

THE EFFECT OF SOCIAL SUPPORT, SELF-ESTEEM, AND SELF-CONTROL, ON ADOLESCENT RESILIENCE AT CHILD WELFARE INSTITUTION

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Abstract

The resilience of adolescents in orphanages or child social welfare institutions (LKSA) needs to be analyzed because, as children in a special protection group, understanding resilience in this group is important so that these children can continue to rise with their various difficulties. This study aims to analyze social support, self-esteem, and self-control as factors that affect the resilience of adolescents in LKSA. This research is a quantitative research with an explanatory study design. The sample selection method of this study is non-probability sampling with a purposive sampling technique in 3 selected LKSAs. The respondents involved in this study were 93 adolescents who live in LKSA dormitories, aged 12-18 years, and still have biological parents. The average index for social support is 65,71, self-esteem is 50,57, self-control is 50,37, and resilience is 63,26. There is a positive correlation between social support and adolescent resilience. There is also a positive correlation between self-esteem and self-control of adolescents in LKSA. Furthermore, it was found that social support has a direct and indirect effect on the resilience of adolescents in LKSA through self-esteem. Self-control also directly and indirectly affects adolescent resilience through the self-esteem variable.

Keywords: abandoned children, social support, self-esteem, self-control, resilience

PENGARUH DUKUNGAN SOSIAL, HARGA DIRI, DAN KONTROL DIRI TERHADAP RESILIENSI REMAJA DI LEMBAGA KESEJAHTERAAN SOSIAL ANAK

Abstrak

Resiliensi remaja di panti asuhan atau lembaga kesejahteraan sosial anak (LKSA) perlu dianalisis karena sebagai anak dalam kelompok perlindungan khusus, memahami resiliensi pada kelompok ini menjadi penting agar anak-anak tersebut bisa terus bangkit dengan berbagai kesulitan yang dimiliki. Penelitian ini bertujuan untuk menganalisis dukungan sosial, harga diri, dan kontrol diri sebagai faktor yang memengaruhi resiliensi remaja di LKSA. Penelitian ini yaitu penelitian kuantitatif dengan desain *explanatory study*. Metode penarikan contoh penelitian ini yaitu *non-probability sampling* dengan teknik *purposive sampling* di 3 LKSA terpilih. Responden yang terlibat dalam penelitian ini yaitu 93 remaja yang tinggal di asrama LKSA, berusia 12-18 tahun, serta masih memiliki orang tua kandung. Indeks rata-rata untuk dukungan sosial adalah 65,71, harga diri adalah 50,57, kontrol diri adalah 50,37, dan resiliensi adalah 63,26. Terdapat hubungan positif antara dukungan sosial dengan resiliensi remaja. Terdapat pula hubungan positif antara harga diri dengan kontrol diri remaja di LKSA. Selanjutnya ditemukan adanya pengaruh langsung dan tidak langsung antara dukungan sosial terhadap resiliensi remaja di LKSA melalui harga diri. Kontrol diri juga berpengaruh langsung dan tidak langsung terhadap resiliensi remaja melalui variabel harga diri.

Kata kunci: anak terlantar, dukungan sosial, harga diri, kontrol diri, resiliensi

INTRODUCTION

Adolescence is a stage of human development that plays a crucial role in self-development. According to Erik Erikson's Psychosocial Theory (Miller, 2011), adolescence is a stage of identity formation (identity vs. identity confusion). At this stage, the developmental challenge for adolescents is to test their ability to seek self-identity and there is a dilemma between being oneself or role confusion. Erikson suggests that peer groups greatly effect adolescent self-development. In line with this, Urie Bronfenbrenner in his theory about the Ecological Model of Child Development states that the environment closest to the individual (microsystem), such as home, daycare, playground, and workplace, can directly effect individual development through face-to-face interaction (Rosa & Tudge, 2013). Therefore, adolescent self-development is greatly effected by environmental conditions and the social support received. However, there are adolescents who do not receive full social support from their nuclear family during their development and some of them have to live in Child Social Welfare Institutions (LKSA).

Child Social Welfare Institutions, according to Social Department RI (2004), are business institutions responsible for fulfilling social welfare for neglected children by providing substitute parent services as an effort to create individuals who are active in the field of social development. LKSA in Permensos RI No.30 of 2011 is one of the national policies aimed at improving the quality of orphanage services. This standardization is an effort to encourage the transformation of the role of orphanages as the last resort in child care and a service center for children and their families. The main component in the LKSA policy is to fulfill aspects of children's rights in the form of basic needs, as well as social support in the form of care, protection, and child participation. Based on this definition, it is expected that LKSA as an institution that fulfills basic rights and social support can facilitate services for adolescents, especially in enhancing adolescent resilience, which is one of the efforts to develop personality.

