

Effectiveness of the Mentoring Process on the Orphanage Stripling Life Welfare

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ABSTRACT

Adolescents in the process of developing into adults need adults to answer questions that arise in themselves. The right adults are parents. Teenagers who live in orphanages without parents. The institution supervisor acts as a substitute for parents. This role needs to be done routinely like every semester using a mentoring book for every teenager. This study aims to determine the effect of the mentoring process on the welfare of orphanage adolescent. The study used a pre-experimental design method, one group pre-test-posttest design. Samples were taken at 3 orphanages with saturated sample techniques. Total sample is 57 adolescents. The research instrument is standard, measuring the welfare of life (GWB=General Well-Being). Post test is conducted 1 (one) month after the assistance process. Analysis using statistical descrip-

tions, T-tests and linear regression. The T-test/different test found that 3 (three) aspects of adolescent welfare were significantly increased after mentoring namely self control, vitality, and physical health. Welfare aspects such as positive attitude, anxiety, depression are not affected. The process of assisting adolescent orphans affects the ability to control themselves, vitality and physical health. Self-control, vitality and physical health are characteristics of a teenager and the purpose of service in an orphanage.

Keywords: Teenagers; Self control; Vitality; Physical health; Mentoring process

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INTRODUCTION

Teenagers are the next generation of the nation. The President of Indonesia, Joko Widodo, in the second period of his political will focus the nation's development on HR (Human Resources). Teenagers are one of the targets of increasing human resources. The policy direction for the 2015-2019 National Medium Term Development Plan (RPJMN) in the health sector firstly mentioned about the Acceleration of Fulfillment of Access to Quality Health Services for Women, Youth and Aging. Teenagers, both women and men, living with family, in a dormitory or orphanages should receive equal treatment by the government. Teenagers who live in orphanages, both managed by the government and the private sector, have their own challenges. There are various reasons a person lives in an orphanage, such as for not being taken care by parents, being abandoned, parents dying or passed away, divorcing or other reasons. Life in an orphanage is life in a community or group, which tends to see people as a group, not as unique individuals.

During the period of growth, a teenager changes from adolescence to adulthood. These changes occur in physical, psychological, social and spiritual aspects (Stantrock JW, 2007). In the physical aspect, a teenager experiences changes in his body, especially in the reproductive and hormonal system. In psychological development, adolescents experience changes in ways of thinking (cognitive), analytical skills, decision making and attitudes. Beside that, in social development, it appears in the way of socializing, manners and daily interactions with others. For their spiritual changes, in line with cognitive changes in adolescents, appear in a prayer life or relationship with God that is usually associated with religious practices.

In adolescence, there is a change from adolescence to adulthood. Teenagers will show a protest attitude towards parents, teachers. Teenagers also have their own ideal figures who are used as figures. Emotional changes occur related to hormonal changes in the body, requiring adolescents to be able to control

and control behavior. Adolescents tend to be moody, unpredictable, rude behavior to cover the shortcomings of lack of confidence. The ability to think abstractly and analyze, see various perspectives, multidimensional makes adolescents more sensitive and understand things that are relative. Psychosocially, adolescents begin to recognize self-identity, understand that they are unique personalities, understand their characteristics, have goals and desires to be achieved as shown by an adult. This situation is difficult to show for adolescents who live in orphanages, because the rules of living together control them (BKKBN, 2010).

This transition period requires the guidance and assistance of parents, or other adults who live with teenagers. Lack of assistance results in adolescents being in a situation of finding out and trying continuously, without definitive answers. This state of search causes anxiety and conflict in adolescents, for a long time disrupting their well-being. This unstable behavior results in adolescents learning positive or negative behaviors. If many negative behaviors are adopted, adolescents become adults who behave badly. If many positive behaviors are adopted, adolescents develop into well-behaved adults (Sarwono SW, 2010).

Teenagers who live in orphanages are a special group. The welfare of life highlighted in this study includes anxiety, depression, positive attitude, self-control, vitality, and general health (McDowell I, 2006). Assistance is carried out by the management of the orphanage. The administrators in the mentoring process use mentoring books prepared by researchers. Each teenager is accompanied individually. The managers must interview teenagers and fill in books. The book contains activities related to physical, psychological / mental, social and spiritual health. The manager prepares enough time to answer the youth questions that arise when the mentoring process occurs. The juvenile will feel cared for, understood, loved, supported, listened to, helped, praised, proud of themselves, educated as

needed. All of this will improve the coping mechanism and welfare of adolescents (Gero S and Nugroho FC, 2018).

