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Exploring avoidance coping among first-year medical students: A qualitative study

Ratna Gumilang Sari, Sri Maria Puji Lestari*, Mardheni Wulandari, Stri Nareswari

Universitas Malahayati

Corresponding author: *E-mail: sr MARIA13@malahayati.ac.id

Abstract

Background: First-year students of the Medical Education Program at the Faculty of Medicine, Universitas Malahayati experience substantial academic pressure from the beginning of their studies. These challenges may generate significant stress and encourage students to adopt avoidance coping strategies as a way of managing academic demands and adaptation difficulties.

Purpose: To explore avoidance coping behaviours among first-year students of the Medical Education Program.

Method: A qualitative phenomenological design was employed. Data were collected through Focus Group Discussions (FGDs). Participants were selected using purposive sampling to obtain diverse perspectives based on gender, academic achievement (high, moderate, and low block scores), age, and residential status (living in dormitories and non-dormitories). Data were analysed using thematic analysis to identify patterns and themes related to avoidance coping behaviours among first-year medical students.

Results: The findings revealed that avoidance coping behaviours among first-year medical students were manifested through several strategies, including escape coping, distraction coping, behavioural avoidance, and emotion-focused coping. The most frequently reported strategies were distraction coping and behavioural avoidance, including excessive social media use, sleeping, engaging in recreational activities, and postponing academic responsibilities. These behaviours were influenced by internal factors, such as emotional responses and self-regulation abilities, as well as external factors, including academic demands and environmental pressures.

Conclusion: Avoidance coping behaviours among first-year medical students emerged as responses to academic demands and adaptation challenges within the medical education environment. Understanding these coping patterns may support the development of appropriate psychological support strategies for students during the early stages of medical education.

Keywords: Avoidance Coping; Exploration; First-Year Students; Medical Students.

INTRODUCTION

First-year medical students commonly encounter difficulties during the transition to medical school due to the complexity of adapting to a demanding academic environment. These challenges include a rigorous curriculum, extensive learning materials, laboratory sessions, clinical examinations, and emotional pressures arising from both social and personal expectations (Irvanti, Khairunnisa, & Kosasi, 2025). This transition involves not only academic adjustment but also psychological and social adaptation, including changes in learning strategies,

pressure to achieve academic success, and separation from previous social support systems. Consequently, many students experience difficulties in time management, sleep disturbances, mental exhaustion, and a heightened fear of academic failure (Creswell, 2016). When avoidance coping becomes the primary strategy for managing these challenges, adaptation difficulties may further exacerbate academic stress and negatively affect students' mental health (Djoar & Anggarani, 2024).

The initial adjustment period is particularly vulnerable because first-year students generally have limited experience in coping with the academic demands of medical education. Therefore, understanding avoidance coping among first-year medical students is essential to identify the psychological barriers and coping mechanisms that emerge during this transition. During early adulthood (19–24 years), first-year medical students commonly employ various coping strategies to manage or reduce academic stress (Saifudin, Adawiyah, & Mukhaira, 2023). These strategies often develop in response to increased academic demands, changes in the educational environment, and heightened social expectations. Although avoidance coping may provide temporary emotional relief, its persistent use has been associated with increased stress, anxiety, and reduced self-efficacy among first-year medical students (Wahyuni & Fitriani, 2022). Furthermore, recent evidence suggests that academic stress remains a significant concern among university students in Indonesia. A study conducted in Lampung reported significant differences in stress levels between first-year and senior medical students, with first-year students demonstrating a considerably higher prevalence of academic stress (Agustina & Rachman, 2025).

