ORIGINAL RESEARCH

The Relationship Between Social Support And Socioeconomic Status On Adolescent Mental Health

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Article Info	Abstract
	Background: Impaired mental and emotional development contributes to increased behavioral problems in adulthood. Adolescent mental health is impacted by several factors, including social support and socioeconomics. **Purpose:** To see the relationship between social support and socioeconomic status on adolescent mental health **Methods:** This type of research used quantitative with observational approach. The population in this study were adolescents in Tegal City. Determination of the number of samples using the slovin method with the results of 375 respondents and for the sampling technique using Cluster Random Sampling technique. **Results:** The study revealed significant correlations of social support and mental health (p = 0.000). Significant correlations of socioeconomic support status with mental health (p = 0.000). Significant correlations of social support and socioeconomic relationships simultaneously (p = 0.000). **Conclusion:** The results of this study indicate that there is a significant influence of social support and socioeconomic on adolescent mental health in Tegal City.

Background

The World Health Organization (WHO) in 2017 defined mental health as the successful adaptation of the external and internal environment. This is evident when there is congruence between behavior, thinking, and a feeling, with existing norms and culture. Meanwhile, the definition of mental health disorders is a stressful situation from the external and internal environment. One of the biggest contributors to global disability at 7.5% is mental health disorders.

Mental health disorders are still considered a stigma and many groups of people still underestimate them (Ayuningtyas & Rayhani, 2018). People with mental health problems/disorders are still often identified with crazy people. In fact, many also assume that people with mental problems are caused by a lack of religious knowledge and are not close to God. The community finds it difficult to accept the condition of people with mental illness, they consider them to be dangerous people, patients who cannot recover their mental health, and deserve to be isolated. (Putri et al., 2015).

Social support in the mental health of patients with chronic illness is needed. Patients often find themselves in crisis situations. Therefore, social support in crisis situations can reduce their anxiety and discomfort (Riahi et al., 2011). Physical and mental problems can be encountered in the process of healing and treating a patient's illness. Emotional problems can

arise as a result of the drugs consumed. In addition, psychosocial problems are also an obstacle because in certain chronic diseases negative stigma is often attached to patients (Sari & Wardani, 2017)

According to the World Federation for Mental Health (WFMH) reported by the Indonesian Ministry of Health in commemoration of World Mental Health Day in 2016, one in five people in the world experience mental health disorders. Data from the Ministry of Health of the Republic of Indonesia in the results of the Basic Health Research (Riskesdas) in 2018 also states that only 1 in 11 people with mental disorders take treatment and 91% of other sufferers do not take medication. The country that has the highest total cases of depressive mental disorders in Southeast Asia and surrounding areas is India, which occupies the first position with a total of 56,675,969 total cases and then followed by Indonesia in second place with a total of 9,162,886 total cases (Estimates Global Health, 2017). As for the prevalence rate of mental health disorders in Indonesia itself, according to data from the Ministry of Health of the Republic of Indonesia in the results of the Basic Health Research (Riskesdas) in 2018, the prevalence rate has reached 6.1%. This indicates that the issue of mental health disorders is one of the most important issues to be discussed today, especially in developing countries including Indonesia.

Socioeconomic status is also related to the level of depressive symptoms. Some studies suggest that people with higher income, employment status, and education tend to be happier and less likely to develop symptoms of depression or other psychiatric disorders than people with lower socioeconomic status (Hwan and Lee, 2011). Several studies have also examined the impact of socioeconomic status, especially among adolescents.

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Method

This type of research uses quantitative with an observational approach, which is a type of research that uses observational data collection methods to collect quantitative data. This study aims to observe and measure variables that exist in a population or sample at a certain time.

Research Population

The population in this study were adolescents in Tegal City. Population is a subject that meets the criteria that have been set. According to data from the Population and Civil Registration Office, the total population of adolescents in Tegal City in 2022 was around 5,906 people.

Sample

The sample in the research was taken from a portion of the population that met the research criteria, so the sample size was met. The sample size in research is based on the formula: (Nursalam, 2013).

*n = N / (1 + N * e^2)*

Description:

n = Number of samples required

N = Total population

e = Permissible error rate 0.05 (5%)

The population is 5,906 people, so it can be calculated as follows:

*n = 5.906 / (1 + 5.906 * 0,05^2)*

*n = 5.906 / (1 + 5.906 * 0,0025)*

n = 5.906 / (1 + 14,765)

n = 5.906 / 15,765

n ≈ 374,57

So, for research with a population of 5,906 people and an error rate of 0.05, the sample used was 375 people.

Instrument

The instrument uses a questionnaire created by researchers and has been tested for validity and reliability, including dukungan social, status social ekonomi dan Kesehatan mental questionnaire. The assessment of these variables refers to the Guttman scale.

