

The Correlation between Perceived Social Support and Mental Health among Adolescent Street Children

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ジャカルタなど3都市で、路上生活の子どもたちの生活実態と精神衛生面の問題を調査し、いかなる公的・私的な支援が必要かを考察する。

Abstract

This study was conducted to investigate the correlation between perceived social support and mental health among adolescent street children. Perceived social support is measured by adapting Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet, Dahlem, Zimet, and Farley (1988) and mental health measured by Mental Health Continuum-Short Form (MHC-SF) developed by Keyes (2002). Data was analyzed by using Pearson Correlation. A sample of 60 adolescent street children in Jakarta, Bogor, and Depok, cities in Indonesia participated in this study. The result shows positive and significant correlation between perceived social support and mental health ($r = 0.377$, $n = 60$, $p < 0.01$, two tailed). Most of participants have families and maintain contact with their families by returning home. Most of them assumed their parents as significant others in their lives.

Keywords mental health, perceived social support, street children, adolescent

Introduction

Child is a bud who will grow and become the next generation of a nation. For becoming a good figure a child certainly need to get proper support from their environment, especially from their family. To receive family support and protection is a basic right of every child. But in reality, not all the children get the right which must be gotten. It happens to them who are poor like the abandoned children, street children, children who are traded to another place, children with low economic status, etc. (Mangun-song, 2011).

Poor children phenomenon like the street children is a problem which needs special concern because of the great number of them. Social Ministry Data shows that in 2005 there were 46,800 street children who were spread in 21 provinces in Indonesia (www.ilo.org). Based on National Data from 2010,

street children in Indonesia reached 85,013 children who were spread in 33 provinces (Nugraha, 2013). Social Ministry Data shows that street children in Indonesia reached 230,000 (Sutriyanto, 2011; The Jakarta Post, 2012).

Street children have many reasons why they finally choose street as their home or workplace either for temporary or forever. There are many street children who leave from their home because of psychological, physical, or sexual violence (UNICEF, 2005). Lalor (1999) also mentioned that significant factor which causes the children come to street is violence at home. In Indonesia, where the number of street children is rising, almost 70% of them escapes from their home because of poverty and violence in their family (Mulyadi, 2008).

The selection of the street as their home to avoid negative condition which they get at home factually

can cause possibility for them to get any other negative condition. When they are on the street, children are susceptible to any kind of exploitation and act of despising also far away from ideal condition of life like what Children Right Convention is hoped (UNICEF, 2005). They also susceptible to starving, diseases, accident, and any kind of exploitation (Kombarakaran, 2004). UNICEF (2005) explains that street child cannot be a part of conflict to some parties who should protect them, like in some cases when police or competent authorities did act of despising, caning, even arresting and murder that were done by societies because of thinking the street children cause problems even in this case often involve district government or does not respected by their district government. Lalor (1999) also stated the similar thing that street children are very susceptible to violence and become victim either police, other street children or people who go through the street.

The street life is full of challenges. According to Koller and Hutz (2001), street children often face more risk than other normal children. They explain that bigger risk is caused by street children who face not only physical, social, and emotional negative factor at home but also on the street. Some researches show that street children are getting high hopelessness level, susceptible to depression and depressive disease (Woan, Lin, & Auerswald, 2013). Most of street children feel that they have no bright future and are getting difficult life (UNICEF, 2002).

The most interesting one Aptekar (cited in Koller & Hutz, 2001) stated that compared to their siblings who decide to keep stay at home, street children are mentally healthier. Observation which was done by Koller and Hutz (cited in Koller & Hutz, 2001) found that street children can through their life on the street even so full of risk because they can develop a coping strategy and they are resilience in facing condition that is susceptible of risk. Koller and Hutz (2001) mentioned that to develop and survive in difficult environment, street children implement an effective strategy that is to join a group that thrives on street and is called "gang". Street children join a "gang" on

purpose to protect themselves (Lalor, 1999). "Gang" as if become replacement family when they spend their time on the street while they are far away from their family. Agnelli (cited in Lalor, 1999) explains that in a "gang," a child gets a status, happiness, admiration, protection, and brotherhood. Also they can find some new identity that will be strengthened by the unique language that can be understood by only members of that "gang" or in other word esoteric slang. Finding family replacement during on the street reflects that street children need to keep emotional relationship with family member, even though they seem to be enjoying the free spirit of having no parental control, but actually they need the warmth and care of a family (Kombarakaran, 2004).

