



The Correlation of Parent's Social Support with Adolescent's Self-adjustment in Boarding School

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Abstract. Parental social support plays a critical role in the adjustment of adolescents living in dormitory Nursing Department, Faculty of Health Sciences, Universitas Brawijaya, Indonesia settings. Insufficient parental support may predispose adolescents to poor adjustment across social, emotional, and educational domains. This study aimed to examine the relationship between parental social support and the adjustment of junior high school adolescents residing in dormitories. A correlational observational design with a cross-sectional approach was employed. The sample comprised 45 adolescents aged 13–15 years residing at St. Maria Dormitory, Malang, selected using total sampling. Data were collected using the Parental Social Support Questionnaire and the Adjustment Inventory for School Students. The association between variables was analyzed using Spearman's rank correlation test, with a significance level of $p < 0.05$ (obtained $p = 0.01$). Parental social support was predominantly at a moderate level (66.7%), as was adolescent adjustment (68.9%). A moderate, positive correlation was identified between parental social support and adolescent adjustment ($r = 0.491$). In conclusion, there is a statistically significant relationship between parental social support and adolescent adjustment. Strengthening parental support is therefore essential to facilitate adolescents' adaptation and successful adjustment to dormitory environments.

Keywords: Adjustment, Adolescents, Parental Social Support.

1 Introduction

Adolescence represents a developmental transition from childhood to adulthood, encompassing physical, emotional, and cognitive maturation, typically occurring between the ages of 10 and 19 years. This stage is commonly categorized into early (10–14 years), middle (14–17 years), and late adolescence (17–19 years) [1]. Adolescents accounted for 17% of Indonesia's population in 2021 (approximately 46 million individuals), with 51% (around 23.5 million) aged 10–14 years [2]. East Java ranks as the second province with the largest adolescent population. In Malang City, the number of adolescents aged 10–14 years reached 50,718 in 2020 [3].

Adolescence is characterized by substantial changes across physical, emotional, social, intellectual, and psychosocial domains. During this period, individuals experience bodily changes, engage in identity exploration, develop behavioral patterns, regulate impulses, and make increasingly complex decisions [4]. These developmental processes underscore the importance of parental guidance, supervision, and involvement in supporting adolescents' identity formation [5].

Boarding schools are frequently selected by parents as a continuation of formal education at the junior high school level. These institutions are structured to promote academic achievement, specialized skills, character development, and the internalization of moral values, fostering disciplined and resilient individuals [6]. The boarding school system is characterized by highly structured schedules and clearly defined rules, with consistent supervision by teachers and staff. Such an environment is intended to cultivate discipline and self-regulation among adolescents [7].

Despite these structured environments, adolescents often encounter adjustment difficulties across emotional, social, and academic domains [8]. Effective adjustment is particularly crucial in dormitory settings, where adherence to strict regulations is required for successful adaptation and educational continuity. Moreover, adequate adjustment is a key determinant of psychological well-being and mental health [9].

Adjustment refers to a dynamic process involving cognitive and behavioral responses through which individuals manage internal needs, tensions, conflicts, and frustrations, thereby achieving congruence between personal demands and environmental expectations [10].

However, adolescents in dormitory settings frequently experience adjustment challenges due to separation from parents, restricted visitation, and limited communication. Common manifestations include emotional distress (e.g., crying), sleep disturbances, reduced engagement in activities, and declines in academic performance [11]. Institutional restrictions on communication and visitation are implemented to reinforce discipline and compliance with dormitory regulations [12].

Adolescent adjustment is influenced by both internal and external factors. Internal factors include physical condition, psychological state, and levels of emotional, intellectual, and social maturity. External factors encompass environmental conditions and social support systems [12]. In dormitory contexts, where direct parental involvement is limited, parental social support becomes a critical external resource [13].

Social support is conceptualized as interpersonal communication that conveys emotional concern, care, appreciation, and inclusion within reciprocal social networks. Parental social support specifically refers to the provision of security, affirmation, and care by parents [14]. Its primary dimensions include emotional, appraisal, instrumental, and informational support [15].

Adequate parental social support fosters positive self-perception, enhances self-efficacy, and encourages the development of both academic and non-academic potential. It also reinforces adolescents' perception of being valued and supported by their families [7][16][17]. Furthermore, such support mitigates stress, thereby facilitating more effective adjustment. Adolescents with supportive parents are more likely to perceive themselves as competent and capable of functioning adaptively within their environments [9].