Resilience, according to Zimmerman et al. (2013), is a conceptual framework based on strength that focuses on how protective factors help adolescents to reduce risk and the negative impact of unfavorable circumstances. The theory of resilience helps researchers and practitioners understand conceptual models that can help adolescents overcome difficulties and how one can use that knowledge to increase strength and build positive aspects of their life (Fergus & Zimmerman, 2005). According to Zimmerman et al. (2013), there are protective factors that support resilience, including ethnicity, social support, and involvement in social activities where these three aspects represent the effect of individuals, families, and communities. For adolescents living in LKSA, the effect of protective factors in the form of social support at the family level is expected to be fulfilled by the social welfare institution.

Social support is a multidimensional construct that refers to psychological and material resources available to individuals through interpersonal correlations (Rodriguez & Cohen, 1998). According to Sarafino in Purba (2007), social support consists of four aspects, namely emotional support or appreciation support, instrumental support, information support, and group support. Mulia et al. (2014) found that there is a positive correlation between peer social support and adolescent resilience in orphanages. Hadiningsih (2014) added that social support provides an effective contribution to adolescent resilience of 32,9%.

In addition to external protective factors such as social support, resilience is also effected by internal factors. Internal protective factors that effect resilience include spirituality, self-efficacy, optimism, self-awareness, empathy, self-esteem, and the desire to achieve goals (Missasi & Izzati, 2019). Therefore, this study involves self-esteem as one of the internal protective factors that effect resilience. A study by Naulha and Sundari (2021) found a positive correlation between social support and self-esteem with resilience during the pandemic. Self-esteem refers to a positive evaluation of oneself as a whole (Gecas, 1982). Self-esteem is included in the internal factors that are positively related to adolescent resilience. This is in line with the results of a study conducted by Lete et al. (2019) which suggests that there is a significant positive correlation between self-esteem and adolescent resilience in orphanages.

Another internal protective factor that is a variable in this study is the desire to achieve goals that exist in self-control. This refers to Baumeister (2007), where self-control is the capacity to change one's own responses in an effort to adjust oneself to support someone in achieving long-term goals. A study conducted by Gizir (2004) shows that there is a positive correlation between internal self-control and student academic resilience. In addition, an experimental study conducted by Morrison and Pidgeon (2017) shows that subjects who received determination strengthening training have much higher levels of resilience and self-control.

Based on these studies, it can be concluded that there is a correlation between independent variables in the form of social support, self-esteem, and self-control with resilience. However, there has not been a study that examines which variable has the most significant effect on adolescent resilience, especially adolescents who are in social welfare institutions. The importance of examining the resilience of adolescents living in LKSA

cannot be separated from the limitations of adolescents in getting moral and material support from the family. So, this research focuses on how the effect of social support, self-esteem, and self-control on the resilience of LKSA adolescents.

Research conducted by the Ministry of Social Affairs (Kemensos) together with UNICEF in 2006-2007 found the fact that 90 percent of children living in LKSA still have biological parents. This is because most of the reasons children live in LKSA are due to limitations in getting education, so LKSA functions more as an institution that provides access to education compared to alternative child care providers. Meanwhile, the improvement of child welfare in Bogor Regency seems to be an issue that is beginning to be considered by the community and the Bogor Regency government. This is evidenced by data from the West Java Social Service (2022) where in 2020 Bogor Regency has the most Social Welfare Institutions in West Java Province. In line with this, data from the Potential and Source of Social Welfare (PSKS) Bogor Regency Social Service (2021), shows that the number of Social Welfare Institutions in Bogor Regency has increased significantly in 2017-2020. In 2017 there were 190 Social Welfare Institutions and increased by 64.2 percent in 2020 to 312 institutions. Based on data from the West Java Provincial Social Service (2021), in 2020 there were 139 Child Social Welfare Institutions (LKSA) in Bogor Regency. This makes Bogor Regency the region with the second highest number of Child Social Welfare Institutions (LKSA) in West Java Province. However, despite the increase in the number of social welfare institutions in Bogor Regency, toddlers and neglected children in Bogor Regency tend not to decrease. Based on BPS data (2021), toddlers and neglected children in Bogor Regency numbered 7995 for two consecutive years, namely 2018 to 2019.