Besides joining in a group or famously called "gang" as effective strategy that was done by street children, according Koller and Hutz (2001) street children also develop some kind of peer relationships that are emotional group and business group. Emotional group is functioned if street children want to spend their night by having fun together. While business group is functioned as protection and need fulfilment placed to survive their life. The other strategy that are done by street children is going to social organization for getting food and make it as a protective place. Kombarakaran (2004) also explained about the usage of facilities that are provided by non-government organization (NGO) s to fulfill the needs of street children. In Indonesia, there are NGOs or social organizations that are not just functioned to fulfill needs of food and home but also education. Demartoto (2012) explained that education has a role as socialization, selection, distribution, and social integration media. Therefore, street children who take that opportunity can get social support through social relationship which was made inside like when they are in a "gang" or peer relationship.

According to Thoits (2010), social support refer to emotional help, informational help, or simply from significant others like family member, friends, or job partner also can be a real support which is received from other people (received social support)

or perception which is available support when it is needed (perceived social support) is more profitable. Dunkel-Schetter and Bennet (1990) also Wethington and Kessler (cited in Thoits, 1995) stated that perceived social support has very strong influence to mental health than received social support. A person with high perceived social support has a belief that their family and friends are certifiable to give appropriate help in difficult condition (Lakey, n.d.). This is fit in with Thoits research (cited in Taylor et al., 2004) stated that real support (received support) given by other people can be different which is needed so, according to Cohen and McKay (1984) also Cohen and Wills (cited in Taylor et al., 2004), can cause failure to fulfill receiver needs.

Besides more profitable, perceived social support has role in well-being which is mental health component. Mental health, according to Keyes (2002), describes how people view or value positively their life. Mental health has three components that consist of emotional well-being, psychological well-being, and social well-being (Lamers, Westerhof, Bohlmeijer, ten Klooster, & Keyes, 2010). Perceived social support role in well-being can be seen in some research result below. Martinez, Aricak, Graves, Myszak, and Nellis (2011) said that a person whose perceptions about existing of social support from important person in their life is one of basic factor which is related to psychological well-being. From emotional well-being side, Turner and Marino (1994) mentioned that perceived social support is related to emotional well-being.

Perceived social support role can be viewed in adolescent. During adolescence there is fast and unstable emotional change so perceived social support role is very important in this age. (Wenz-Gross et al., cited in Martinez, Aricak, Graves, Myszak & Nellis, 2011). Besides that, many researchers found that perceived social support and depression have negative relation (Keleckler & Waas, 1993; Ostrander Weinfurt, & Nay, 1997; Pattern et al., cited in Demaray & Malecki, 2002). This means when perceived social support of a person increases

so the depression level will decreases. Depression problem can be found in adolescence. Depression prevalence increase while adolescence (Papalia & Feldman, 2012). Adolescent street children have higher stressed and depression level than those who live normally or are not on the street (Ayerst, 1999).

Problem which is also faced in adolescence is runaway from their home. Runaway is done because adolescent think their parents do not understand them and too much busy with themselves (Santrock, 2014). He explains that runaway process is step in going on from reducing the time in home to spend the time on the street further with their peer. A peer group is social support source that is important in adolescence when their parents' attitude is disappointed (Papalia & Feldman, 2012).

The researches above show that street children face risk condition which can be impacted to their life, but on the other side they can survive in the street life because they can develop some effective coping strategy so they will be mentally healthy. Through that coping strategy, they can get social support which also has role to their mental health. Research about role of social support, especially perceived social support, just still see the correlation between perceived social support to mental health component separately or have not being comprehensive. Therefore, this research is aimed to know the correlation between perceived social support and mental health comprehensively, especially adolescent street children because there are many cases about runaway from home to the street also about depression case number is increased in adolescence.

Literature Review

Mental Health

Lamers, Westerhof, Bohlmeijer, ten Klooster, and Keyes (2010) explain that mental health concept in the earlier is more defined as there is no psychopathology, but at the last few years has changed by refer to more positive condition. One of figure who describe that mental health refer to positive condition

is Corey L. M. Keyes.

According to Keyes (2002, 2005) mental health is defined as “*symptoms of hedonia and positive functioning, operationalized by measures of subjective well-being—individuals’ perceptions and evaluations of their lives and the quality of their functioning in life* (p. 540)”. Based on that definition can be known that mental health is individual positive feelings to their own life (hedonia) (Keyes, 2005) and individual positive function that was operationalized in subjective well-being column that is individual appraisal to their life quality (Keyes & Simoes, 2012). This is fit in with what Keyes ever mentioned (Keyes, 2002) that in last 40 years, mental health was operationalized and measured for subjective well-being research. Subjective well-being measurement can be done by measuring emotional symptoms that is emotional well-being and functional well-being that consists of psychological well-being and social well-being (Keyes, 2002). In other words, mental health can be detect by measuring emotional well-being, psychological well-being, and social well-being.