The effectiveness of social support is influenced by several factors, including the source, type, recipient characteristics, situational context, and timing of support delivery. For adolescents, parents represent the most influential source of support due to their close relational proximity. The type of support provided should align with adolescents' specific needs and challenges, and be delivered in a timely and contextually appropriate manner [16][18]

In dormitory settings, adolescents reside with peers and institutional staff, resulting in prolonged physical separation from parents. This limits opportunities for direct, daily interaction and face-to-face support [19]. Consequently, parental support is often mediated through digital communication platforms such as mobile phones and social media, as well as through periodic in-person visits [20].

Previous studies have consistently demonstrated a positive and significant association between parental social support and adolescent adjustment in boarding environments [21]. Adolescents who receive higher levels of parental support tend to adjust more rapidly and effectively [22]. Moreover, such support enhances self-confidence and fosters a sense of being valued and cared for [7]. Empirical evidence from studies conducted in China further indicates that high parental social support is associated with improved academic achievement, more positive self-perception, and lower levels of depression [16].

A preliminary study conducted among 20 adolescents at St. Maria Dormitory Malang (10 third-grade, 6 second-grade, and 4 first-grade students) revealed that 70% exhibited high levels of adjustment, while 15% demonstrated moderate and 15% low adjustment. Indicators of poor adjustment included difficulties in performing daily routines, limited peer interaction, and challenges in emotional expression. Regarding parental social support, 40% of respondents reported high support, 40% moderate support, and 20% low support. These findings underscore the need to further investigate the relationship between parental social support and adolescent adjustment in dormitory settings.

2 Methods

2.1 Study Design

This study utilized a quantitative correlational design with a cross-sectional approach to investigate the relationship between parental social support and adolescent self-adjustment. The research was conducted at the St. Maria Dormitory in Malang, East Java, Indonesia, from March to November 2022. This specific setting was selected because it provides a unique environment where adolescents face the dual challenge of educational demands and personal adaptation while living away from their primary support system their parents.

2.2 Participants and Sampling Strategy

The target population for this study consisted of junior high school students residing at the St. Maria Dormitory. To ensure maximum representation and enhance the statistical power within this specialized small-scale setting, a total sampling (census) technique

was employed. This approach allowed for the inclusion of the entire population, resulting in a total sample size of 45 students. By involving the full cohort, the study aimed to minimize sampling bias and provide a comprehensive reflection of the dormitory's unique social and environmental dynamics.

The validity of the research outcomes was further strengthened through a rigorous two-stage screening process based on specific eligibility criteria. The inclusion criteria required participants to be registered students aged 13–15 years or older than 15 years who voluntarily consented to participate in the study. Conversely, exclusion criteria were strictly applied to isolate the primary variables and minimize confounding factors. Potential participants were screened for pre-existing mental-emotional disturbances, specifically moderate to severe anxiety or stress, using the Hamilton Rating Scale for Anxiety (HARS-A). Individuals who recorded a score greater than 14 on the HARS-A were excluded from the final analysis. This step was essential to ensure that the observed levels of self-adjustment were reflective of the study's variables rather than being clinical symptoms of underlying psychiatric disorders.

2.3 Ethical Considerations

The research protocol was meticulously designed and executed in accordance with the ethical standards for studies involving human subjects. The study received formal approval and was granted an Ethical Clearance Certificate (No: 236/UN10.F13/PT.01.04/2022) by the Health Research Ethics Committee of the Faculty of Health Sciences, Universitas Brawijaya. Throughout the investigation, the researchers strictly adhered to the ethical principles mandated by the Declaration of Helsinki to ensure the protection and welfare of all participants.

A primary ethical requirement was the acquisition of informed consent, which was conducted through a comprehensive process. All respondents provided written consent after receiving a detailed explanation of the study's purpose and procedures. Furthermore, acknowledging the participants' living arrangements, additional approval was obtained from the dormitory warden, who acted as their legal guardian, thereby reinforcing the legitimacy of the consent process. To maintain the highest standards of anonymity and confidentiality, all identifying information was removed and replaced with respondent codes, such as R1 and R2. All data were stored in a secure, restricted-access environment to prevent any breach of privacy.

Finally, the study emphasized the principle of voluntarism, whereby participants were explicitly informed that their involvement was entirely elective. It was made clear that they retained the right to withdraw from the study at any point during the research process without providing a reason and without incurring any penalty or negative repercussions. This approach ensured that participation was based on genuine autonomy and mutual respect between the researchers and the subjects.

2.4 Data Collection Procedure

The data collection was conducted systematically via Google Forms to ensure accuracy and minimize social desirability bias. After receiving the research permit from the dormitory management, the researcher held an introductory session to explain the study's objectives. Respondents who met the screening criteria were then provided with a private environment and approximately 30 minutes to complete the digital questionnaire.

