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The contribution of self-concept on adolescents' mental health during the Covid-19 pandemic in Indonesia

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Abstract

The Covid-19 pandemic and the issue of mental health among adolescents is one of the important issues that need to be responded. However, there have been few studies amongst Indonesian adolescents that have been conducted. Therefore, the purpose of this study was to analyze the contribution of self concept toward mental health of Indonesian Adolescents during the Covid-19 pandemic . The method used in this study is quantitative research method and regression analysis was conducted to test the hypothesis. The population of this study is Indonesian adolescents and the sampling technic used in this study is convenience sampling. The participants included 109 adolescents, specifically 20 boys, and 89 girls, with a mean of 19.9. They were asked to complete a set of self-report questionnaires, including Personal Self-Concept (PSC) and Mental Health Inventory (MHI-18). The results showed a positive and significant influence of self-concept on adolescent mental health with a variance of 41.5%. The finding of this study highlights the importance of promoting of a positive self-concept in supporting adolescent mental health especially during pandemic. This result of this study also to alert educators in universities and government agents the needs to prevent and to respond adequately the negative effect of the pandemic on adolescent mental health.

Keywords: Self-concept, mental health, Indonesia adolescent, pandemic covid-19

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Introduction

The Covid-19 pandemic has significantly affected adolescents, specifically on education, social life, and mental health aspects. Rosen, Rodman, and Kasparek et al. (2021) identified new stressors that influence adolescents' mental health, including family behavior during the stay-at-home period, exposure to media, and structured routine. The results showed that a higher the exposure of these stressors may negatively affect mental health. During the Covid-19 pandemic, adolescents were plagued with new challenges, such as social distancing protocol that limited interactions with their peers and teachers, leading to loneliness and feeling isolated.

According to previous studies, the covid-19 pandemic affects adolescents in different ways. For instance, it increases anxiety and stress due to domestic family violence (de Figueiredo, 2021), health problems leading to stress (Cianfarani & Pampanini, 2021), academic stress, anxiety, and mental health issues (Baird, Seager, Sabarwal, Guglielmi & Sultan, 2020) and causes psychosocial adjustment and social relationships with friends (Bernasco, Nelemans, van der Graaff, & Branje, 2021).

A survey conducted by the Indonesian Association of Psychiatrists in 2020 showed that 68% of 1.522 respondents had high anxiety levels (PDSKJI, 2020). Furthermore, 67% felt depressed, while 77% felt traumatized psychologically because of the pandemic. However, the age of the participants ranged from 14 to 71 years, though 17-29 was in the higher category of bad mental health. This means that most adolescents and young adults were psychologically affected by the pandemic. The main symptoms of anxiety by respondents included the feeling that something bad would happen, excessive worry, irritation, and difficulty relaxing. Similarly, the main symptoms of depression were sleep disturbances, lack of confidence, tiredness,

lack of energy, and loss of interest. Psychological trauma was characterized by respondents experiencing unpleasant events related to COVID-19 (Winurini, 2020) .

Adolescence is a stage of adjustments towards a new phase of life and developmental tasks and it is characterized by storm and stress, emotional tension, social relationships with peers and parents, and dependency (Santrock, 2012). These changes and confusion also have both positive and negative long-lasting effects. While dealing with and adapting those developmental tasks, the struggle may lead to poor/good adjustments as well as to poor/good mental health (Singh & Mishra, 2020). Therefore, this study aimed to assess the mental health status of adolescents in the Jabodetabek area with the need to embrace their new roles and face the covid-19 pandemic.

Ohrnberger, Fichera, and Sutton (2017) established that physical and mental health have a positive relationship. According to Maslow and Mitelmann (cited in Reza, 2015) and Hasneli (2015), mentally healthy individuals have a feeling of security, a rational self-assessment and insight, the right spontaneity and emotionality, contact with reality and being efficient, as well as physical drives and passions. Additionally, these individuals have sufficient self-knowledge, adequate life goals, could learn from life experiences, satisfy the demands and needs of the group, have a healthy attitude of emancipation. Therefore, mentally healthy adolescents are good at adjusting themselves and their environment with satisfaction and joy. They show behavior that is not artificial and can be accepted by the environment. These individuals are also characterized by the ability to face and accept the realities of life.

Bukhori (2012), Panchal, Salazar de Pablo, Franco, Moreno, Parellada, Arango, and Fusar-Poli (2021) described factors affecting mental health, specifically internal and external factors. Internal factors consist of personality, physical condition, development and maturity, psychological condition, diversity, attitude to face life problems, the meaning of life, and balanced thinking. External factors include social conditions, politics, and customs (Magson, Freeman, Rapee, Richardson, Oar & Fardouly, 2021). Therefore, individuals need self-understanding and self-acceptance in the social learning process to fulfill internal and external needs in life. However, the understanding and self-acceptance in individuals are based on their respective self-concepts.