To describe mental health, Keyes (2002) introduced the terms of “flourishing” and “languishing”. Flourishing is used to describe mentally healthy individual or presence of mental health (Keyes, 2002). Flourishing individual has well-being that can be got if he or she has positive emotion and well functioned psychologically or socially (Keyes, 2002) or in other words he or she has high emotional well-being, psychological well-being, and social well-being (Keyes, 2005). On the other hand, languishing individual shows no mental health (absence of mental health) (Keyes, 2002). The languishing individual has low well-being level because he or she feel emptiness and stagnation like feel hopeless (Keyes, 2002). Keyes (2002) also explained that individual who is in between flourishing and languishing in their life is belong to moderately mentally healthy. In 2002, Keyes developed mental health measurement that is called Mental Health Continuum to know how far an individual getting flourishing, languishing, or mod-

erately mentally healthy.

Mental Health Component

Lamers, Westerhof, Bohlmeijer, ten Klooster and Keyes (2010) stated that there are three components that form mental health that are emotional well-being, psychological well-being, and social well-being. Emotional well-being is a group of symptoms that describes there is or no positive feeling about life (Keyes, 2002), consist of three dimension that are positive affect, happiness, and life satisfaction (Keyes, 2003). Psychological well-being is how far someone is functioned in their own life (Robitschek & Keyes, 2009), consist of six dimension that are self-acceptance, positive relations with others, personal growth, purpose in life, environmental mastery, and autonomy (Keyes, 2002). Social well-being is someone’s valuation of her or his function in the society (Keyes, 1998), there are five dimensions that are social coherence, social actualization, social integration, social acceptance, and social contribution (Keyes, 2002).

Factors that Influence Mental Health

Horwitz (2010) explained that social factor influences mental health level. That factor consists of social integration, social stratification, social inequality, and cultural values. First, social integration is active involvement in social relationship, activities, and the role like parents, friend, neighbor, and others (Papalia & Feldman, 2012). Social integration has correlation with positive mental health (Horwitz, 2010). This can be seen from Thoits and Hewitt’s explanation (cited in Horwitz, 2010) that people who more often keep contact with other people like family, friend and neighbor, and are also often involved in an organization has better mental health than those who are socially isolated. Beside mentally healthy, people who are socially integrated is more able in stressed coping that is faced because of through the social link that they have, they get more social support, helping hand and sympathy than isolated people (Horwitz, 2010). Second, social stratification is different from

a person to another including authority, status, and resources. Social stratification also has influence to mental health. Third, Link, and Phelan (cited in Horwitz, 2010) mention that gap of social class status like wealth, knowledge, authority, influence and prestige has strong influence to the mental health. McLeod and Nonnemaker (cited in Horwitz, 2010) explain that bad mental health of someone is caused by poverty. Fourth, mental health can be reached on culture that implant the solidarity value in a group (group cohesion), meaningfulness, and life purpose.

Besides that, McCulloch and Goldie (cited in Goldie, Dowds, & O'Sullivan, n.d.) stated that there are something that determine mental health, such as sameness and discrimination in society, unemployment number, social coherence, education, medical infrastructure, neighborliness, family structure, family dynamic, parenting, lifestyle (such as smoking and alcohol consumption habits), financial, physical health. The other important thing in determining mental health is age, gender, and ethnic (Barry cited in Goldie, Dowds, & O'Sullivan, n.d.).

Social Support

Goebert and Loue (cited in Tonsing, Zimet, & Tse, 2012) explain that social support consist of two components that are structural support and functional support. Canty-Mitchell and Zimet (cited in Tonsing, Zimet, & Tse, 2012) said that structural support include social network, how often an individual get in touch with member of that network, reciprocal support, and the quality of support. Functional support is individual perception related with received support level like emotional support, affirmative support and tangible support (House & Kahn, 1985; Kahn & Antonucci cited in Tonsing, Zimet, & Tse, 2012)

Concept of structural and functional support in general is well known with received and perceived social support terminology (Tonsing, Zimet, & Tse, 2012) Therefore, it can be understood that structural support is received social support while functional support is perceived social support. While perceived social support concerns mainly on cognitive aspect, received

social support concerns more on attitude aspect. Received social support is behavior component of social support because of needing interpersonal relation role (Dunkel-Schetter & Benner cited in Coventry, Gillespie, Health, & Martin, 2004). Someone can get social support from any parties. According Zimet, Dahlem, and Farley (1988) social support source can be from family, friends, and significant others.

