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Family support and mental health among adolescents in a rural community

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Abstract

Background: Adolescence is a developmental period characterized by significant physical, emotional, and social changes. During this stage, family support plays an important role in helping adolescents cope with various challenges and maintain optimal mental health status. Family support may be provided in the form of emotional, instrumental, informational, and appraisal support. However, the influence of family support on adolescent mental health in rural communities remains insufficiently explored.

Purpose: To examine the association between family support and mental health status among adolescents in a rural community.

Method: This study employed a quantitative approach with a descriptive correlational design and a cross-sectional method. The study involved 43 adolescents selected through total sampling. Data were collected using family support and mental health questionnaires. Data analysis was performed using the Chi-Square test with a significance level of 0.05.

Results: Most respondents reported receiving high family support (60.5%), while 81.4% had optimal mental health status. Statistical analysis showed no significant association between emotional support ($p=0.701$), instrumental support ($p=0.432$), appraisal support ($p=0.089$), and overall family support ($p=0.230$) with adolescent mental health. However, informational support demonstrated a significant association with mental health ($p=0.042$).

Conclusion: Informational support was significantly associated with adolescent mental health. Families are encouraged to provide adequate information, guidance, and effective communication to promote adolescents' psychological well-being.

Keywords: Adolescents; Family Support; Mental Health.

INTRODUCTION

Adolescence is a transitional stage between childhood and adulthood characterized by rapid physical, psychological, and social changes (Maulida & Zuhara, 2026). During this period, adolescents experience identity formation, adaptation to bodily and sexual changes, development of associations with parents and peers, and the establishment of moral and spiritual values. These developmental changes may have both positive and negative impacts. In some cases, adolescents may experience psychological problems such as depression, emotional distress, maladaptive thinking patterns, and even suicidal ideation, making mental health a critical issue during

this developmental stage (Juliansen, Heriyanto, Muljono, Budiputri, Sagala, & Octavius, 2024). Mental health is defined as a state of well-being in which individuals recognize their abilities, cope effectively with normal life stressors, work productively, and contribute positively to their communities. According to the World Health Organization (WHO), adolescents constitute approximately 1.2 billion people worldwide, representing 18% of the global population (World Health Organization, 2022). In Indonesia, the adolescent population reached 44.25 million in 2022, highlighting the importance of addressing mental

health issues within this age group (Pham, Wulan, Sawyer, Agius, Fisher, Tran, & Azzopardi, 2024).

Mental health problems among adolescents have become a growing global concern. WHO reported in 2024 that one in seven adolescents worldwide experiences a mental health disorder, accounting for approximately 14% of the global disease burden among this age group. In Indonesia, the Indonesia National Adolescent Mental Health Survey (I-NAMHS) found that one in three adolescents experiences mental health problems, with anxiety disorders being the most common (26.7%), followed by depression (5.3%), attention-deficit/hyperactivity disorder (10.6%), behavioural disorders (2.4%), and post-traumatic stress disorder (1.8%). Furthermore, 60% of adolescents experience academic pressure, while 40% report difficulties in social associations (Devita, Okviani, Emulyani, & Erlin, 2025). Optimal mental health status enables adolescents to regulate emotions effectively, maintain self-confidence, establish positive social associations, and adapt successfully to various life challenges (Moore, Cox, Evans, Hallingberg, Hawkins, Littlecott, & Murphy, 2018). Conversely, poor mental health may result in emotional disturbances, prolonged stress, anxiety, social withdrawal, and maladaptive behaviours that negatively affect adolescent development and quality of life. Adolescents with poor mental health are also more likely to experience social isolation and difficulties in interpersonal communication, which may further impair their psychosocial functioning (Sandesjö, 2025).

Family support is recognized as one of the most influential factors affecting adolescent mental health. A supportive family environment characterized by emotional warmth, understanding, effective communication, and positive associations can enhance adolescents' psychological well-being and resilience. Family members play an essential role in helping adolescents cope with stress, solve problems, and navigate developmental challenges. Conversely, inadequate family support may increase the risk of mental health problems, including anxiety and depression (Kirkbride, Anglin, Colman, Dykxhoorn, Jones, Patalay, & Griffiths, 2024). Family support may be provided through several dimensions, including emotional, informational, instrumental, and appraisal support. Emotional support involves empathy, affection, and understanding; informational support

includes guidance, advice, and knowledge sharing; instrumental support refers to tangible assistance and resources; while appraisal support encompasses encouragement, appreciation, and positive feedback. These forms of support contribute to adolescents' sense of security, self-worth, and emotional stability, thereby promoting better mental health outcomes (LeCloux, Maramaldi, Thomas, & Wharff, 2016).