Over time, self-concept becomes heavily influenced by the environment, leading to changes for individuals. This is in line with Ohannessian et al. (cited in Dewi, 2012), which established that early adolescents with a positive self-concept have good coping techniques, peer support, and satisfying family. Mathew, Vineesh, and Sijohn (2020) mentioned that self-concept is one of the factors to maintain adolescents' mental health. Moreover, according to Widiarti (2017), junior high school students have a balanced self-concept between those with low self-concept (222 /49.4%) and high self-concept (227/50.6%). Widiarti reported that students have a low self-concept, possibly due to the lack of optimal cognitive development, leading to inadequate self-understanding.

According to Atwater and Daffy (cited in Dewi, 2012), self-concept is the overall impression and awareness of oneself, including all personal perceptions, possession outside of personal self), feelings of belief, and owned value. Novilita and Suharnan (2013) established that self-concept considerably influences individual behavior based on self-concept. This is in line with Burns (in Novilita & Suharnan, 2013), which stated that self-concept affects behavior. In most cases, individuals do not know what they want to do or deal with life challenges. This is mainly experienced during adolescence because many new tasks are obtained with a wider social scope. Furthermore, González-Valero, Zurita-Ortega, Lindell-Postigo, Conde-Pipó, Grosz, and Badicu (2020) suggest that during this pandemic, self-concept might buffer people's psychological distress. Consequently, self-concept is important for adolescence. In addition, self-concept signifies a protective factor opposed to disrupting behaviour, enhancing both mental health and positive peer relationships (Padial-Ruz, Pérez-Turpin, Cepero-González, & Zurita-Ortega, 2020).

Zhu, Wang, Liu, Liu, Wei, and Chen (2016) reported that self-concept and social adaptation significantly affect mental health. In general, self-concept directly impacts mental health and indirectly affects it through social adaptation, including mediating effects, such as inferiority, aggression, and paranoia. Social adaptations that restrain self-concept include protective effects, such as anxiety, dependence, and compulsion.

Dema (2014) showed a negative correlation between self-concept and juvenile delinquency at MTsN Puncu Kediri Regency. This means that a decrease will follow an increase in self-concept in juvenile delinquency. Similarly, Mayang (2017) showed no negative relationship between self-concept and general anxiety in early adolescents. Since anxiety is a critical mental disorder, adolescents need to understand the importance of maintaining mental health and accepting themselves. Therefore, mental health is influenced by self-concept and is associated with a good self-concept. Similarly, a low self-concept negatively affects mental health, leading to juvenile delinquency. Preventing mental disorders in adolescence can help develop mental health in adulthood, giving hope for a better future. This study aimed to examine the influence of self-concept on mental health in adolescents.

Understanding the concept of mental health depends on historical intelligence and cultural progress. Throughout history, the meaning of health and illness has been influenced by civilization though adjusted to the understanding of health (Palumbo & Galderisi, 2020, Gorczynski et.al, 2020). Although the concept of mental health is still developing, several characteristics of healthy behavior form the basis of determining whether an individual is healthy (Hasanah, 2017, Velten, et al, 2018). Mental health problems are structured in individuals with low or negative conditions that lead to psychological distress (psychological distress), including anxiety and depression. It also includes high or positive mental health conditions that lead to psychological well-being, such as feelings of joy, interest, and life enjoyment (Veit & Ware, 1983).

According to Kurniawan and Sulisytarini (2016), mental health is the basis for individuals functioning optimally as humans and executing family, work environment, and community responsibilities. Furthermore, Hamid (2017) defined it as being free from complaints and mental disorders, specifically neurosis and psychosis, or adjustment to the social environment. Similarly, Keyes (2002) stated that mental health is a complete condition that involves the presence or absence of mental illness or its symptoms. This means being free from mental disorders and diseases, flexibly adapting and creating useful and enjoyable interpersonal relationships, and developing personal potentials, such as talents, abilities, attitudes, and traits, beneficial for themselves and the environment (Bukhori, 2006). Therefore, mental health is the most important part of adolescents and help them achieve psychological well-being and avoid pressures that can affect their life, especially during the COVID-19 pandemic.