Family. Family is an environment where a child get nurturance, love, and any chances that can be got (Berns, 2013). Family role is not only in giving economic support but also emotional support (Berns, 2013). He explains that economic support is like providing safe and healthy home, clothes, and food for children while emotional support can be done by making interaction each other. Emotional support also can be awareness and involving each other. This is very important to emotional well-being of family member (Berns, 2013).

Friend. According to Santrock (2014), friend is a smaller part of peer group, a place where they can feel friendship, support, and intimacy that are profitable to each other. In adolescence, hours spent with friends are much more than in other age group of life (Papalia & Feldman, 2012). Role of friendship in adolescence can be seen from a longitudinal research done by Wentzel, Barry, and Caldwell (cited in Santrock, 2014). They found that a student who has no friend is more possibly getting emotionally distressed like depression and low well-being, less involved in pro-social activities, and having low value. Positive impact that can be get from making friends certainly must be supported with the good quality of friendship. This is fit in with the explanation that adolescent who has supportive, stable, and close friendship will be easier to be socialized, showing good performance in school, less hostile to others, worried, and getting depression (Berndt & Perry, 1990; Buhrmester, 1990; Hartup & Stevens cited in Papalia & Feldman, 2012).

Significant Others. In this research, significant others is anyone who is important to someone in their life. Canty-Mitchell and Zimet (2000) explains

that significant others or special person is relevant thing that is used on adolescence which is the time to start relationships with girlfriend or boyfriend and the increasing influence of adult people besides parents. The adult besides parents (non-parental adults) that can be relied on adolescent for getting support and have significant influence for them can be from different people like extended family, teacher, employer, trainer, or older friends (Chen, Greenberger, & Farruggia, 2003).

Street Child

The most general definition of street child, based on Inter-NGO at Switzerland in 1985 (UNICEF, 2002), is “any girl or boy who has not reached adulthood, for whom the street (in the broadest sense of the word, including unoccupied dwellings, wasteland, etc.) has become her or his habitual abode and/or sources of livelihood, and who is inadequately protected, supervised or directed by responsible adults” (p. 89).

Refer to that definition, street child is the child who has not reached adult age either boy or girl who make the street as their daily home and/or the place to earn a living, also less of getting protection, controlling, or instruction from adults that should be have responsibility of them.

UNICEF (2002) categorizes street children in two categories, that are “children of the street” and “children on the street”. That category based on the relation between street children with adult who are responsible of them and their home (Harju, 2013). “Children of the street” are those who stay and sleep at town street because of homelessness so that it may be they do not get nurturance that should be get because of less emotional and psychological support (UNICEF, 2002). Lalor (1999) mentioned that street is main home for children of the street but they are possible occasionally contact interfacing with their family and visit their home rarely. In the street, they stay with other street children or homeless adult street (UNICEF, 2002). “Children on the street” are those who earn a living or begging for money on the street but at night they back to their home (UNICEF,

2002). In other words, they just work but not stay and sleep on the street. Therefore, they still have contact with their family (UNICEF, 2002).

Street children categorization in two groups is useful, but in other side there are something which is overlapping and in grey area (UNICEF, 2002). Muchini (cited in UNICEF, 2002) explains that there are “children of the street” that totally lost contact with their family but there are also some who still keep contact. Muchini added that some “children of the street” visit their mother or siblings before finally back to their “home” in the street. Besides, street children who in grey area sometimes sleep at home and sometimes sleep on the street are classified to the “children on the street”.

Research Methodology

Participants

Participants of this research are 60 adolescent street children consist of boys ($n = 55$) and girls ($n = 5$) who come from Jakarta ($n = 16$), Depok ($n = 30$), and Bogor ($n = 14$). Age range of participant is based on definition of adolescent according to Peterson (cited in Schmied & Tully, 2009). That participant were gotten with non probability sampling method, exactly convenience sampling or accidental sampling. Data was taken once in each participant (one shot study design). Then, data were processed using Pearson Correlation statistic method for knowing how significant the correlation between perceived social support and mental health.

