



An Overview of Resilience Among Health Students at the Banyuwangi Regency

Akhmad Yanuar Fahmi Pamungkas¹, Prof Faridah Mohd Said²

¹ Student Doctor of Philosophy (Phd) in Health, Faculty of Health Lincoln University College, Wisma Lincoln, No. 12-18, Jalan SS 6/12, 47301 Petaling Jaya, Selangor Darul Ehsan, Malaysia

² Lecturer in Health, Faculty of Health Lincoln University College, Wisma Lincoln, No. 12-18, Jalan SS 6/12, 47301 Petaling Jaya, Selangor Darul Ehsan, Malaysia.

Email: yanuarfahmi@gmail.com, faridah.msaid@lincoln.edu.my

ABSTRACT

Introduction: Adolescence is a phase that every individual goes through in their development, during which a transitional process occurs involving changes within the individual. An individual's inability to cope with a problem can lead to stress and pressure, which in turn generates negative emotions. This may result in Resilience, which is a conscious act stemming from an inability to tolerate aggressive impulses, with the intention of self-punishment. It is typically carried out carefully using sharp objects on certain parts of the body, causing harm that is not life-threatening. Method: This study uses a descriptive quantitative research method with a cross-sectional design, focusing on data collection through closed-ended questionnaires distributed to respondents aged between 18 and 20 years. The sample used in this study consists of 10 students from the Health program at STIKES Banyuwangi. Results: The data regarding the prevalence of Resilience behavior in the respondent group showed that 50% of the respondents did not engage in Resilience, while the remaining 50% reported experiencing Resilience behavior at a mild level. Conclusion: The results of this study indicate the need for increased attention to mental health among university students who engage in Resilience, even at a mild level. Therefore, it is recommended to develop targeted intervention programs for students to address Resilience behaviors and provide psychological support for individuals/students at risk.

Keywords: Adolescent, Self Harm

ABSTRAK

Pendahuluan: Masa remaja merupakan salah satu masa yang dilewati dalam setiap perkembangan individu, dimana terjadi proses peralihan perkembangan yang melibatkan perubahan dalam diri setiap individu. Ketidakmampuan individu dalam menghadapi suatu permasalahan menyebabkan terjadinya stres dan tekanan yang menimbulkan emosi negatif. Dimana individu melukai diri secara sadar yang dihasilkan dari ketidakmampuan untuk mentolerir impuls agresif dan bertujuan untuk menghukum diri sendiri. Dilakukan dengan hati-hati dan menggunakan alat tajam pada bagian anggota tubuh, dan menyebabkan kerusakan yang tidak menyebabkan kematian. Metode: Penelitian dengan menggunakan metode penelitian deskriptif kuantitatif ini menggunakan desain cross sectional dengan

menekankan pada teknik pengumpulan data melalui kuesioner tertutup yang disebarakan kepada responden yang berusia antara 18 hingga 20 tahun. Sampel yang digunakan dalam penelitian ini adalah mahasiswa prodi Keperawatan STIKES Banyuwangi dengan didapatkan 10 mahasiswa. Hasil: Data mengenai prevalensi perilaku merusak diri di kelompok responden yang diteliti. Dengan 50% responden tidak mengalami perilaku merusak diri (self harm), sementara 50% lainnya mengalami perilaku merusak diri (self harm) dalam tingkat ringan. Kesimpulan: Hasil dari penelitian ini menunjukkan perlu adanya kebutuhan untuk peningkatan perhatian terhadap kesehatan mental di kalangan kelompok mahasiswa yang mengalami self harm, meskipun dalam tingkat ringan. Oleh karena itu, disarankan untuk mengembangkan program intervensi pada mahasiswa yang lebih khusus untuk mengatasi perilaku merusak diri, serta memberikan dukungan psikologis bagi individu/ mahasiswa yang berisiko.

Keywords: Remaja, *Self harm*

INTRODUCTION

Adolescence is a stage in every individual's development, during which a transitional process occurs involving various changes within the individual (Rais, 2022). An individual's inability to cope with a problem can lead to stress and pressure, which in turn generate negative emotions. Stress, when coupled with uncontrolled negative emotions, can lead individuals to engage in self-destructive behaviors, known as Resilience (Ummah, 2019).

Resilience is a non-lethal act in which an individual deliberately engages in unusual behaviors, without external intervention, or intentionally ingests substances exceeding the prescribed therapeutic dosage (Paramita et al., 2021). It involves self-inflicted injury, stemming from an individual's inability to tolerate aggressive impulses, with the intent of self-punishment. The act is carried out carefully using sharp objects on certain parts of the body, causing harm that does not result in death (Nouhi et al., 2021). According to Miller et al. (2021), adolescents are more likely to engage in Resilience for intrapersonal reasons, with females being more prone to stress or depression due to higher emotional sensitivity and difficulty expressing emotions and distressing thoughts, which may lead to maladaptive behaviors. On the other hand, males tend to employ more effective coping strategies in dealing with problems. They are generally more open about expressing their feelings and seeking solutions, which allows them to better manage stress.