This study aims to answer the question "do adolescents who live in orphanages get a welfare of life, which guarantees that they can become adults who are able to adapt to everyone?"

THEORY AND METHODS

Theory

Adolescence is a transition from adolescence to adulthood. There are various categories of teens. According to Setyoso, adolescents are divided into several age groups, namely early adolescents, ages 12-15 years; mid-teens aged 15-18 years and late teens aged 18-21 years. Human life according to WHO in Sinatra, 2015, is divided into 5 age groups. first, 0-17 years old adolescents, 18-65 years which are included in the youth category, 66-79 years are categorized as middle-aged adolescents, 80-99 years are the old people, and 100 years and older, long-lived aged people. In the Republic of Indonesia's Minister of Health Regulation on Adolescent health efforts (Permenkes 25/2014), adolescents are residents in the age of 10-18 years. In this study the adolescent category was taken according to Setyoso and Permenkes 25 of 2014, 10-21 years. Classified as teenagers, adolescents still need parental guidance.

Teenagers who live in orphanages lose parental care. Adolescent orphanages are now referred to as social institutions for neglected teenagers. Adolescent social building, is also a shelter for teenagers who drop out of school to make young adults independent and productive. Adolescent social development institutions take care of neglected teenagers. Neglected adolescents are adolescents aged 5 to 18 years who are left poor, sick by their parents/guardians, one of them dies, the family is not harmonious and there are no caregivers, so the basic needs of adolescents are not fulfilled, biologically, psychologically, socially and spiritually. Such adolescents do not get parental rights that should be obtained, but in adolescent homes learn to develop their own potential according to their individual needs (Windyartini SA, 2008).

Living together in large groups, people from various social, cultural and ethnic backgrounds, but the same fate in life experiences, is a hallmark of life in an orphanage. The condition of each orphanage is different according to the facilities and infrastructure as well as the ownership of the orphanage. There are homes with very poor conditions, some live according to a healthy standard of living. It can be said, the feasibility of living in an orphanage, affects the welfare of every orphan teenager.

According to the Regulation of the Minister of Social Affairs of the Republic of Indonesia number 9 of 2018 regarding Basic Service Technical Standards on Minimum Service Standards in the Social Sector in Provincial Regions and District/City Regions, said that social institutions are service institutions/units that carry out social rehabilitation for one type of target to restore and develop the ability of someone who is experiencing social dysfunction in order to carry out his social functions properly. The purpose of social rehabilitation measures is the process of re-functionalization and development to enable a person to be able to carry out his social functions appropriately in people's lives. Being forlorn is the condition of someone who is not fulfilled his basic needs, is not maintained, not cared for and neglected.

In article number 12 Permensos, it is mentioned that the services that must be provided to neglected adolescents in a social home are basic needs. These basic needs consist of care, food, clothing, easily accessible dormitories, medical supplies, physical, mental and social guidance, daily life skills guidance, birth certificate making, residence identification numbers and youth identity cards, access to education services and basic health, family tracking services, family reunification services and/

or access to care services for replacement families.

Psychological well-being is a status of one's psychological balance in developing positive traits to become a better human being. Psychological well-being is a concept that seeks to explain the positive psychological functioning. Psychological well-being is the condition of a prosperous individual by filling his life with meaningful things, aiming that he can serve optimally and have a positive assessment of his life. Psychological well-being status is the basis of maintaining and taking care of one's mental health (McDowell I, 2006).

In this study, the psychological well-being of adolescents was measured using indicators of anxiety, depression, general health, self-control, vitality and positive attitude as measured using the GWB (General Well-Being) instrument by Dupuy HJ. Anxious is meant someone feels insecure, scared and worried. Anxiety includes nervous, stress and tension, confused and twitchy. Depression is meant if someone experiences a decreased emotion, sad and always depressed. Generally healthy if someone lives physically, mentally, spiritually and socially and also allows him to live productively socially and economically. Self-control is someone who is able to deal with feelings of turmoil, anger or acts of violence when facing an aggressive situation that attacks him. Vitality is the ability to survive or have a high vitality. Being positive is useful for easing negative emotions, so that someone can live a cheerful life (McDowell I, 2006).

Method

This research used a quantitative approach, with the method of pre-experimental design and one-group pretest-posttest design (one group pretest-post test). This method has one group that is given treatment (treatment), but previously given a pre-test with the same questionnaire and accompanying books. After mentoring for 1 (one) month, researchers conducted a post-test. This study was conducted to answer the research question "what is the process of assisting adolescents living in orphanages towards the welfare of adolescents' lives in the city of Kupang?".