Previous studies established that several factors affect mental health. For instance, Aziz, Wahyuni, and Wargadinata (2017) established that gratitude and forgiveness positively affect mental health. Additionally, Bukhori (2012) reported that life and social support could affect mental health. The higher the meaningfulness of life and family social support, the higher the mental health remaining, and vice versa Birren (cited in Eliana, 2002) stated that self-concept relates to a person's mental health. In addition, study from Rusydi (2012) highlights the contribution of economy and poverty, while Lubis (2011) emphasizes on self-adjustment and peace of life and Aldridge and McChesney (2018) promoting the importance of psychological school climate on adolescents' mental health.

This study focuses on the role of self-concept on adolescent's mental health. Goni et al. (2011) reported that self-concept includes knowing how a person views oneself based on physical, academic/professional, and social perspective and self-perception, honesty, independence, self-reliance, and emotional state. According to Fitts (cited in Respati et al. 2016), self-concept is seen, experienced, or felt based on an individual feeling. Annisa (2017) stated that self-concept is needed to adapt to the environment and overcome related problems. Furthermore, Pardede (2008) suggested that self-concept is not inherent. Specifically, it is learned and formed from individual experiences in dealing with other individuals.

Andinny (2013) perceived self-concept as views, thoughts, and assessments of individuals after gaining knowledge from the teaching and learning process and everyday environmental experiences. According to Tumer (cited in Gecas, 1982), self-concept is a vague but deeply felt idea about what one likes, strives for, and has the drive to believe that it is achievable. Similarly, Respati, Yulianto, and Widiana (2006) stated that self-concept is a person's picture or perception of oneself based on the experience of interacting with oneself, others, and the environment. In this study, self-concept refers to how individuals perceive themselves physically, academically, and socially. Rather than being inherent, it is obtained through a learning process or formed from environmental experiences.

Furthermore, this study used four dimensions of self-concept from Goni et al. (2011, Balba & Caingcoy, 2021, Tejpar, 2021), as follows: 1) self-fulfillment: how everyone sees themselves in achieving the goals set, being satisfied with meeting targets, facing higher challenges, and getting achievements from those efforts; 2) honesty: how everyone sees themselves as honest individuals in the sense of being trustworthy in their behaviors. Honesty in question includes aspects such as being a valuable, respectable, consistent person who tries not to hurt others; 3) independence: how everyone sees themselves as equal individuals, but different from others, feeling not dominated and can function without depending on others; and 4) emotional self-concept: how people see themselves emotionally related to the more impulsive and reactive aspects of their personality.

Method

The research used a quantitative approach and aimed to determine the effect of self-concept on mental health in adolescents. The population used included adolescents from Jakarta, Bogor, Depok, Tangerang, and Bekasi (Jabodetabek). The respondents participated in this study were 109 adolescents. Moreover, the sampling technique was non-probability while the inclusion criteria involved 1) adolescents aged 15-22 years and 2) residing in Jabodetabek . The data were then collected by distributing questionnaires using Google form (g-form) to minimalize physical contact in pandemic era. The study instruments consisted of Mental

Health Inventory (MHI-18) and the Personal Self-Concept (PSC) Questionnaire. The data were analyzed using the IBM SPSS version 22.0 and the statistical analysis, including normality, linearity, and correlation tests prior to regression analysis to test the hypothesis. After analysis the data and test the hypothesis, the findings were discussed and summarized.

Mental Health Inventory (MHI-18) instrument by Veit and Ware (1983) consists of two aspects, including 1) psychological distress such as anxiety, depression, and behavior and emotional control (loss of behavioral/emotional control), and 2) psychological well-being, specifically the general positive affect and emotional ties. The Mental Health Inventory (MHI-18) instrument consists of 18 statements with a reliability value of 0.930 (Meybodi, Saeedi, Behjati, Noorbala, Dastbaravardec, & Enjedany, 2011). This instrument use a total score obtained by summing items and for the interpretation, the higher scores reflected the higher mental health of the participants.

The Personal Self-Concept (PSC) Questionnaire by Goni et al. (2011) consists of 4 aspects, specifically 1) self-fulfillment, 2) honesty, 3) independence, and 4) emotional self-concept. The total number of questions used were 18 items with a 5-point Likert scale for each item and answer choices from strongly disagree (STS) to strongly agree (SS). The Personal Self-Concept (PSC) Questionnaire has a reliability value of 0.83, which is considered good (Sekaran & Bougie, 2016).   The total score obtained by summing items and for the interpretation, the higher scores reflected the higher self-concept of the participants.

Normality test

The normality test was based on the Central Limit Theorem (CLT), which stated that the sample would approach normal if large. For example, a sample of more than 30 is close to a normal distribution (Islam, 2018). The total respondents used were 109 adolescents, hence the data were normally distributed.