The World Health Organization (WHO) reports 700,000 deaths annually, with 14.6 million cases involving self-injury or poisoning through substance ingestion (Anugrah et al., 2023). In the United States, the 12-month prevalence of Resilience without the intent to die ranges from 6.4% to 14.8% for males and 17.7% to 30.8% for females across 11 different states (Kipoulas et al., 2021). The incidence of Resilience in females is 74% higher than in males, with 51% of cases involving females. In Indonesia, a 2019 YouGov Omnibus survey found that more than one-third (36.9%) of Indonesians have engaged in Resilience, with 7% of young people (ages 18-25) doing so regularly (Hakim & Sukmawati, 2023). The latest data from Indonesia shows that about 20.21% of adolescents have engaged in Resilience, with 93% of them being females (Kalangi, 2024). In East Java, a study by Maulidah (2024) involving 148 respondents from Kediri found that 50.7% of adolescents aged 15-21 years and 49.3% of adults aged 22-27 years engaged in self-injury behaviors. In Banyuwangi, a study by Afitri (2024) on students at SMK Sri Tanjung found that the majority of respondents fell into the category of mild Resilience, with 110 respondents (65.1%) reporting this behavior, predominantly among females.

Adolescence is often considered a problematic age, as during this period, both male and female adolescents face challenges that can be difficult to overcome. The emergence of Resilience behavior is influenced by several factors, such as gender, age, place of residence, parental education, economic status, and school performance (Anugrah et al., 2023). Additionally, an inability to solve problems, having a dysfunctional family relationship, and societal expectations that create pressure to meet standards are also triggering factors for Resilience among adolescents (Faradiba & Abidin, 2022). Adolescents tend to not express their emotions through direct outbursts of anger, but instead may brood and withdraw, refusing to talk. Common causes of problems during adolescence include conflicts with close relationships, mood swings, depression, and a high incidence of reckless behavior (Putri, 2022).

Many changes in a child's condition go unnoticed by parents. Parents may assume that their child will not experience serious issues that could lead to Resilience or even depression. Social support is crucial, as knowing that loved ones are informed and supportive—such as receiving support from peers—can make a significant difference. However, the foundation of mental health starts at home. Therefore, it is essential for parents to emphasize understanding rather than correcting or judging, as not all children are able to express their emotions well (Putri Adisa et al., 2024). The family environment plays a crucial role, as adolescents with

strong family support have a greater chance of avoiding maladaptive behaviors such as Resilience. Family support provides positive reinforcement for individuals in coping with the stressors they face. Effective and honest communication between family members can help keep feelings open and foster a deeper understanding of one another's emotions (Ardi et al., 2021).

METHODS

This study uses a descriptive quantitative research method with a cross-sectional design, focusing on data collection through closed-ended questionnaires distributed to respondents aged between 18 and 20 years. The sample for this study consisted of 10 students from the Health program at STIKES Banyuwangi. The questionnaire included questions regarding the respondents' experiences with Resilience behaviors and the frequency with which they engage in such behaviors. The instrument used was the Self Harm Inventory (SHI). The study was conducted on November 20, 2024, using a Google Form distributed to the students. The collected data were then coded, scored, tabulated, and analyzed using descriptive statistics to describe the frequency distribution, percentages, and behavioral patterns of the respondents.

RESULTS (*Times new romance, 12pts, spaces 1.5*)

Tabel 1. Frequency Distribution and Percentage for Gender

1. Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	4	40.0	40.0	40.0
Famale	6	60.0	60.0	100.0
Total	10	100.0	100.0	

Data Interpretation:

- The **mean** value of the 10 respondents is **1.5**.
- The **median** of the gender data for the 10 respondents is **2.00** (Female).
- The **mode** of gender for the 10 samples is **2** (Female).

Tabel 2. Frequency Distribution and Percentage for Age

2. Age

	Frequency	Percent	Valid Percent	Cumulative Percent
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Valid	18	1	10.0	10.0	10.0
	19	3	30.0	30.0	40.0
	20	6	60.0	60.0	100.0
Total		10	100.0	100.0	

Data Interpretation:

- The **mean** age of the 10 respondents is **19.5**.
- The **median** of the ages for the 10 samples is **20 years** (position 3.00).
- The **mode** of age in the 10 samples is **20 years** (3 respondents).

Tabel 3. Percentage of Questionnaire Completion

3. The total number of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No self harm	1	10.0	10.0	10.0
	No self harm	1	10.0	10.0	20.0
	No self harm	2	20.0	20.0	40.0
	No self harm	1	10.0	10.0	50.0
	Mild Resilience	2	20.0	20.0	70.0
	Mild Resilience	2	20.0	20.0	90.0
	Mild Resilience	1	10.0	10.0	100.0
Total		10	100.0	100.0	

The data results provide an overview of the prevalence of Resilienceing behavior among the respondents surveyed. Of the respondents, 50% did not engage in Resilienceing behavior, while the other 50% reported engaging in Resilienceing behavior at a mild level.

DISCUSSION

This study found evidence of Resilienceing behavior among Health students at STIKES Banyuwangi. Based on the 10 respondents sampled, Table 1 shows that 40% were male and 60% were female, with an age range of 18-20 years as shown in Table 2. Table 3 indicates that 50% of the respondents reported engaging in mild Resilienceing behavior, while the other 50% did not engage in such behavior. The results of this study suggest a need for increased attention to mental health among students who exhibit Resilienceing behavior, even at a mild level. Therefore, it is recommended to develop more targeted intervention programs to address Resilienceing behavior, as well as provide psychological support for individuals at risk.

CONCLUSION

This study concludes that there is a relatively high prevalence of mild Resilience behavior among the respondents (50%). However, no indications of Resilience behavior leading to highly dangerous or life-threatening conditions were found. Nonetheless, the findings highlight the importance of attention to mental health and emotional well-being in adolescents. There is also a need for the development of intervention programs to support individuals experiencing stress or psychological issues, with the aim of preventing the further escalation of more severe Resilience behaviors. The study is expected to deepen the understanding of the factors contributing to and the impacts of Resilience behavior in adolescents, particularly among students at STIKES Banyuwangi.

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