2.5 Statistical Analysis

Statistical analysis was performed using IBM SPSS Statistics version 26.0. The analytical process was conducted in two distinct phases to provide both a comprehensive overview of the data and a rigorous test of the research hypothesis. In the first phase, univariate analysis was utilized to summarize the demographic profiles of the participants through descriptive statistics, including frequencies and percentages. This phase also involved the categorization of the primary variables, namely parental support and self-adjustment, into three distinct levels: low, moderate, and high. This classification was determined using the Azwar Categorization Formula, which employs the sample's mean and standard deviation to ensure that the groupings accurately reflect the actual distribution of scores within this specific cohort.

In the second phase, bivariate analysis was executed to examine the relationship between the variables. Given the ordinal nature of the measurement scales used in the study, the Spearman Rank Correlation test was selected as the appropriate non-parametric tool to determine the strength and direction of the association. To ensure the reliability of the findings, the level of statistical significance for all tests was pre-established at $p < 0.05$. This structured analytical approach allowed for a clear interpretation of how parental support correlates with the self-adjustment of students in the dormitory setting.

3 Results

The study involved 45 adolescents residing at the St. Maria Dormitory in Malang. Prior to the primary data collection, all participants underwent a mental health screening using the Hamilton Rating Scale for Anxiety (HARS-A) to control for confounding variables. This procedure ensured that the respondents did not possess clinical anxiety disorders that could potentially distort their self-adjustment capabilities. The comprehensive demographic profile of the participants is detailed in Table 1.

Table 1. Demographic profile of the participants

Characteristic	Frequency (n)	Percentage (%)	Mean ($\pm$ SD)
Age (years)			13.4 ($\pm$ 0.72)
- 13	25	55.5	
- 14	12	26.7	
- 15	8	17.8	

Gender		
- Male	6	13.3
- Female	39	86.7
Educational Level		
- 7 th Grade	20	44.4
- 8 th Grade	11	24.4
- 9 th Grade	14	31.2

As illustrated in Table 1, the age distribution signifies that the majority of respondents were in the early adolescent phase, specifically 13 years old (55.5%). The gender composition showed a significant predominance of female respondents, accounting for 86.7% of the total sample. Academically, the largest cohort consisted of 7th-grade students (44.4%). Theoretically, this group represents the most vulnerable population regarding psychological stress, as they are in the initial transition period from direct family-based care toward institutional independence within the dormitory environment. To evaluate the psychosocial status of the respondents, a univariate analysis was performed on the two primary variables: Parental Social Support, measured through emotional, esteem, instrumental, and informational dimensions, and Adolescent Self-Adjustment, measured through emotional, social, and educational dimensions. The aggregated data for both variables are presented in Table 2.

Table 2. Frequency distribution of parental social support and adolescent self-Adjustment

Variables & Categories	Frequency (n)	Percentage (%)
Parental social support		
- Low	8	17.8
- Moderate	30	66.7
- High	7	15.5
Adolescent self-adjustment		
- Low	5	11.1
- Moderate	31	68.9
- High	9	20.0

The analysis in Table 2 confirms a strong moderate trend across both variables. Specifically, 66.7% of respondents reported receiving moderate levels of social support from their parents, indicating that family communication functions remain relatively effective despite physical distance. Consistently, the self-adjustment profile also displayed a positive trend, with a cumulative 88.9% of respondents achieving moderate to high adjustment levels. Nevertheless, the presence of respondents in the low support category (17.8%) and low adjustment category (11.1%) remains a critical finding, representing a high-risk group vulnerable to adaptive failure within the dormitory setting. Hypothesis testing was conducted using Spearman’s Rank Correlation given the ordinal nature of the data. This analysis aimed to validate the significance, direction, and strength of the relationship between perceived social support and the actualization of

adolescent self-adjustment. The cross-tabulation and statistical test results are summarized in Table 3.