The population of this study included 610 adolescents in 14 orphanages (BPS, 31 January 2018) in the city of Kupang. Samples were adolescents aged 10-17 years. Researcher settled saturated sample techniques that is all adolescents encountered during the study. The number of samples (n) from the three private orphanages owned by religious is 57 youth. The hypothesis raised in this study is firstly, there is an influence between the length of stay in the orphanage with the welfare of the adolescent's life. Second, there is the influence of the process of mentoring by caregivers in the orphanage to the welfare of adolescent life. The research ethics was obtained from the Kupang City Licensing Office, certificate of conducting research/survey number BKBK.07/3653/ III / VIII /2018, on 8 August 2018.

RESULTS

The study was conducted at three orphanages. The orphanages are Sonaf Maneka Orphanage, Iman Remaja Orphanage and Nurulsa'adha Orphanage. The ratio of permanent tutor and sitter-in to each institution is 1 to 24, 1 to 25 and 1 to 27 (Table 1).

There are more boys than girls in the ages between 10 to 17 years old and length of stay between 0-15 years.

The results of the different tests (T-tests) after assisting with the well-being of adolescent living can be seen in Table 2.

After 1 (one) month after the mentoring, there was a change in the welfare of adolescents. The significant influence is the way to control themselves, vitality and physical health of adolescent orphans, especially on the vitality of life (Table 3).

Table 1: Distribution of youth by gender, age and length of stay at the orphanages(n=57)

Number	Variables	Frequency	WLE/NBI
		Amount	%
1	Gender:		
	Males	38	66,7
	Females	19	33,3
2	Age :		
	10-13 years old	27	47,4
	14-17 years old	30	52,6
3	Duration of Living at the Orphanage:		
	0-5 tahun	30	52,6
	6-10 tahun	25	43,9
	11-15 tahun	2	3,5

Table 2: Distribution of adolescents based on aspects of life welfare (n=57)

Number	Well-being Aspects	Pre-Treatment		Post-Treatment		Sign
		Mean	Sd	Mean	Sd	
1	Positive well-being	7,4	2,0	7,4	2,1	0,322
2	Anxiety	13,4	3,0	13,3	2,9	0,322
3	Self control	10,7	2,0	9,8	2,3	0,036
4	Depression	10,7	2,0	10,7	2,0	0,322
5	Vitality	9,7	2,0	7,4	2,1	0
6	Physical health	6,4	1,4	5,8	1,2	0.001

Table 3: Linear Regression Test on the length of stay with the welfare of adolescent orphanage

Variable	Constanta	B	Beta	t	Sig
Duration of living at orphanage well-being of life	1,579	-0,153	-0,175	-1,320	0.192

The results of this linear regression test showed that there was no effect between the length of stay in the orphanages and the welfare of adolescents' lives.

Seeing the results of the above research, it can be concluded, the first hypothesis is rejected, because there is no influence between the length of stay in the institution and the welfare of adolescents. The second hypothesis is partly accepted, that there is an influence between adolescent assistance with the welfare of adolescent nursing homes on aspects of self-control, vitality and physical health (Miftahul J, 2015).

DISCUSSION

Life welfare is an aspect that is needed by every human being in the entire life span, from the fetus in the womb to the elderly, including adolescent orphanages. The orphanage as a shelter for abandoned teenagers, has a standard of living welfare set by the government. In Regulation of the Minister of Social Affairs No. 9 of 2018 concerning Basic Technical Services Standards on Minimum Service Standards for Social Affairs in Provincial Regions and District/City Regions. Displaced is the condition of someone who is not fulfilled his basic needs, is not maintained, not cared for and neglected. Social institutions are referred to as service institutions/units that carry out social rehabilitation for one type of target to restore and develop the ability of someone who has social dysfunction in order to carry out their social functions properly. Recipients of basic social services including neglected youth. The basic forms of social rehabilitation services for displaced teenagers include inside and outside social institutions. Social rehabilitation in institutions is the last alternative (Suradi A, 2007).