Even though there is a shift in the function of LKSA and supported by the development of LKSA in Bogor Regency, LKSA should still strive to create a positive environment as one of the microsystems that effect child development. This aims to ensure that the existence of LKSA not only provides access to formal education but can also improve the physical and psychological welfare of children. One factor that can predict psychological well-being is resilience (Vinayak & Judge, 2018). The resilience of adolescents cared for at the Child Social Welfare Institution is important to study because resilience can guide the development of prevention programs designed to increase protective factors that help adolescents overcome the damaging consequences of risk (Zimmerman et al., 2013). Moreover, according to Erik Erikson, adolescents who have not successfully passed the crisis of finding self-identity can cause adolescents to isolate themselves from friends and family or be easily effectd by the environment because they do not have a stable identity (Santrock, 2007).

One of the objectives of the Child Social Welfare Institution (LKSA) is to create a generation that is active in development. Therefore, LKSA needs to meet the physical and psychological needs of adolescents, one of which is through social support. Schwarzer et al. (2004) revealed that social support such as emotional support and instrumental support affects health. In addition to social support, this study also analyzes individual internal protective factors that effect resilience, namely self-esteem and self-control. The self-esteem of adolescents, especially those living in LKSA, needs to be analyzed because good self-esteem has a positive impact on individuals and their environment. Meanwhile, low self-esteem tends to have a negative impact on the development of individual potential (Ghufron & Susilo, 2017). The same is true for self-esteem, good self-control can be used as a way to prevent unfavorable conditions and also reduce the negative psychological effects of the environment (Ghufron & Susilo, 2017).

Based on the background and formulation of the problem that has been compiled, this study has the following specific objectives: 1) Identify the characteristics of children, social support, self-esteem, self-control, and adolescent resilience at the Child Social Welfare Institution in Bogor Regency; 2) Analyze the correlation between child characteristics, social support, self-esteem, self-control, and adolescent resilience at the Child Social Welfare Institution in Bogor Regency; 3) Analyze the effect of social support, self-esteem, and self-control on adolescent resilience at the Child Social Welfare Institution in Bogor Regency.

METHOD

The design of this research is a quantitative study with an explanatory study design through a survey method. Data collection was carried out at selected Child Social Welfare Institutions (LKSA) in Bogor Regency in March-April 2022. Bogor Regency was chosen because it has the second highest number of LKSA in West Java Province with 139 LKSA (West Java Social Service, 2021). This research includes preparation, data collection, data processing, data analysis, and preparation of research report.

The population of this study is adolescents living in the Child Social Welfare Institution (LKSA) in Bogor Regency. The sample in this study is 93 adolescents, both male and female, aged 12-18 years, living/cared for in selected LKSA in Bogor Regency, and still have biological parents (complete parents/orphans). The

method of sample withdrawal is non-probability sampling and the sample collection technique is done by purposive sampling. Primary data collection in this study was carried out directly (offline) while still paying attention to applicable health protocols. Primary data is obtained using a questionnaire filled in with self-reporting techniques (self-administered). Primary data contained in the questionnaire includes adolescent characteristics, parent characteristics, social support measurement (parental social support, relative social support, non-relative adult social support, sibling social support, and peer social support), self-esteem measurement, self-control measurement, and adolescent resilience measurement.

The instrument for measuring the social support variable uses the Social Support Questionnaire for Children (SSQC) instrument developed by Gordon-Hollingsworth et.al (2016). The social support instrument has a Cronbach's alpha of 0,934. Furthermore, the self-esteem measurement instrument in this study is The State Self-Esteem Scale (SSES) developed by Heatherton and Polivy (1991) with a Cronbach's alpha of 0,640. The self-control measurement instrument in this study is The Self-Control Scale (SCS) developed by Tangney et.al (2004) with a Cronbach's alpha of 0,605. The resilience measurement instrument used in this study is The Connor-Davidson Resilience Scale (CD-RISC) developed by Connor and Davidson (2003). The resilience instrument has a Cronbach's alpha of 0,864.

Data obtained through the questionnaire is then inputted and processed through Microsoft Office Excel software. Data is processed through the process of editing, coding, scoring, entry, cleaning, and analyzing. Data analysis in this study uses descriptive and inferential analysis. Descriptive data analysis includes adolescent characteristics, social support, resilience, self-esteem, and self-control by analyzing mean values, standard deviations, frequencies, minimum values, and maximum values. Inferential analysis is carried out for the purpose of correlation tests and multiple linear regression tests. The correlation test aims to analyze the correlation between adolescent characteristics, social support, self-esteem, self-control, and the resilience of adolescents living in LKSA using the Statistical Package for Social Science (SPSS) application. Meanwhile, the multiple linear regression test conducted aims to analyze the effect of social support, self-esteem, and self-control on the resilience of adolescents living in LKSA using the SMART PLS 3 for Student Version application.