Linearity Test

The linearity test was conducted to determine whether the two variables had a significant linear relationship. The data has a significant linear relationship in case the significance value is > (0.05) (Latipah, 2014). In conducting the linearity test, the IBM SPSS version 22.0 application was used. Table 1 shows the calculation result of the linearity test:

Table 1. Linearity Test Calculation Results

Variable	Sig Value	α	Interpretation
Self-concept Mental health	0,364	0,05	Linear

. The significance value of the self-concept variable on the mental health variable is 0.364, the significance value is > (0.05). This shows that there is a linear relationship between self-concept variables and mental health variables.

Correlation Test

The correlation test shows that the value of the correlation coefficient of self-concept and mental health variables is 0.644 with a significant value of 0.000. Therefore, the significance value (0.000) < (0.05), meaning that there is a positive relationship between self-concept and mental health. Table 2 shows the result of the calculation of the correlation test for self-concept and mental health variables

Table 2. Correlation test between self-concept and mental health of Indonesian adolescents

Variable	Sig. Value	α	Interpretation
Self-concept Mental health	0,000	0,05	Significant correlations

Results and Discussion

Result

Demographic Data of Respondents

The respondents in this study were 109 adolescents living in the Jabodetabek area . An overview of the sample demographic data is shown in table 1. There were more female respondents (81.7%, n = 89) than males (18.3%, n = 20). Furthermore, the average age of the respondents was 20 years, ranging between 15-22.

The distribution of respondents by area shows that most them came from Jakarta (69.7%, n = 76), followed by Bekasi (15.6%, n = 17), and Bogor (7.3%, n = 8).

Table 3. Respondents Demographic Characteristics (N=109)

Characteristics	N valid (%)
Gender	
- Female	89 (81.7%)
- Male	20 (18.3%)
Age	
- 15 – 17	12 (11%)
- 18 – 20	46 (42%)
- 21 – 23	51 (47%)
Area	
- Jakarta	76 (69.7%)
- Bekasi	17 (15.6%)
- Bogor	8 (7.3%)
- Tangerang	5 (4.6%)
- Depok	3 (2.8%)

Adolescents' mental health and self-concept

The results of descriptive data analysis of the mental health variables had a mean of 76,68. The categorical mean analysis showed that most of them were in good mental health (70.6%, n = 77). The results of the analysis of self-concept showed a mean of 48,74. The participants perceived themselves to have a positive self-concept (71.6%, n = 78). Table 2 shows a descriptive statistic of the two variables. From table 2, the mean, median and modus of both variables were suggested that the data were normally distributed. The results of the SD and variance of mental health and self-concept were found as follows: SD = 12.41; variance = 154,25 and SD = 7,03 and variance = 49,44. The score of mental health range from 41-109 with the range of the data is 68, while the score of self-concept range from 26-63 with the range of the data is 37.

Table 4. Descriptive Statistic of Adolescents' Mental Health and Self-concept

Statistic	Mental Health	Self-concept
Mean	76,68	48,74
Median	77,5	49
Modus	80	52
Standard Deviation	12,41	7,03
Variance	154,25	49,44
Range	68	37
Maximum Score	41	26
Minimum Score	109	63

Hypothesis testing

This study aimed to investigate the role of self-concept on adolescents' mental health during the covid-19 pandemic situation. The hypothesis was tested using a regression analysis test, specifically one predictor linear regression analysis. In general, regression analysis can only be conducted in case there is a relationship between variables. This is because the analysis can be continued by examining the causal relationship between the variables (Rangkuti & Wahyuni, 2017). The correlation test shows a significant relationship between self-concept and mental health. In this case, the regression analysis determines the causal relationship between variables. The IBM SPSS version 22.0 application was used to conduct the regression analysis test. Table 5 shows the results of hypothesis testing using regression analysis techniques.

Table 5. Overall Significance Test Results

Variable	F Obtained	F Table	p-value (Sig)	α value	Interpretation
Self-concept Mental health	75,797	3,93	0,000	0,05	Ho is rejected, Ha accepted

F table (n: 108, df: 1) = 3,93

Based on table 5, the calculated F value is 75.797, the F table value is 3.93, and the p-value is 0.000, while the calculated value is 0.05. This shows that the calculated F is greater than the F table while the p-value is smaller. Therefore, Ho is rejected, while Ha is accepted, meaning that there is a significant correlation between self-concept and mental health in adolescents.

Table 8: Model Summary the Contribution of Self-concept on Indonesian Adolescents Mental Health

R	R Square	Adjusted R Square
0,644	0,415	0,409

Since the value of R square is 0.415, the self-concept variable affects the mental health variable by 41.5%. Other factors outside the self-concept variable influence the remaining 58.5%. Furthermore, self-concept has a significant influence on mental health.