Results

Demographic Characteristics

Table1. Characteristics of Respondents

Characteristics		Frequency	Percent
Age	17 - 20	432	84,6
	21 - 24	78	15,4
	Total	510	100,0
Gender	Woman	377	73,9
	Man	133	26,1
	Total	510	100,0
Education	Elementary school	5	1,0
	Junior high school	14	2,7
	High school seniors	252	49,4
	Diploma	143	28,0
	Bachelor	96	18,8
	Total	510	100,0
Economic status	Poor	30	5,9
	Middle	370	72,5
	Rich	110	21,6
	Total	510	100,0

Based on the results of Table 1, shows appears that of the 510 respondents, the largest number were 17 – 20 years old, with 432 people (84,6%). The gender of the most respondents was woman, 377 people (73,9%), while the fewest were man, 133 people (26,1%). Showed that of

the 510 respondents, the highest level of education was high school, namely 252 people (49,4%), while the lowest level of education was elementary school, namely 5 people (7.4%). Economic status of the most respondents was middle, 370 people (72,5%).

The results of multiple linear regression analysis in this study can be seen in Table 1.

Tabel 2. Koefisien Regresi

Model		Unstandardized Coefficients B	Std. Error	Standardized Coefficients Beta	t	Sig.
1	(Constant)	1,311	,161		8,142	,000
	Social Support	,593	,053	,444	11,207	,000
	Economic Resources	,287	,053	,214	5,392	,000

Based on Table 1, the multiple linear regression analysis model is:
$Y = 1,311 + 0,593X_1 + 0.287X_2$
To answer the partial test hypothesis in this study, it can be seen based on the t-test value or significance value in Table 1. The significance value that is smaller than 0.05 indicates that the independent variable significantly affects the dependent variable. Based on Table 2, it can be seen that each independent variable (Social Support and Economic Resources) has a significant influence on the dependent variable (Adolescent Mental Health). Based on these results, it can be said that the research hypotheses H1 and H2 can be accepted.

The results of hypothesis testing for the simultaneous test (H3) can be seen in Table 2.

Table 3. Simultaneous Test Results

ANOVAª

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	955,528	2	477,764	116,019	,000ᵇ
	Residual	2087,813	507	4,118		
	Total	3043,341	509			

Based on Table 3, the significance value is 0.000, which is smaller than 0.05. This means that the simultaneous test hypothesis (H3) is acceptable. So it can be said that all independent variables (Social Support and Economic Resources) simultaneously have a significant influence on the dependent variable (Adolescent Mental Health).
To see how much the contribution of all independent variables in explaining the dependent variable can be seen based on the Adjusted R-Square value in Table 4.

Table 4. R Square Results

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson R Square Change
1	,560ª	,314	,311	2,029	,314

From Table 4, it can be seen that the Adjusted R Square value is 0.314. This value means that the proportion of variance in the dependent variable that can be explained by the independent variable is 31.4%. In other words, the Social Support and Economic Resources variables can explain the adolescent mental health variable by 31.4%. the remaining 68.6% is explained by variables outside this model.

Discussion

Indonesia is the fourth country with mental health disorders and fifth with anxiety in the world WHO (2014). This problem needs to be watched out for because the chances of mental health disorders will worsen if the causes are not addressed properly.

In this study, social support had a significant effect on adolescent mental health. Hoskins (2014) found that researchers found that democratic parents showed high monitoring during childhood and decreased slightly when their children entered adolescence.

The results of this study are similar to several studies that show the relationship between social support and mental health problems. So it can be said that social support from friends, family, or the environment can provide a sense of security and comfort to individuals (Harandi et al., 2017). Individuals with higher social support will feel more positive and can be optimal in daily activities and away from various mental health problems such as depression, anxiety, and stress and suicidal ideation (Salsabhilla & Panjaitan, 2019).

Social support is protective against stress in ways that greatly affect health and social performance. Social support gives people the feeling of being loved, cared for, respected, and having a communication network (Hidayati, 2023). Furthermore, Stanley in Utomo explains that the factors that influence social support are physical, psychological, and social needs (Utomo & Sudjiwanati, 2018).

The explanation of the research results above is in line with previous research which suggests that social and economic status is an important factor of an individual's risk of experiencing mental health problems. Other studies have also said that lower subjective socioeconomic status is associated with depressive symptoms because the perceived low socioeconomic status of individuals may be involved in the pathogenesis of depression and has a role in making an individual able to experience mental health problems (Hoebel et al 2017).

Several previous studies show that low socioeconomic status increases the possibility of stress-triggering factors such as minimal availability of facilities, limited opportunities and low self-respect, as well as limited access to rights and security guarantees. Therefore, low social position increases the risk of mental health disorders (Gjerustad & von Soest, 2012).

People with low socioeconomic status are estimated to be two to three times more likely to experience mental health disorders than those with high socioeconomic status. This is generally explained by the theory which states that the stress response is caused by an imbalance between demands and resources, because individuals with low socioeconomic status face greater demands from risks that threaten health and survival, but have fewer resources to overcome these risks (Kim & Cho, 2020).

Low socio-economic status significantly influences the emergence of mental health disorders, while increasing socio-economic conditions cause a decrease in mental health disorders. Household income and low parental education have a stronger impact on mental health problems in children and adolescents compared to parents who are unemployed or have low employment status. (Reiss, 2019).

Conclusion

Mental health problems such as depression, stress, and anxiety are problems that often occur in the lives of adolescents. The results of this study concluded that there is a relationship

between social support and socioeconomic status with mental health. Based on the results of this study, it is hoped that there will be government attention in dealing with adolescent mental health problems by paying attention to factors that affect mental health.

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