Well being or life welfare is a condition where everyone has a positive attitude towards themselves and others, can make their own decisions and regulate their own behavior, can create and regulate an environment that is compatible with their needs, has a purpose in life and makes life more meaningful, and try to explore and develop themselves. This is in line with the purpose of basic needs in minimum service standards in the social field. Minimum service standards for neglected adolescents in social institutions (article 12) include care services, food, clothing, accessible dormitories, medical supplies, physical, mental-spiritual and social guidance, guidance for daily living skills, access to educational services and basic health, family tracking services and access to care services for substitute families (Neeraja KP, 2008).

In this study, aspects of life welfare include aspects of being positive about yourself, anxiety, self-control, depression, vitality and physical health. Of the six aspects of life welfare observed in 57 adolescent orphans. From 57 adolescents it is known that more boys than girls at ages between 10 to 17 years and length of stay between 0-15 years. The description of the welfare of adolescents living in institutions for 6 (six) aspects found only three aspects of welfare changed after the mentoring process, namely self-control, vitality and physical health. Welfare aspects such as positive attitude towards self, anxiety and depression are not affected by the mentoring process. After reviewing the mentoring book, this was related to the limitations of the mentoring book material. The deepening material in the book contains questions about physical needs, illness, psychological needs, spiritual needs and social cultural needs. The aspects of positive attitude towards self, anxiety and depression are related to spiritual and psychological needs. These two

needs are not explored in the mentoring book (www.BelievePerform.com: How to provide support for children's mental health).

According to the minimum service standards of adolescents in social institutions, more is aimed at physiological and physical health needs, such as food, clothing, dormitories, health supplies, physical guidance. In Maslow's hierarchy of needs these needs are at the most basic level. Needs to be improved to the second level, a sense of security and comfort; third, love and belonging; fourth, appreciation, self-esteem; and the fifth is self-actualization. The young dormitory in which access and care services are received by adolescent orphans, have shown that the second level needs, a sense of security and protection are met. The third and other higher levelsof needs should be applied for teenagers in the orphanage. It can be said that it is the time to develop the need for love and a feeling of belonging within the orphanage adolescents. This need is the basis for a human being to be positive about himself or herself, experiencing anxiety and depression. Being praised by adults for being beautiful or handsome, having an effect on a positive attitude towards themselves. Being noticed, loved by the opposite sex, classmates invite a date, or vice versa encourage anxiety, disappointment and depression if he or she is rejected. These matters have no been explored in the assistance process. Abraham Maslow's theory in 1943, basic needs, is still relevant today and needs to be considered for adolescents who live in a nursing home (Potter PA and Perry AG, 2005).

The welfare of the orphanage adolescents after receiving assistance was found to have no significant effect on aspects of positive attitudes on self, anxiety and depression (t-test results). These three aspects relate to the psychological, social and spiritual needs of humans, including adolescents. Teenagers are human beings who are growing into adults. Deficiencies in these three aspects have an impact on one's psychological, social and spiritual health when they become adults. Teenagers need an adult who can guide and teach ways to adapt to every change. Teenagers who live with parents and family, can ask their father-mother, older siblings, but it is difficult to those who live in an institution to express what they experienced. The role of mentors as analternate for parents is demanded, not just presence, but attention and affection. Life in an orphanage is like a life in a dormitory. The mentor usually gives more attention to adolescents who become the source of problems. However, the assistance process is intended to be provided by caregivers routinely for all teenagers. If this transition is not directed properly, then adolescents tend to experience a crisis (Ramot P, 2015). In facing crisis conditions adolescents tend to seek escape from maladaptive behaviors such as smoking, games, alcohol, etc.

The process of mentoring adolescents at the orphanage, according to Baumrind's concept in Jannah Mistafful, 2015, there are four parenting styles, such as, authoritative, authoritarian, indulgent and neglectful style. A caregiver is expected to take on an authoritative style, caregivers take great responsibility and place high expectations on adolescents. Adolescent activities are regulated through joining explanations and considerations, so as to stimulate adolescent behavior, but remain in the caregivers' control. Teenagers are not restrained, but given the opportunity to discuss, sit together to talk about teen problems and find a way out. The rules are enforced taking into account the rights, duties and obligations of young caregivers. Authoritarian type, a style that is restrictive and punitive, urges adolescents to follow the instructions of parents and to respect work and business. The indulgent/permissive type is a parenting style where parents are very involved in a child's life, but set little limits or control over teenagers. Parents tend to let and pamper their children. Neglectful type is parenting style that does not set strict limits, there is an indifferent attitude towards the needs of children because of the parents' own past experiences (Alli-good MR, 2010).