RESULTS

Adolescent Characteristics

This study involves 93 adolescents who reside in the dormitory of the Child Social Welfare Institution (LKSA) and are spread across the age range of 12 to 18 years. The respondents are distributed across three different institutions, with the majority found at the Arsyada Orphanage. The results of the study show that 73,1 percent of respondents are female, while 29,9 percent are male. The average age of respondents in this study is 14,16 years, with the majority being in the 1st grade of junior high school/equivalent, amounting to 45,2 percent. In terms of parental presence, 58,1 percent of respondents still have both biological parents (father and mother), 36,6 percent only have a biological mother (orphan), and 5,3 percent only have a biological father (fatherless).

Parent Characteristics

The characteristics of biological parents in this study include age, level of education, occupation, and income. The age of biological parents is grouped into three categories: early adulthood (18-40 years), middle adulthood (41-60 years), and late adulthood (>60 years) (Hurlock, 1980). In this study, there are adolescents who do not know the characteristics of their biological parents. Based on the results of the study, 49,5 percent of adolescents know the age of their father, and 78,5 percent of adolescents know the age of their mother. The most common age group for fathers and mothers is middle adulthood, amounting to 35,5 percent for the father's age and 38,7 percent for the mother's age. In addition, 48,5 percent of adolescents know the last level of education of their father, and 72,1 percent of adolescents know the last level of education of their mother. The highest level of education for most fathers is at the elementary and junior high school level, amounting to 17,2 percent, while the highest level of education for most mothers is at the junior high school level, amounting to 25,8 percent. Adolescents who know their father's job amount to 57,3 percent, and adolescents who know their mother's job amount to 91,6 percent. The most common job for fathers is self-employed (23,7%) with the most income being ≤IDR1.000.000 (9,7%). Meanwhile, the most common job for mothers is a housewife (55,9%) with the most mother's income being ≤IDR1.000.000 (11,8%).

Social Support

Social support refers to the process of individuals managing psychological and material resources available through social networks to enhance their ability to cope with stressful events, meet social needs, and achieve goals. The social support studied in this research is the social support obtained by adolescents from biological parents, foster parents/guardians, teachers, close friends in the LKSA environment, and peers outside the LKSA environment.

Table 1 Distribution of respondents based on social support categories

Category	Biological parents	Foster parents	Teachers	Peers in LKSA	Peers outside LKSA
Low (<60,00)	10,8%	35,5%	46,2%	58,1%	55,9%
Medium (60,01-80,00)	23,7%	31,2%	30,1%	26,9%	28,9%
High (>80,01)	65,6%	33,3%	23,7%	15,1%	16,1%
Min-Max	0-100	16,67-100	16,67-100	0-100	0-100
Average \pm STD	81,72 \pm 18,12	68,60 \pm 20,81	64,15 \pm 20,73	58,10 \pm 22,59	56,02 \pm 25,57

Based on Table 1, it is known that the number of high category social supports with the largest proportion is the social support received from biological parents, while the number of high category social supports with the smallest proportion is the social support received by adolescents from close friends in LKSA. Furthermore, the highest average index of social support dimensions is obtained by adolescents from biological parents (81,75), while the lowest average index of social support dimensions is obtained by adolescents from peers outside the LKSA environment (56,02).

Self-Esteem

Self-esteem is a positive or negative individual assessment of oneself that can be effected by his correlation with others (Rosenberg et al 1995, Ghufron and Susilo 2017). The self-esteem dimension in this study is divided into three, namely performance self-esteem, social self-esteem, and physical self-esteem. Based on the results of the study in Table 2, it is known that most adolescents living in child social welfare institutions have low self-esteem (81,7%). The minimum index value is 23,22 and the maximum index value is 85,00 with an average index score of the self-esteem variable of 50,57.

Self-Control

Self-control refers to the capacity to change one's own responses in an effort to adjust oneself to standards such as ideals, values, morals, and social expectations, as well as to support someone in achieving long-term goals. Based on the results of the study in Table 2, it is known that no adolescents have high category self-control. Meanwhile, most adolescents have low category self-control (80,6%). The minimum index value is 17,93 and the maximum index value is 76,92 with an average index score of the self-control variable of 50,37.