Table 9: Regression Equation

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig
	B	Std. Error	Beta		
(Constant)	20,593	6,480		3,193	0,002
Self-concept	1,146	0,132	0,644	8,706	0,000

Table 9 shows that the mental health constant is 20.593 while the self-concept variable regression coefficient is 1.146. Based on these data, the regression equation is as follows:

$$Y = a + bX$$

$$Y = 20.593 + 1.146X$$

$$Mental\ Health = 20,593 + 1,146\ Self\text{-}concept$$

The equation shows that the coefficient for self-concept is 1.146. The coefficient indicates that a 1-point increase in perceived self-concept (X) is expected to produce an increase of 1.146 points in mental health (Y). The intercept in this equation (a = 20.593) is the predicted Y score for a person scoring 0 on X. In this sample size (N = 109), self-concept (X) is a significant predictor of mental health (Y) ($p < .001$). This also indicates that the influence of self-concept on mental health is positive.

Discussion

The regression analysis shows that the null hypothesis is rejected (Ho) while the alternative hypothesis (Ha) is accepted, signifying the influence between self-concept and mental health in adolescents. The influence of self-concept on mental health is positive, meaning that the more positive the level of self-concept, the higher the mental health. Similarly, the more negative the self-concept of adolescents, the lower their mental health.

The categorization of self-concept scores showed that adolescents with negative and positive self-concepts were 31 and 78, respectively. The categorization of mental health scores showed that 32 and 77 adolescents had low and high mental health levels, respectively. Therefore, the highest score categorization of the self-concept variable is at a positive level, and the mental health variable is at a high level.

According to Calhoun and Acocella (cited in Yunistiati, Djalali, & Farid, 2014), individuals with a positive self-concept can understand, accept facts, have better self-evaluation, and can accept others and design goals, which corresponds to reality. Soeitoe (1982) stated that people with a healthy mentality are good at adapting themselves, show behavior that is not artificial, have self and environmental acceptance and have the ability to face and accept the realities of life. In case individuals have a positive self-concept, their mental health will be high.

The magnitude of the influence of self-concept on mental health is shown by the amount of R square value contained in the model summary table, which is 0.415. This means that self-concept contributes 41.5% to the

level of mental health in adolescents. Therefore, self-concept affects mental health by 41.5%, and other factors outside the self-concept variable possibly influence the remaining 58.5%.

The regression equation shows that in case the self-concept increases by one unit, mental health affects mental health by 1.146. This means that an increase in adolescent self-concept can predict their mental health level. The positive effect of self-concept on mental health is also in line with the correlation test. As shown by the Pearson correlation value of 0.644, there is a positive relationship between the two variables. Therefore, if the level of self-concept is positive, mental health is also high, and vice versa.

These results are in line with the Juncheng Zhu et. al.in 2016 entitled "The Relationship between Self-Concept and Mental Health among Chinese College Students: The Mediating Effect of Social Adjusting," which showed a significant relationship between self-concept and mental health. Self-concept directly impacts mental health, though it indirectly affects mental health through social adaptation, which includes mediating effects like inferiority, aggression, and paranoia. Additionally, this research is in line with Halder and Saha (2017) with the title "Self-Concept and Mental Health of the Higher Secondary Students in Alipurduar District," which showed a significant relationship between self-concept and students' mental health. These results are in line with previous studies, which showed that self-concept significantly affects mental health. The higher the level of self-concept, the higher the mental health, and vice versa.

This study shows the contribution of self-concept on increasing adolescents mental health during pandemic. However, the researchers acknowledge some limitations of this present study. First, the data collection, although appropriate methods for sampling have been employed, with convenience technique sampling, the participants only from those who decided to enroll in the study (self-selection bias) may provide biased input by responding to questions they believe are favorable to the researcher. The small sample size of this study has adequate number to test the hypothesis, however, the findings cannot be generalized outside the study participants. It is recommended that for future studies to obtain larger sample size to represent the population. Future studies could explore other factors that may contribute to adolescents' mental health such as: the role of the family and peers in education context

Conclusion

This study shows a significant relationship between self-concept and the mental health of adolescents. Increasing self-concept is then promoted to improve the level of their mental health. Consequently, adolescents possibly have a positive self-concept can recognize themselves deeply, acknowledge their shortcomings and strengths, and take all input from others as something that can build themselves for the better. This study implies the need for counseling about the importance of self-concept for adolescents. Moreover, awareness about the importance of maintaining mental health should be emphasized. Future studies should use different subjects, such as first-year students, elderly living in nursing homes, or people who work in the entertainment world.

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