Matching and suitable caregivers are not easy to find. A caregiver has a background in life that is sometimes unknown to the leaders of the orphanage. The recommended parenting is authoritative parenting, or democracy. To avoid authoritarian, permissive, and neglectful parenting, caregivers need to be given the same perception by using a mentoring book as a guide to foster every teenage orphanage. Teenage assistance book, filled when meeting privately with caregivers in the mentoring process. Synonymous mentoring with mentorship. In the Big Indonesian Dictionary, mentorship means a guide or caregiver. Adolescent mentoring books contain biological, psychological, social and spiritual needs needed by a human being, to become a healthy adult. Assistance time can be scheduled by the nursing home manager every semester or every new school year. Books are kept by the caregiver of the orphanage because they contains confidential information. Teens can express, tell, ask and discuss about turmoil or confusion every moment of guidance. Caregivers use mentoring books as a means of controlling adolescent behavior. A companion needs to be prepared with basic knowledge and skills related to adolescents and all their problems (Widyakusuma N, 2013).

Adolescent well-being which consists of 6 (six) aspects, positive attitude, anxiety, self-control, depression, vitality and physical health. These six aspects should be monitored normally in every teenage orphanage. In this study only 3 aspects were monitored, meaning that additional efforts needed by the institution's manager to overcome the 3 aspects that were lacking, namely a positive attitude to self, anxiety and depression. A positive attitude toward self is intended so that adolescents can respect themselves whatever the conditions. Comparing with others because of strength, courage, intelligence can make teenagers become anxious, frustrated and depressed about their lives which in a long time will result in an existential crisis. Anxiety is experienced when someone is stressed or having a personal crisis. Anxious can disturb someone in carrying out their life's tasks and activities. Anxious individuals make others uncomfortable, because they are always tense and confused. Anxiety needs to be managed well by adolescents. Depression is a feeling of depression so that someone experiences a decreased emotion, sadness and always depressed. Depression can lead a person to suicide (Keliat BA, 2006). These three aspects have not been found meaningful in orphanage adolescents. The risk that can occur is psychosocial disorders and develops into mental disorders. Companions need to explore positive attitudes toward self, anxiety and depression, so that they can be anticipated before adolescents become adults.

According to Rachmawaty F, authoritarian parenting is at risk of causing social anxiety in adolescents (Rachmawaty F, 2015). Social anxiety is a mental health problem. The main sign is that adolescents behave negatively like lack of eye contact, lack of smile, little talking and excessive anxiety. Parenting caregivers who are too rigid and hard in upholding discipline tend to cause rigid behavior in adolescents. In addition, someone tends to be absent in school, low academic achievement, avoidance behavior from others, difficult to get along. The process of mentoring to caregivers aims to create non-authoritarian parenting when accompanying adolescents.

Positive things found in this study are self control, vitality and physical health in adolescent orphanages, need to be maintained and improved. Self-control or self-control is the ability of humans to control responses, especially in the function to adapt to ideal norms, morals, social expectations and is closely related to internal control and self-efficacy (Nindya PN and Margaretha R, 2012). There are 3 main aspects of self-control in this study, namely being able to control behavior or emotions, being happy or satisfied with life and being attracted to daily life. Vitality or the ability to survive in a minimal condition even though it requires adolescent orphans to survive. For that reason, all

activities in the orphanage such as prayer, recreation, play, sports, regular meditation can increase the self-vitality of adolescents, it is important to be maintained and developed. Vitality is the main determinant of orphanage teens answering all the questions about themselves that caregivers need to know, so as to make teenage orphans more stable in living life in the orphanage and facing all the turmoil in themselves. According to WHO, physical health is a biological/bodily or physical condition that is shown by clean skin, glowing eyes, hair and neatly dressed, muscular, not fat, odorless breath, good appetite, deep sleep, agile and whole physiological body normal (WHO, 2018). The three aspects that support the occurrence of a positive attitude to self, not anxious and not depressed because it is a system in humans, so that they are interconnected, connected and dependent on each other (Yusuf AH, *et al.*, 2015).

CONCLUSION

Life in an orphanage has its own challenges. Adolescent orphanages experience a loss of home and family atmosphere with their parents, siblings and other family members. The length of stay in the orphanage has no effect on the well-being of adolescents, while the mentoring process affects the well-being of adolescents from aspects of self-control, vitality and physical health. There are still 3 (three) aspects of life welfare that have not been affected by the mentoring process, namely positive attitude toward self, anxiety and depression. Therefore, it is necessary to change and improve the process of assisting adolescents in the orphanage in order to have an impact on aspects of welfare that have not been affected in this study. The assistance process is an effort to promote and prevent mental health. The assistance process needs to be a pattern of care for adolescent orphans, because every caregiver has a different life background. Every mentor needs to be prepared with the knowledge and skills as a mentor. To equate the perception of a companion using a mentoring book. The accompanying book needs to be refined by incorporating aspects of positive self-attitude, anxiety and depression, so that these aspects can be monitored in adolescent homes and provide alternative solutions, especially for every adolescent who has psychosocial, anxiety and depression problems.