Resilience

Resilience is a general ability that allows an individual or group of people to prevent, reduce, or overcome the negative impact of unfavorable conditions. Based on the results of the study in Table 2, it is known that adolescent resilience is in the low category (45,2%) and medium (44,1%). Meanwhile, only 10,8 percent of adolescents have high category resilience. The minimum index value is 38,67 and the maximum index value is 96,00 with an average index score of the resilience variable of 63,26.

Table 2 Distribution of respondents based on category, minimum value, maximum value, average, and standard deviation of self-esteem, self-control, and resilience.

Variable	Category						Min-Max	Average \pm STD
	Low (<60)		Medium (60-80)		Low (<60)			
	n	%	n	%	n	%		
Self-esteem	76	81,7	16	17,2	1	1,1	23,33-85,00	50,57 \pm 11,43
Self-control	75	80,6	18	19,4	0	0	17,93-76,92	50,37 \pm 12,05
Resilience	42	45,2	41	44,1	10	10,8	38,67-96,00	63,26 \pm 14,22

Notes: n= number of respondent; % = percentage; min-mx = minimum to maximum; SD= standard deviation

Correlation between Adolescent Characteristics, Social Support, Self Esteem, Self Control, and Adolescent Resilience in Child Social Welfare Institutions (LKSA)

Based on the results of the correlation test of adolescent characteristics, social support (biological parents, foster parents, teachers, close friends in LKSA, and friends outside LKSA), self-esteem, and self-control with resilience, it shows that most of the social support received by adolescents is positively and significantly related to adolescent resilience. Social support received by adolescents from foster parents is positively and significantly related to resilience ($r=0,259$; $p<0,05$). Social support received by adolescents from teachers is positively and significantly related to resilience ($r=0,322$; $p<0,01$). Social support from close friends in the LKSA environment is positively related to resilience ($r=0,332$; $p<0,01$). In addition, social support from friends outside the LKSA environment is also positively related to resilience ($r=0,507$; $p<0,01$). This indicates that the higher the social support received by adolescents from foster parents, teachers, close friends in the LKSA environment, and close friends outside the LKSA environment, the higher the resilience of adolescents living in the dormitory of child social welfare institutions. In addition, there is a positive and significant correlation between self-control and self-esteem ($r=0,469$; $p<0,01$). This means that the higher the self-control of adolescents, the higher the self-esteem of adolescents.

The Effect of Social Support, Self-Esteem, and Self-Control on Adolescent Resilience in Child Social Welfare Institutions (LKSA)

The test of the effect of social support, self-esteem, and self-control on adolescent resilience in child social welfare institutions is further tested using a model in SEM-PLS. The model is created by arranging indicators for each variable according to the framework of thought. Before conducting the effect test, there is an evaluation of the outer model measurement through the loading factor, the average variance extracted (AVE) value, Cronbach's alpha, and the composite reliability value. The loading factor is used to determine convergent validity with the condition of the value $>0,5$. The Average Variance Extracted (AVE) is used to determine discriminant validity with the condition of the value $>0,5$. In addition, composite reliability is used to determine reliability with the condition $>0,7$, and the Cronbach's alpha value $>0,6$. Table 3 shows that the variables of social support, self-esteem, self-control, and resilience have met the criteria with an AVE value $>0,5$. The composite reliability value is $>0,7$, and the Cronbach's alpha value is $>0,6$.

Table 3 The Average Variance Extracted, Composite Reliability, Cronbach's Alpha values of the variables social support, self-esteem, self-control, and resilience.

Variable	AVE	Composite Reliability	Cronbach Alpha	R-Square
Social support	0,596	0,922	0,903	-
Self-esteem	0,837	0,837	0,741	0,215
Self-control	1,000	1,000	1,000	0,039
Resilience	0,567	0,797	0,627	0,367

Next, to determine the contribution of the independent variable (x) to the dependent variable (y), an analysis of the goodness of fit (GoF) is carried out using the r^2 value. The goodness of fit in this study is measured through the following equation:

$$\begin{aligned}
 Q^2 &= 1-(1-R_1^2)(1-R_2^2)(1-R_3^3) \\
 &= 1-(1-0,215)(1-0,039)(1-0,367) \\
 &= 0,522
 \end{aligned}$$

Based on the calculations above, a Q^2 value of 0,522 is obtained. Therefore, it can be concluded that the independent variables (social support, self-esteem, and self-control) can explain 52,2 percent of adolescent resilience in child social welfare institutions, while the other 47,8 percent is effected by other variables not explained in the model. The higher the GoF value, the better the model being analyzed.