Medical and nursing students are recognized as populations with high levels of academic stress, making coping strategies an important determinant of academic persistence, learning motivation, and mental well-being (Srianturi & Diyahpalupi, 2023). Avoidance coping refers to a stress-management strategy in which individuals evade, deny, or withdraw from stressors rather than confronting and resolving them directly. Previous research among trauma-exposed military veterans demonstrated that psychological factors, including post-traumatic stress disorder (PTSD)-related negative affect, adverse childhood experiences, and self-blame or blame toward others, were strongly associated with a greater tendency to adopt avoidance coping (Korem, Ben-Zion, Spiller, Duek, Harpaz-Rotem, & Pietrzak, 2023). In contrast, higher emotional stability and conscientiousness were associated with a lower likelihood of using avoidance coping. These findings suggest that maladaptive emotional regulation and previous adverse experiences contribute to the tendency to avoid psychological stressors rather than

actively addressing them. Similar patterns have also been reported in adolescents, where higher stress levels were associated with maladaptive behavioral responses, including emotional eating, indicating that ineffective coping strategies may contribute to broader psychological and behavioral consequences (Piloto & Nugraheni, 2025).

RESEARCH METHOD

A qualitative descriptive study using thematic analysis was conducted to explore avoidance coping behaviours among first-year medical students at the Faculty of Medicine, Universitas Malahayati, Indonesia. The study was conducted from February to April 2026. A qualitative descriptive approach was selected because it was appropriate for exploring students' experiences, perceptions, and coping responses related to academic stress within the context of medical education. Participants were recruited using purposive sampling with a maximum variation sampling strategy to obtain diverse perspectives based on gender, age, academic achievement (high, moderate, and low block grades), and residential status (dormitory and non-dormitory). The inclusion criteria were first-year medical students who had experienced academic stress during the transition period of medical education, were able to communicate effectively, and were willing to participate in the study. Participants who were unable to complete the discussion process or withdrew from the study were excluded. A total of 11 participants were included, and data collection was considered sufficient when no new relevant information emerged from the discussions.

Data were collected through two Focus Group Discussion (FGD) sessions, with six participants in the first session and five participants in the second session. Each FGD lasted approximately 60–90 minutes and was conducted in a private discussion room at the Faculty of Medicine, Universitas Malahayati, to ensure participant comfort and confidentiality. The discussions were facilitated by a trained moderator with experience in qualitative research, while an observer assisted with field notes, participant interactions, and non-verbal responses. The moderator had no direct academic authority or evaluative relationship with the participants to minimize potential response bias. The data collection instruments included a semi-structured FGD guide,

Ratna Gumilang Sari, Sri Maria Puji Lestari*, Mardheni Wulandari, Stri Nareswari

Universitas Malahayati

Corresponding author: *E-mail: srimarial3@malahayati.ac.id

DOI: <https://doi.org/10.56922/mhc.v5i4.3691>

demographic and academic characteristic forms, field notes, and an audio recorder. The discussion guide explored participants' experiences of academic pressure, situations triggering stress, forms of avoidance coping, factors influencing coping behaviours, and perceived impacts of these strategies. All discussions were audio-recorded with participants' permission, transcribed verbatim, and anonymized before analysis. Data were analysed using thematic analysis following the six-phase process proposed by Braun and Clarke, including data familiarization, initial coding, theme development, theme review, theme definition, and report generation. The coding process was conducted manually by two researchers independently to identify meaningful statements related to avoidance coping behaviours. Differences in coding interpretation were discussed until consensus was reached. The analytical process involved transforming participant quotations into initial codes, grouping related codes into subthemes, and organizing subthemes into broader themes representing students' coping experiences. For example, statements describing excessive social media use during academic stress were coded as "distraction behaviour," grouped into the subtheme "temporary emotional escape," and categorized under the broader theme "distraction-based avoidance coping." Data analysis was supported through systematic documentation rather

than the use of specialized qualitative analysis software.

The trustworthiness of the findings was ensured through credibility, dependability, confirmability, and transferability strategies. Member checking was conducted by providing participants with summaries of the interpreted findings to confirm whether the results accurately reflected their experiences. Data triangulation was performed by comparing information across participants, reviewing field notes, and discussing interpretations with qualitative research supervisors. Ethical approval was obtained from the Health Research Ethics Committee of Universitas Malahayati (Approval No.5274/EC/KEP-UNMAL/IV/2026). All participants provided written informed consent before participation. For participants aged 17 years, additional consent from parents or legal guardians was obtained in accordance with ethical requirements. Participants were informed that participation was voluntary and that they could withdraw at any time without academic consequences. Confidentiality and anonymity were maintained by using participant codes instead of names and by securely storing all research data. During the discussions, the researcher monitored participants' emotional conditions, and participants experiencing psychological discomfort were allowed to pause or discontinue participation and were provided with appropriate support or referral when required.