Many things teens need to adapt either from people, friends, the environment or adult life. Through a routine and regular mentoring process at the orphanage, caregivers as well as mentors can find out adolescent difficulties and guide and assist in the adaptation process so that later they can become good adults. Because the welfare aspects of life that have not been detected in the orphanage adolescents are related to psychological, social and spiritual needs, it is recommended that the manager of the orphanage to schedule meditation, praying together, deepening of the faith/bible, shared recreation, senior and junior mentoring systems (older siblings become guardian angel for new comers/youngsters), outbound into the mountains or the sea, traveling, and other positive activities.

RECOGNITION

Adolescents who live in orphanages need to get the attention of caregivers in mentoring activities. Such attention can be given through mentoring processes that are carried out routinely. To equalize the perceptions of mentors or mentees, mentoring books are used for each teenager personally. The mentoring book needs to be refined by adding aspects of positive attitude to oneself, anxiety and depression, thus the mentoring process is more optimal to improve the welfare of adolescents' lives, which have been both discussed and improved, which are

still low to be improved. The main concern is that the facilitators are prepared with knowledge and skills about adolescents. Attitude of care and affection, pray for the goodness of adolescents from the companion/caregiver as a substitute for parents can meet the psychological, social and spiritual needs that are lacking from their parents. By having self-control, vitality and physical health, it becomes the foundation of a teenager in preparing himself to be an adult who has faith, is strong, can be competitive, sporty and has high fighting spirit.

REFERENCES

1. Stantrock JW. Educational Psychology, trans. Tri Wibowo. 2007.
2. BKKBN. Preparing Family Life for Youth. Directorate of Youth and Protection of Reproductive Rights. 2010.
3. Sarwono SW. Adolescent Psychology. PT Raja Grafindo Persada. 2010.
4. McDowell I. Measuring health: a guide to rating scales and questionnaires. Oxford University. 2006.
5. Gero S, Nugroho FC. Book of Youth Assistance. 2018.
6. Windyartini SA. Teenagers Build Personality. Nobel Edumedia. 2008.
7. Miftahul J. Parenting Patterns of Parents and Moral Adolescents in Islam. Scientific Educational Journal. 2015; 1(1).
8. Suradi A. Human Development, Poverty and Social Welfare: Study of the Social Welfare Development Policy in NTB. Journal of Social Welfare Research and Development. 2007; 12(3): 1-11.
9. Neeraja KP. Essentials of mental health and psychiatric nursing. Jaypee brothers publishers. 2008; 1.
10. Potter PA, Perry AG. Nursing Fundamentals of Nursing Concepts, Processes and Practices. Cancer Nursing Practice. 2005; 1(4).
11. Ramot P. The role of parents in adolescent crisis. Humanities. 2015; 6(4).
12. Alligood MR. Nursing Theory Utilization and Application. Mosby. 2010.
13. Widayakusuma N. The Role of Assistance in the Assistance and Social Care Program for the Elderly in the Family Environment (home-care): Study of Assistance at the Pitrah Sejahtera Foundation, Cilincing Village, Cilincing District, North Jakarta. Information Journal. 2013; 18(2).
14. Keliat BA. Mental Health Nursing. EGC. 2006.
15. Rachmawaty F. The Role of Parenting Parents to Social Anxiety in Adolescents. Journal of Tabularasa Psychology. 2015; 10(1).
16. Nindya PN, Margaretha R. The Relationship between Emotional Violence in Adolescents and the Tendency of Juvenile Delinquency. Journal of Clinical Psychology and Mental Health. 2012; 1(2).
17. WHO. Republic of Indonesia Minister of Social Affairs Regulation No. 9 of 2018 concerning Basic Technical Service Standards on Minimum Service Standards for Social Affairs in Provincial Regions and District/City Regions. World Health Organization. 2018.
18. Yusuf AH, Fitriyarsi PK, Nihayati HE. Mental Health Nursing Textbooks. Salemba Medika Publisher. 2015.