Table 4 The value of outer loading of the empirical model analysis of social support, self-esteem, self-control, and resilience of adolescent in the child social welfare institution

Variable	Outer loading
DST1 <- social support of peers outside LKSA	0,741
DST2 <- social support of peers outside LKSA	0,722
DST3 <- social support of peers outside LKSA	0,748
DST4 <- social support of peers outside LKSA	0,801
DST5 <- social support of peers outside LKSA	0,811
DST6 <- social support of peers outside LKSA	0,825
DST7 <- social support of peers outside LKSA	0,723

Table 4 The value of outer loading of the empirical model analysis of social support, self-esteem, self-control, and resilience of adolescent in the child social welfare institution (continue)

Variable	Outer loading
DST8 <- social support of peers outside LKSA	0,800
HD1 <- self-esteem	0,757
HD3 <- self-esteem	0,751
HD6 <- self-esteem	0,846
HD12 <- self-esteem	0,634
KD8 <- self-control	1,000
RES11 <- resilience	0,751
RES12 <- resilience	0,697
RES22 <- resilience	0,807

Indicators that do not meet the requirements (loading factor $<0,5$) are eliminated in the model so that there are 16 indicators that describe the variable. The dimension of social support included in the model analysis is the dimension of peer social support outside the LKSA environment, with the following indicator descriptions "a friend comforts me when I'm angry" (DST1); "I have a friend I can rely on" (DST2); "a friend gives me good advice" (DST3); "a peer friend cares about me and makes me feel wanted" (DST4); "a friend accepts me as I am" (DST5); "a friend supports my decisions" (DST6); "a friend encourages me to be better" (DST7); and "I have a friend who understands me" (DST8).

Meanwhile, the self-esteem indicator included in the model consists of three dimensions. The first dimension is performance self-esteem with an indicator where respondents feel confident in their abilities (HD1). As for the physical self-esteem dimension, where respondents are satisfied with their body appearance (HD3); and respondents are happy with their appearance (HD6). And the social self-esteem dimension, where respondents feel others respect and admire them (HD12).

The indicator for the self-control variable consists of one dimension, namely the interpersonal correlation dimension where there is a statement that others say the respondent has strong self-discipline (HD8). The resilience variable indicator included in the model consists of the self-competence dimension, high standards, and tenacity where the statement that respondents can achieve goals (RES11). As for the instinct dimension, tolerance to negative effects, and stress strengthening where respondents do not give up when everything is hopeless (RES12). And the control dimension, where respondents feel able to control their own lives (RES22).

Table 5 Results of the empirical model fit test on the effect of social support, self-esteem, and self-control on resilience

Goodness of Fit	Category	Result
Goodness of Fit (GoF)	$0,80 < GFI < 0,90$	0,522
Standardized Root Mean Square Residual (SRMR)	$SRMR < 0,5$	0,095
Normed Fit Index (NFI)	$0,80 < NFI < 0,90$	0,623
Rms Theta	The closer to 0, the better	0,172

Table 5 shows the model fit analysis based on Goodness of Fit (GFI), Standardized Root Mean Square Residual (SRMR), and Normed Fit Index (NFI). The results show that the SRMR value is in accordance with the model fit cut off ($<0,5$). However, the model reviewed from the degree of fit is not optimal because the GoF and NFI values are outside the model fit cut off. The SEM-PLS model in the study can be seen in Table 6. Based on the figure, all independent variables (social support, self-esteem, and self-control) significantly effect resilience. Furthermore, the variable that most effects resilience is the self-esteem variable with a value of $\beta=0,385$ ($t>1,96$).

Table 6 Results of the effect decomposition on the direct and indirect effect model

Variable	Direct Effect	Indirect Effect	Total Effect
Self-control			
Social support	0,223*	-	0,223*
Self-esteem			
Social support	0,270*	0,076	0,347*
Self-control	0,343*	-	0,343*
Resilience			

Table 6 Results of the effect decomposition on the direct and indirect effect model (continue)

Variable	Direct Effect	Indirect Effect	Total Effect
Social support	0,213*	0,182*	0,395*
Self-esteem	0,385*	-	0,385*
Self-control	0,219*	0,132*	0,351*

