effect of Peer Social Support on Stress in Students Working on a Thesis at Universitas Muhammadiyah Malang*]
[8] M. Rosenberg, *Society and The Adolescent Self-Image*. Princeton, NJ: Princeton University Press, 1965.
[9] N. I. Yunitasari, "Hubungan Dukungan Teman Sebaya Dengan Tingkat Stres Mahasiswa Dalam Menyusun Skripsi," Undergraduate thesis, 2022, 85 pages. [*Eng. Trans.: The Relationship Between Peer Support and Student Stress Levels in Writing a Thesis*]
[10] M. N. Gufron and R. Risnawita, *Teori-teori Psikologis*, p. 202, Yogyakarta: AR-RUZZ MEDIA, 2010. [*Eng. Trans.: Psychological Theories*]
[11] S. Nuraenah et al., "Pengaruh peran orang tua terhadap kesehatan mental remaja," *Jurnal Psikologi Remaja*, vol. 15, no. 4, pp. 78–90, 2023. [*Eng. Trans.: The Influence of Parental Roles on Adolescent Mental Health*]
[12] L. E. Simanjuntak and E. S. Indrawati, "Hubungan antara dukungan sosial teman sebaya dengan harga diri pada siswi kelas XII SMA Kristen Terang Semarang," *Jurnal Empati*, vol. 10, no. 2, pp. 99–107, 2021. [*Eng. Trans.: The Relationship Between Peer Social Support and Self-Esteem in Grade XII Female Students at SMA Kristen Terang Semarang*]
[13] R. I. Kusumah and S. R. Yanti, "Hubungan Dukungan Teman Sebaya Dengan Harga Diri Pada Remaja Di SMPN 1 Jampangkulon Kabupaten Sukabumi," *Jurnal Health Society*, vol. 10, no. 2, 2021. [*Eng. Trans.: The Relationship Between Peer Support and Self-Esteem in Adolescents at SMPN 1 Jampangkulon, Sukabumi Regency*]
[14] W. Nurlita, "Analisis faktor penyebab degradasi moral pada anak dengan pola pengasuhan orangtua tunggal," *Jurnal Bimbingan dan Konseling*, vol. 11, no. 1, pp. 16–30, 2024. [*Eng. Trans.: Analysis of Factors Causing Moral Degradation in Children with Single-Parent Parenting Patterns*]
[15] K. Faranita, "Hubungan antara Dukungan Sosial Keluarga dengan Stres Akademik Mahasiswa Psikologi yang Sedang Mengerjakan Skripsi Stambuk 2019 di Universitas Medan Area," Undergraduate thesis, 2024. [*Eng. Trans.: The Relationship Between Family Social Support and Academic Stress in Psychology Students Working on Their 2019 Batch Thesis at Universitas Medan Area*]
[16] F. Mashudi, *Psikologi Konseling*. Yogyakarta: Diva Press, 2012. [*Eng. Trans.: Counseling Psychology*]
[17] A. Wulandari and F. Wijayanti, "Dukungan teman sebaya dengan harga diri pada remaja," *Health Sciences and Pharmacy Journal*, vol. 7, no. 1, pp. 16–22, 2023. [*Eng. Trans.: Peer Support and Self-Esteem in Adolescents*]
[18] J. W. Santrock, *Adolescence*, 16th ed. New York: McGraw-Hill Education, 2016.
[19] S. Harter, *The Construction of the Self: Developmental and Sociocultural Foundations*, 2nd ed. New York: Guilford Press, 2012.
[20] W. M. Bukowski, B. Laursen, and K. H. Rubin, *Handbook of Peer Interactions, Relationships, and Groups*. New York: The Guilford Press, 2018.
[21] D. T. Febrina, P. L. Suharso, and A. Y. Saleh, "Self-esteem remaja awal: temuan baseline dari rencana program self-instructional training kompetensi diri," *Jurnal Psikologi Insight*, vol. 2, no. 1, 2018. [*Eng. Trans.: Early Adolescent Self-Esteem: Baseline Findings from the Planned Self-Instructional Training Program on Self-Competence*]
[22] W. Bleidorn, R. C. Arslan, J. J. Denissen, P. J. Rentfrow, J. E. Gebauer, J. Potter, and S. D. Gosling, "Age and Gender Differences in Self-Esteem—A Cross-Cultural Window," *Journal of Personality and Social Psychology*, vol. 111, no. 3, pp. 396–410, 2016.

[23] J. Fardouly, P. C. Diedrichs, L. R. Vartanian, and E. Halliwell, "Social comparisons on social media: The impact of Facebook on young women's body image concerns and mood," *Body Image*, vol. 13, pp. 38–45, 2015.
[24] J. M. Twenge and W. K. Campbell, *The Narcissism Epidemic: Living in the Age of Entitlement*. New York: Atria Books, 2018.
[25] J. S. Eccles and R. D. Harold, "Perbedaan gender dalam keterlibatan olahraga: Menerapkan model harapan-nilai Eccles," *Journal of Applied Sport Psychology*, vol. 3, no. 1, pp. 7–35, 1991. [Online]. Available: https://doi.org/10.1080/10413209108406432. [*Eng. Trans.: Gender Differences in Sports Participation: Applying the Eccles Expectancy-Value Model*]
[26] S. Nolen-Hoeksema, "Perbedaan gender dalam depresi," *Current Directions in Psychological Science*, vol. 10, no. 5, pp. 173–176, 2011. [Online]. Available: https://doi.org/10.1111/1467-8721.00142. [*Eng. Trans.: Gender Differences in Depression*]

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