RESEARCH RESULTS

Table 1. Characteristics of Participants in Focus Group Discussion Sessions

Initial	Gender	Residence	Academic Achievement	Age (Years)
			GS	BMS
DA	Female	Dormitory	B	D
ARM	Female	Dormitory	B	B
SUM	Female	Dormitory	B	B
MFH	Male	Dormitory	B	B
MAP	Male	Dormitory	B	B
MO	Female	Boarding house	B	C
NPA	Female	Dormitory	B	C
APA	Female	Dormitory	B	B
MDR	Male	Family house	B	D

Ratna Gumilang Sari, Sri Maria Puji Lestari*, Mardheni Wulandari, Stri Nareswari

Universitas Malahayati

Corresponding author: *E-mail: srimaria13@malahayati.ac.id

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Initial	Gender	Residence	Academic Achievement	Age (Years)
MRA	Male	Boarding house	B	B
AAP	Male	Boarding house	B	B

Note: GS = General Science; BMS = Basic Medical Science; BHP = Behavioural and Health Psychology.

Table 1 presents the characteristics of 11 first-year medical students who participated in the two Focus Group Discussion (FGD) sessions. The participants consisted of six females and five males, with ages ranging from 17 to 20 years. Most participants lived in university dormitories, while others lived in boarding houses or with their families. Academic achievement was represented by grades from three block examinations: General Science (GS), Basic Medical Science (BMS), and Behavioural and Health Psychology (BHP). The variation in demographic characteristics, living arrangements, and academic performance was considered to provide diverse perspectives regarding students' experiences of academic stress and coping behaviours during the transition to medical education.

Table 2. Themes and Subthemes of Avoidance Coping Behaviors among First-Year Medical Students

Theme	Subtheme	Description	Representative Quotes
Temporary escape from academic pressure	Taking temporary breaks from academic demands	Participants temporarily withdrew from academic activities through sleeping, resting, or taking personal time when experiencing overwhelming academic pressure. These behaviors were used to reduce emotional tension before returning to academic responsibilities.	"Sometimes when I feel too tired with lectures and assignments, I choose to sleep first because my mind feels full. After resting, I can continue studying again." (DA)
Distraction as a strategy to regulate distress	Social media use and recreational activities	Participants used social media, entertainment content, and recreational activities to relieve stress. Some participants perceived these activities as helpful relaxation strategies, while excessive use could delay academic tasks.	"When I feel stressed because of block exams, I usually open social media. At first, I only want to refresh my mind, but sometimes I spend more time than planned." (SUM)
Avoidance of academic responsibilities	Procrastination and delaying academic tasks	Participants described postponing studying, avoiding learning materials, or delaying assignments due to feeling overwhelmed, anxious, or afraid of not meeting academic expectations.	"I often postpone studying because I feel anxious about not understanding the material. I think I need more time, but eventually the task becomes more stressful." (APA)
Emotional responses and support-seeking	Emotional expression and seeking support	Participants reported crying, sharing problems with friends or family, and seeking emotional support. These responses functioned as emotional processing strategies and were not always considered maladaptive avoidance.	"When I feel stressed, I sometimes cry and tell my friends about my problems. After talking, I feel calmer and can continue my activities." (MO)

Ratna Gumilang Sari, Sri Maria Puji Lestari*, Mardheni Wulandari, Stri Nareswari

Universitas Malahayati

Corresponding author: *E-mail: srimaria13@malahayati.ac.id

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Theme	Subtheme	Description	Representative Quotes
Factors influencing coping responses	Academic demands, adaptation challenges, and personal concerns	Participants identified academic workload, difficulty adapting to medical education, fear of poor academic performance, and financial concerns as factors contributing to stress responses.	"Besides academic pressure, financial problems also sometimes make me worried because medical education requires many expenses." (AAP)