Note: *) significant at $t > 1,96$

Table 6 is the result of the effect decomposition showing direct and indirect effects on the model. Based on Table 7, it is known that self-control is directly and significantly effected by social support ($\beta=0,223$; $t>1,96$). Self-esteem is directly and significantly effected by social support ($\beta=0,270$; $t>1,96$) and self-control ($\beta=0,343$; $t>1,96$). Resilience is directly effected by social support ($\beta=0,213$; $t>1,96$), self-esteem ($\beta=0,385$; $t>1,96$), and self-control ($\beta=0,219$; $t>1,96$). Specifically, there is an indirect effect between the social support variable on adolescent resilience through the self-esteem variable ($\beta=0,182$; $t>1,96$) and an indirect effect between self-control on resilience through the self-esteem variable ($\beta=0,132$; $t>1,96$).

DISCUSSION

Adolescent development is characterized by the interaction between genetic, biological, environmental, and social factors (Santrock, 2012). G Stanley (1904) in Santrock (2012) argues that adolescence is in the "storm-and-stress" stage, a condition where adolescents experience turmoil due to conflict and mood changes. This stage of development indicates the need for a study on psychological well-being for adolescents. One factor that can predict psychological well-being is resilience (Vinayak & Judge, 2018). Resilience is the ability to adapt well when facing difficulties, trauma, tragedy, threats, and significant sources of stress. Based on the research results, adolescent resilience in child social welfare institutions is in the low (45,2%) and medium (44,1%) categories. There are external and internal factors related to resilience. Social support is an external factor needed to increase adolescent resilience (Missasi & Izzati, 2019). The dimensions of social support measured in this study are social support that comes from biological parents, foster parents, teachers, peers in the LKSA environment, and peers outside the LKSA environment. The highest social support received by adolescents is social support from biological parents (65,6%) and social support from foster parents (33,3%). High social support from foster parents is needed by adolescents because foster parents can directly provide empathy, care, positive responses, attention, and encouragement to adolescents well (Muliawiharto & Masykur, 2020).

Meanwhile, this study tests whether self-factors such as self-esteem and self-control can affect resilience. Self-esteem is a comprehensive self-evaluation (Santrock, 2012). High self-esteem is an important thing that indicates well-being (Kaplan in Santrock, 2012). Most of the self-esteem of adolescents in child social welfare institutions is in the low category (81,7%). The low self-esteem of adolescents reflects that adolescents have low self-esteem for their abilities, self-acceptance in the environment, and their physical condition (Heatherton & Polivy, 1991). Along with that, most of the self-control of adolescents in child social welfare institutions is also in the low category (80,6%). Low self-control identifies that adolescents are unable to control themselves in completing tasks, controlling impulsive behavior, adjusting to the environment, realizing what is done, building correlations with others, and regulating emotions and a sense of responsibility (Tangney et al., 2004).

The interaction of adolescents living in LKSA with biological parents is certainly different from adolescents in general. Therefore, there needs to be a good role of social support from foster parents to meet the affection needs of adolescents. Based on the results of the correlation test, social support received by adolescents from foster parents is positively and significantly related to resilience ($r=0,259$; $p<0,05$), meaning the higher the social support of foster parents, the more it will increase adolescent resilience. This is in line with the research conducted by Muliawiharto and Masykur (2020), where there is a positive and significant correlation between emotional social support provided by caregivers with adolescent resilience. Furthermore, it was found that social support received by adolescents from teachers is positively and significantly related to resilience ($r=0,322$; $p<0,01$). Social support provided by teachers in an effort to increase adolescent resilience can be in the form of information services, group guidance services, and counseling services (Rosada et al., 2018). The higher the positive expectations of teachers for adolescent abilities, the more it will increase adolescent resilience (Sabila & Aulia, 2019).

In early adolescence, adolescents usually choose to have close and intense friends compared to previous ages (Santrock, 2012). This is because during adolescence, friends become very important in meeting adolescent social needs (Sullivan in Santrock, 2012). In line with this, this study found a positive correlation between social support from close friends in the LKSA environment with resilience ($r=0,332$; $p<0,01$). Social support

from friends outside the LKSA environment also has a positive correlation with resilience ($r=0,507$; $p<0,01$). This finding is supported by previous research where there is a positive correlation between peer social support and resilience (Mulia et al., 2014). Based on the results of the correlation test, it was found that most of the social support received by adolescents is positively and significantly related to adolescent resilience. This means that the higher the social support received by adolescents from foster parents, teachers, close friends in the LKSA environment, and close friends outside the LKSA environment, the higher the resilience of adolescents living in the dormitory of child social welfare institutions. This research result is supported by previous research, where social support together with self-efficacy affects resilience (Sari and Ayu, 2017).