Adolescents living in rural communities often face unique challenges that may affect their mental health. Limited access to healthcare services, economic constraints, traditional social norms, and low mental health literacy may increase vulnerability to psychological problems. In such settings, family support becomes particularly important because adolescents may have fewer opportunities to access professional mental health services. However, traditional parenting practices and limited awareness of mental health issues may reduce the effectiveness of family support in addressing adolescents' psychological needs (Finan, & Yap, 2021). Despite increasing attention to adolescent mental health, most previous studies have been conducted in urban settings, while evidence from rural communities remains limited (Mubarok, Opier, Ramopoly, Judijanto, & Junizar, 2025). Simpang Garung Hamlet, Cihujan Village, Lebak Regency, represents a rural area with distinct social and cultural characteristics that may influence both family support and adolescent mental health. Understanding the association between family support and mental health among adolescents in this community is essential for developing targeted interventions and strengthening mental health promotion programs at the community level (Yao, Fu, Liu, Xu, & Zhang, 2025).

RESEARCH METHOD

A quantitative research approach with a descriptive correlational design using a cross-sectional method. The study was conducted in Simpang Garung Hamlet, Cihujan Village, Lebak Regency, Indonesia, from January to April 2026. The target population comprised all adolescents residing in the study area. A total of 43 adolescents were recruited using a total sampling technique. Family support was measured using a researcher-developed Family Support Questionnaire based on House's theory of social support, encompassing four dimensions: emotional support, instrumental support,

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informational support, and appraisal support. The questionnaire consisted of 40 items, with 10 items representing each dimension. Responses were rated using a four-point Likert scale. Prior to data collection, the instrument underwent validity and reliability testing. All items met the validity criteria ($r\text{-count} > r\text{-table} = 0.444$). Reliability testing demonstrated excellent internal consistency, with Cronbach's alpha coefficients of 0.894 for emotional support, 0.893 for instrumental support, 0.895 for informational support, and 0.892 for appraisal support. The total family support score was categorized using the sample mean score (33.72). Respondents with scores greater than or equal to the mean were classified as having supportive family support, whereas those with scores below the mean were classified as having less supportive family support.

Mental health was assessed using the Mental Health Continuum–Short Form (MHC-SF) developed by Corey L. M. Keyes and adapted into the Indonesian language by Raden Farras Nadhif Panji Putra. The

instrument consists of 14 items covering three dimensions: emotional well-being, social well-being, and psychological well-being. The Indonesian version had previously undergone content validity assessment using the Content Validity Index (CVI) by three psychology experts. Responses were rated using a five-point Likert scale. The total mental health score was categorized using the sample mean score (40.00). Respondents with scores greater than or equal to the mean were classified as having optimal mental health, whereas those with scores below the mean were classified as having suboptimal mental health. Data were collected after participants and/or their parents or legal guardians provided informed consent. Descriptive statistics were used to summarize respondents' characteristics and study variables. The association between family support and mental health was analysed using the Chi-square test with a significance level of $\alpha = 0.05$. Statistical analyses were performed using IBM SPSS Statistics.

RESEARCH RESULTS

Table 1. Frequency of Respondents (N=43)

Variable	Results
Age (Mean $\pm$ SD)(Range)(Year)	(16.8 $\pm$ 0.9)(15–18)
Family Support (n/%)	
High Family Support	26/60.5
Low Family Support	17/39.5
Mental Health (n/%)	
Optimal	35/81.4
Sub Optimal	8/18.6

Table 1. Characteristics of the Respondents ($n = 43$). The respondents had a mean age of 16.8 ± 0.9 years, with an age range of 15–18 years. Most respondents reported high family support (26; 60.5%), while 17 (39.5%) reported low family support. Regarding mental health status, the majority of respondents had optimal mental health status (35; 81.4%), whereas 8 (18.6%) had suboptimal mental health.