Table 2 presents the themes, subthemes, descriptions, and representative quotes identified from the thematic analysis of Focus Group Discussions (FGDs) regarding coping responses among first-year medical students. Five themes were generated: temporary escape from academic pressure, distraction as a strategy to regulate distress, avoidance of academic responsibilities, emotional responses and support-seeking, and factors influencing coping responses. Participants described various strategies used to manage academic stress, including temporary withdrawal, engagement in distracting activities, postponement of academic tasks, emotional expression, and seeking social support. The findings indicate that not all coping responses represented maladaptive avoidance; some behaviors, such as taking short breaks and seeking support from others, functioned as adaptive strategies to regulate emotional distress. However, prolonged distraction and academic postponement were identified as behaviors that could potentially interfere with academic engagement. The themes were supported by participants' statements obtained during the FGD sessions, which illustrate the diversity of students' experiences in responding to academic pressures during the transition to medical education.

DISCUSSION

Findings from the first and second Focus Group Discussions (FGDs) indicated that first-year medical students experienced substantial academic stress during their transition from high school to medical education. Participants described heavy workloads, block examinations, laboratory sessions, and adaptation to a more demanding learning system as the primary stressors. Four forms of coping avoidance were identified. Escape coping was reflected in temporary withdrawal from academic demands through sleeping, walking, exercising, or listening to podcasts to regain emotional calm. Distraction coping

emerged as the most common strategy, characterized by excessive use of social media, gaming, and other digital entertainment to divert attention from academic stress. Behavioral avoidance involved delaying or minimizing engagement with academic tasks, particularly those perceived as difficult or overwhelming. In addition, some participants relied on emotion-focused coping, including emotional expression (e.g., crying) and seeking emotional support from family, friends, or senior students without directly addressing the academic problems. Overall, participants predominantly adopted avoidance-oriented coping strategies rather than problem-focused approaches, with distraction coping being the most frequently reported pattern (Permatasari & Wibowo, 2024).

Thematic analysis identified both internal and external factors influencing coping avoidance. Internal factors included difficulties in time management, physical exhaustion caused by inadequate rest, emotional distress, reduced academic motivation, and low self-confidence (Arifin, Yuniardi, Karmiyati, Hasanati, Winarsunu, & Suryaningrum, 2023). Participants frequently reported feeling overwhelmed by concurrent academic responsibilities, resulting in fatigue, stress, and diminished confidence in their ability to meet academic expectations. External factors consisted of peer influence and financial pressure. Social activities with friends often distracted students from academic responsibilities, while financial concerns related to medical education increased psychological burden. Among all identified factors, poor time management and physical exhaustion emerged as the most frequently reported contributors to avoidance coping behaviors. Participants reported that coping avoidance produced short-term emotional relief but resulted in adverse long-term consequences. Psychologically, students experienced persistent anxiety, fear, regret, and emotional distress because academic demands

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Universitas Malahayati

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remained unresolved. Avoidance behaviors also reduced academic motivation, reflected by decreased enthusiasm for learning and increased procrastination. Furthermore, participants described academic consequences, including lower grades, increased remedial examinations, and reduced academic self-confidence. Overall, the findings suggest that although coping avoidance temporarily alleviates stress, it ultimately compromises both psychological well-being and academic performance among first-year medical students (Oktaviona, Herlina, & Sari, 2023).

The present study found that distraction coping and behavioral avoidance were the most frequently adopted avoidance coping strategies among first-year medical students at the Faculty of Medicine, Universitas Malahayati. Participants commonly diverted their attention from academic stress through activities such as using social media, playing online games, watching entertainment, sleeping, spending time with friends, and postponing academic tasks. These strategies emerged in response to the substantial academic demands experienced during the transition from high school to medical education, including intensive coursework, laboratory sessions, block examinations, and a demanding academic schedule. Although these avoidance behaviors provided temporary emotional relief and reduced perceived stress, they did not address the underlying academic challenges, resulting in only short-term psychological comfort (Maryam, 2017).