In addition, there is a positive and significant correlation between self-control and self-esteem ($r=0,469$; $p<0,01$). This means that the higher the self-control of adolescents, the higher the self-esteem of adolescents. In line with these findings, Tangney et al., (2004) stated that self-control correlates with self-esteem stability. In the self-control variable, there is a task performance dimension that is related to performance self-esteem as one component of self-esteem (Tangney et al., 2004). Meanwhile, no correlation was found between adolescent characteristics, social support from biological parents, self-esteem, and self-control towards adolescent resilience in child social welfare institutions.

The results of the regression test show that peer social support has a direct and significant effect on self-esteem, self-control, and resilience. This finding is in line with previous research where there is an effect between social support and self-esteem in adolescents (Adnan et al., 2016). In addition, an experimental study conducted by Morrison and Pidgeon (2017) shows that subjects who receive social support have much higher levels of self-control and resilience. Adolescents who receive positive peer social support have a 2,723 times greater increase in resilience compared to adolescents who receive negative social support. Research conducted by Rachman et al. (2020) found that peer interaction has a positive effect on resilience. There is an indirect and significant effect between peer social support on resilience through self-esteem. These results are in line with research conducted by Alfina and Dewi (2017) where there is a significant effect between social support and self-esteem on resilience in students.

In addition to social support, resilience is also directly and significantly affected by self-esteem ($\beta=0,385$; $t>1,96$). This finding is supported by previous research where self-esteem directly contributes to resilience in high school and college students (Alfina & Dewi, 2017; Aza et al., 2019). Furthermore, a direct and significant effect was found between self-control on self-esteem and resilience. Research conducted by Gizir (2004) shows that there is a positive correlation between internal self-control and student academic resilience. There is an indirect effect between self-control on resilience through self-esteem. Overall, the correlation test found that social support, self-esteem, and self-control affect adolescent resilience in child social welfare institutions with a goodness of fit value of 0,522. This means that social support, self-esteem, and self-control together can affect resilience by 52,2%. The limitation of this study is that the research results cannot be generalized because the sampling technique is done by non-probability sampling. Most of the indicators in the social support, self-esteem, self-control, and resilience variables are eliminated in the model so that not all indicators in the model represent the dimensions in the variable. The variables of social support, self-esteem, and self-control have not fully described the factors that affect resilience. Therefore, further research is needed to determine other variables that can affect adolescent resilience in child social welfare institutions.

CONCLUSIONS AND SUGGESTIONS

This study consists of 93 respondents who live in three different LKSAs. Overall, the respondents in this study are on average 14,16 years old, with the most respondents being in the 1st grade of junior high school/MTs/Equivalent. The majority of respondents still have biological parents, both father and mother (58,1%). The highest social support received by adolescents in LKSA is social support from biological parents. Most adolescents in LKSA have low self-esteem and self-control. Meanwhile, adolescent resilience in LKSA is also in the low and medium categories. There is a positive correlation between social support and adolescent resilience. There is also a positive correlation between self-esteem and self-control in LKSA adolescents. However, no correlation was found between adolescent characteristics, self-esteem, and self-control with adolescent resilience in LKSA. Social support also directly affects self-esteem, self-control, and adolescent resilience in LKSA. Furthermore, an indirect effect was found between social support on adolescent resilience in LKSA through self-esteem. Self-control also directly and indirectly affects adolescent resilience through the self-esteem variable.

Based on the research results, the highest social support for adolescents in LKSA comes from biological parents. Therefore, for alternative care institutions, especially child social welfare institutions, there needs to be coordination and continued involvement of biological parents in meeting the social support needed by adolescents. Alternative care institution providers also need to hold programs that aim to increase self-esteem

and self-control of adolescents in LKSA. These programs can be based on improving the dimensions of self-esteem and self-control that can build adolescent resilience. Examples of programs can be providing emotional support, providing self-improvement training, helping adolescents to continue to excel by providing supporting facilities, and forming a positive physical and social environment in LKSA. Furthermore, based on the results of the model matching, there is social support that most effects resilience, namely social support from peers outside the LKSA environment. Therefore, it is suggested for the community to continue to provide support in the form of positive social acceptance for adolescents who live in LKSA. In addition, for further research, improvements in methods and development of research variables are needed to better describe the factors that effect resilience in adolescents in child social welfare institutions.

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