Table 2. Association Between Family Support Dimensions and Mental Health Among Adolescents

Variable	p-value
Emotional Support	0.701
Instrumental Support	0.432
Informational Support	0.042

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Appraisal Support	0.089
Family Support (Overall)	0.230

Table 2 shows that informational support was significantly associated with adolescent mental health ($p=0.042$). Meanwhile, emotional support ($p=0.701$), instrumental support ($p=0.432$), appraisal support ($p=0.089$), and overall family support ($p=0.230$) were not significantly associated with mental health because the p -values were greater than 0.05.

DISCUSSION

The findings revealed that most adolescents received high family support (60.5%). This finding indicates that families generally play a positive role in providing assistance, guidance, and encouragement to adolescents. Family support is essential during adolescence because individuals at this stage experience various physical, emotional, and social changes that may affect their psychological well-being. Supportive families can create a secure and nurturing environment that promotes healthy development (Alshammari, Piko, & Fitzpatrick, 2021). Family members who actively communicate with adolescents and provide guidance may help them manage stress and adapt to developmental challenges. The presence of supportive family associations may also strengthen adolescents' coping mechanisms and resilience when facing difficulties. The study found that most respondents had optimal mental health status (81.4%). This finding suggests that the majority were able to maintain psychological well-being despite experiencing developmental challenges. Mental health among adolescents is influenced by multiple factors, including family environment, peer associations, educational experiences, and community support. Positive social interactions and supportive family associations may contribute to emotional stability and improved psychological functioning (Nunes, Martins, Ayala-Nunes, Matos, Costa, & Gonçalves, 2021). Adolescents with optimal mental health status are generally better able to regulate emotions, develop healthy interpersonal associations, and adapt to environmental demands (Petersen, Qualter, Humphrey, Damsgaard, & Madsen, 2023). Therefore, maintaining a supportive environment remains important to ensure positive

mental health outcomes among adolescents. The results showed no significant association between emotional support and mental health ($p=0.701$). Although emotional support is theoretically important for adolescent well-being, the findings suggest that emotional support alone may not be sufficient to influence mental health status in this population. Other factors such as peer influence, school environment, individual coping strategies, and socioeconomic conditions may contribute more substantially to adolescent mental health than emotional support received from family members (Rodrigues, Moura, de Almeida, Mélo, & Rodrigues, 2025).

Instrumental support was not significantly associated with mental health ($p=0.432$). Instrumental support generally refers to tangible assistance, including financial support and practical help provided by family members. The absence of a significant association may indicate that material assistance alone does not guarantee positive mental health outcomes. Adolescents may place greater importance on communication, understanding, and emotional connection rather than solely receiving practical support. Informational support demonstrated a significant association with adolescent mental health ($p=0.042$). This finding suggests that adolescents who receive adequate information, guidance, advice, and direction from family members tend to have better mental health outcomes (Triana, Keliat, Wardani, Sulistiowati, & Veronika, 2019).

Informational support helps adolescents understand challenges, make informed decisions, and develop effective coping strategies. Families that actively communicate and provide constructive guidance may help adolescents navigate developmental issues more successfully. This finding highlights the importance of family communication in promoting adolescent mental health. Parents and family members should be encouraged to provide clear information, discuss problems openly, and guide adolescents in addressing daily challenges (Chen & Harris, 2019).

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No significant association was found between appraisal support and mental health ($p=0.089$). Although appraisal support can enhance self-confidence and self-esteem, its influence may vary depending on individual characteristics and environmental factors. Adolescents may receive appraisal and recognition from multiple sources, including peers, teachers, and community members. Therefore, family appraisal support alone may not be sufficient to significantly affect mental health status (Chan, Sharkey, Nylund-Gibson, Dowdy, & Furlong, 2022).

The study found no significant association between overall family support and adolescent mental health ($p=0.230$). This finding suggests that the influence of family support on mental health may differ according to the specific type of support provided. Interestingly, informational support emerged as the only dimension significantly associated with mental health. This result indicates that the quality of communication and guidance provided by family members may be more important than the overall perception of family support (Jakobsen, Hansen, & Andersen, 2022).

CONCLUSION

Overall family support was not significantly associated with adolescent mental health status. Informational support showed a significant unadjusted association; however, this finding should be interpreted cautiously because of the small sample and multiple statistical comparisons.

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