Avoidance coping is considered a form of emotion-focused coping that emphasizes reducing emotional distress rather than directly resolving the source of stress (Fibria, 2022). Among first-year medical students, behaviors such as sleeping, engaging with social media, seeking entertainment, and procrastinating reflected attempts to temporarily escape academic demands. Such responses are common during periods of transition when individuals have not yet developed adaptive coping strategies to manage new environmental challenges. Consequently, avoidance coping functions as a temporary psychological defense mechanism that helps students regain emotional stability when they feel overwhelmed by academic responsibilities (Ljubičić, Matek Sarić, Klarin, Rumbak, Colić Barić, Ranilović, & Guiné, 2023).

The findings further demonstrated that escape coping and distraction coping were characterized by reliance on relaxation and recreational activities as temporary escapes from academic pressure. Escape-avoidance has been described as a strategy that enables individuals to distance themselves from stressful situations through activities that promote emotional comfort (Andriyani, 2019). Similarly, social media use, digital entertainment, and leisure activities have been identified as common distraction strategies for reducing stress (Sihombing, Ismudiyati, & Huripah, 2025). In the present study, activities such as scrolling through TikTok and Instagram, playing games, listening to podcasts, and sleeping were perceived as effective ways to relieve fatigue and temporarily reduce academic stress. However, excessive reliance on these behaviors may contribute to academic procrastination by delaying engagement with academic responsibilities and leaving the primary stressors unresolved (Baihaqi & Ikaningtyas, 2022).

Behavioral avoidance also emerged as an important coping pattern, characterized by postponing assignments, completing tasks close to deadlines, and investing minimal effort in academic work. This finding is consistent with the concept of behavioral disengagement, in which individuals reduce their involvement in situations perceived as stressful (Ansani & Samsir, 2022). Students tended to avoid tasks they considered difficult or demanding as a means of minimizing emotional discomfort (Pujiati & Komarudin, 2024). Although this strategy temporarily reduced stress, participants reported several adverse consequences, including increased academic anxiety, decreased learning motivation, lower self-confidence, and poorer academic performance. These findings suggest that avoidance coping becomes maladaptive when it is repeatedly used without accompanying problem-solving efforts (Bachtiar, Hasan, & Andodo, 2023).

This study also identified several factors associated with avoidance coping. Internal factors included poor time management, physical exhaustion, emotional distress, low learning motivation, and low self-confidence, whereas external factors consisted of peer influence and financial pressure during medical education. Previous studies have shown that coping strategies are influenced by stress levels, individual characteristics, self-efficacy, and social and environmental support (Rachmawati, Anantanyu, &

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Universitas Malahayati

Corresponding author: *E-mail: srimarai3@malahayati.ac.id

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Kusnandar, 2019). These findings highlight the importance of promoting more adaptive coping strategies among first-year medical students, particularly through improved time management, emotional regulation, and problem-focused coping skills. In addition, support from families, peers, and educational institutions is essential to facilitate healthy psychological adjustment during the transition to medical school (Auliya, Andriani, Fardani, Ustiawaty, Utami, Sukmana, & Istiqomah, 2020).

CONCLUSION

First-year medical students at the Faculty of Medicine, Universitas Malahayati predominantly demonstrated avoidance coping behaviors in response to academic stress, including escape coping, distraction coping, behavioral avoidance, and emotion-focused coping. These behaviors were influenced by internal factors, such as poor time management, physical exhaustion, emotional distress, low learning motivation, and low self-confidence. Avoidance coping also contributed to psychological, motivational, and academic consequences, including anxiety, overthinking, reduced learning motivation, procrastination, and poorer academic performance. Overall, the findings indicate that avoidance coping emerges as a common response to the academic demands and adjustment challenges encountered during the transition to medical school. Promoting adaptive coping strategies and providing institutional support may facilitate healthier psychological adjustment and improve academic outcomes among first-year medical students.

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