Table 3. Cross-Tabulation and Spearman's Rank Correlation Results

Social support	Adjustment			Total n (%)	p-value	Correlation coefficient (rs)
	Low n (%)	Moderate n (%)	High n (%)			
Low	3 (6.7%)	5 (11.1%)	0 (0.0%)	8 (17.8%)	0.01	0.491
Moderate	2 (4.4%)	23 (51.1%)	5 (11.1%)	30 (66.7%)		
High	0 (0.0%)	3 (6.7%)	4 (8.9%)	7 (15.5%)		
Total	5 (11.1%)	31 (68.9%)	9 (20.0%)	45 (100%)		

The correlation test yielded a p-value of 0.01, providing strong empirical evidence to reject the null hypothesis as the value is below the significance threshold. This confirms a statistically significant relationship between parental social support and adolescent self-adjustment. Furthermore, the correlation coefficient = 0.491 indicates a moderate strength of association. The positive direction of the correlation proves a proportional linear relationship, wherein an increase in the quality of parental social support directly contributes to an improvement in the adolescent's self-adjustment effectiveness. An in-depth exploration of the cross-tabulation reveals crucial adaptive dynamics, notably that none of the respondents (0%) in the "High" social support group fell into the "Low" self-adjustment category. This fact highlights that optimal parental support serves as an absolute protective factor against maladjustment. Conversely, the probability of adjustment failure increased significantly among those receiving "Low" support, with 3 out of 8 respondents in that category. The highest concentration of data (51.1%) is centered at the intersection of moderate categories for both variables, reflecting a stable trend across the majority of the sample population. Overall, these findings underscore that even within an institutionalized environment, adolescents' perception of parental support remains a vital psychological determinant in facilitating their emotional and social transitions.

4 Discussion

The findings of this study indicate that most adolescents (66.7%) perceive their parents' social support at a moderate level. Age-based analysis reveals an interesting transitional phenomenon: early adolescents (13 years old) receive the highest level of social support, whereas middle adolescents (15 years old) report lower levels. During the initial phase of dormitory transition, parents tend to intensify emotional, material, and financial support to facilitate early adaptation and positive self-adjustment while away from home [23]. Conversely, the decline in support at age 15 reflects a normative shift in support sources from parents to peers. Parental support tends to decrease while peer support increases during this stage, as adolescents often feel more comfortable sharing

with their peers [24]. Significant gender disparity was also observed, with female adolescents reporting higher exposure to social support (13.3%) compared to males (2.2%). Psychosocially, this may be explained by the tendency of male adolescents to be more internalized regarding their personal problems, making it difficult for parents to identify and provide necessary support [25]. From an educational perspective, 9th-grade students reported a decrease in academic interaction with their parents. Frequent parental monitoring in these grades can be perceived as controlling, which may negatively impact intrinsic motivation and academic growth [26]. Consequently, parents may instinctively reduce such interventions to foster autonomy.

Consistent with the perception of social support, the majority of respondents (68.9%) exhibited a moderate level of self-adjustment. However, qualitative data revealed that for those with low adjustment, the primary stressor was the lack of autonomy in choosing the dormitory, leading to maladaptive motivation and emotional instability [27]. In contrast to the findings on social support, male adolescents demonstrated superior resilience in self-adjustment compared to females, likely due to higher levels of self-confidence and more effective emotion management skills [28]. Academically, the 7th and 9th grades were identified as high-risk periods for maladaptation due to the sudden increase in workload and expectations of independence [29]. Within the spectrum of self-adjustment, the social domain showed the highest success rate (33.9%), indicating that most adolescents successfully developed life skills such as problem-solving and interpersonal management [30][31]. Furthermore, emotional adjustment played a vital role in validating perceptions and solving problems, preventing adolescents from being overwhelmed by environmental stressors [32].

Inferential analysis ultimately demonstrated a significant positive correlation ($p = 0.01$, $r_s = 0.491$) between parental social support and adolescent self-adjustment. Despite the physical separation, the psychological presence and positive communication of parents remain fundamental pillars facilitating a successful transition and reducing behavioral problems [9][16][29]. Interestingly, instrumental support emerged as a key factor (28.5%), directly correlating with high academic adjustment. This suggests that the provision of learning facilities and financial support from parents is essential for academic satisfaction and a positive school climate [33]. Nevertheless, the moderate correlation suggests that adaptability is a multi-factorial phenomenon, where parental support interacts with internal resilience and other external factors to shape the adolescent's overall adjustment [21].

This study is limited by its sample size, which decreased from 55 to 45 participants due to student graduations and transfers during the data collection period. Additionally, the cross-sectional design prevents the determination of causal relationships. Future research should utilize qualitative or mixed-methods approaches to provide a more comprehensive understanding and explore other internal or external factors that may influence adolescent adjustment.

5 Conclusion

This study concludes that adolescents living in St. Maria Dormitory generally possess moderate levels of parental social support (66.7%) and self-adjustment (68.9%). A statistically significant moderate positive correlation ($p = 0.01$; $r_s = 0.491$) was found between the two variables, confirming that higher levels of parental support are associated with better adjustment outcomes. These findings emphasize that parental involvement, particularly through emotional and instrumental dimensions, remains an essential protective factor for adolescents during their transition to dormitory life.

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