Instruments

Perceived Social Support. Perceived social support was measured by using Multidimensional Scale of Perceived Social Support (MSPSS) which was developed by Zimet, Dahlem, Zimet, and Farley in 1988 on purpose to assess the perception of the social support availability which come from family, friend, and significant others. This instrument has been validated on any kind of samples including adolescent (Cheng & Chan, 2004). MSPSS which was used in

this research is the adaptation result which has been done by Trifilia (2013) from English to Bahasa and changed seven scales to four scales. The result of MSPSS four scales test showed that this instrument reliable with 0.817 in reliability coefficient and valid with item-validity coefficient on range 0.295-0.625.

Mental Health. Mental health measurement was done by using Mental Health Continuum-Short Form (MHC-SF), an instrument with 14 items which was developed by Keyes (2002) and has been translated in Bahasa. MHC-SF is functioned to measure mental health which involved emotional, psychological, and social well-being in one questionnaire (Lamers, 2012). Through this instrument, individual position can be known, is he or she getting flourishing (complete mental health), languishing (incomplete mental health) or moderately mentally healthy. MHC-SF has very good internal consistency value which is more than 0.8 and also very good discriminant validity, one of it when it was tested on adolescent in 12-18 years old (C.L.M. Keyes, personal communication, April 7th, 2015). Like the statistic calculation result before which showed MHC-SF is good in measuring the mental health, the probation test result on this research also showed that MHC-SF reliable with 0.841 in reliability coefficient and valid with 0.335-0.578 in validity item.

Variables

This research is consist of two variables which are perceived social support and mental health. Perceived social support is subjective valuation of someone that other people will give support if it is needed, also feel that she or he is loved and valued (Lakey & Lutz, 1996). According to Keyes (2002, 2005) mental health is “symptoms of hedonia and positive functioning, operationalized by measures of subjective well-being—individuals’ perceptions and evaluations of their lives and the quality of their functioning in life” (p. 540).

Results

Statistically, result shows that there is significant correlation between perceived social support and mental health, $r = +0.377$, $n = 60$, $p < 0.01$, *two tails*. Research analysis result shows that perceived social support has significant positive relation with mental health. It means the increase of individual perceived social support will make the increase of mental health (flourishing) and conversely. Thereby can be said that more trust an individual to other person will give support when it is needed and she or he will feel that is loved and worth or more positive to view their life, and conversely.

Table 1 General Outlook of Participants based on Gender and Getting School or Not

Aspect	Frequency	%
Gender		
Boy	55	91.7
Girl	5	8.3
Getting School or Not		
Getting School	27	45
Not (but ever)	25	41.7
Not (no information)	8	13.3

Based on table 1, can be known that boy participant (91.7%) is more than girl participant (8.3%). This is fit in with Lalor (1999) who state that in around the world boy street children are more than girl street children. Based on getting school or not aspect nowadays, roughly half of participants are not getting school (55%). But most of them were, in the past, at school (41.7 %). The rest (45%) are still getting school. This result is fit in with researches before which was done in Indonesia by www.ilo.org that more that 50% of street children or on other words most of them still in school age.

Table 2 General Outlook based on Having Family or Not and What was Done During on the Street

Aspect	Frequency	%
Having family or Not		
Still having family and return home/meet up with them after from the street	48	80
Still having family but does not return home/meet up with them after from the street	9	15

Aspect	Frequency	%
Have no family	2	3.3
Unfilled	1	1.7
What Was Done on The Street		
Just Work	53	88.3
Work and live/sleep	3	5
Work and sometimes live/sleep	3	5
Others	1	1.7

Most of participants still have family and return home/meet up with family after from the street (80%). This result is fit in with UNICEF (2005) that there are many street children who still keep contact with their family. On the street, most of participants who still have family and return home/meet up with their family after from the street also during on the street just work, so can be concluded that most of them are in “children on the street” category while the others is “of the street” and “grey” category. Grey category means they who their role is overlap, for example they sometimes live or sleep on the street but sometimes this category is classified in “children on the street” category (Muchini cited in UNICEF, 2002).

Table 3 General Outlook based on Reason Why on The Street and Involved in Group/“Gang” or Not.

Aspect	Frequency	%
Reason on the Street		
Helping parents financially	34	56.7
Runaway from home	3	5
Looking for pocket money	16	26.7
Friends allurement	3	5
Others	4	6.7
Group/Gang		
Yes	26	43.3
No	34	56.7
Involvement of The Activity		
Involved	48	80
Uninvolved	12	20
Having Problems (Ever/Never)		
Ever	49	81.7
Never	10	16.7

Main reason which delivers them to street life is for helping parents financially (56.7%). During on the street number of participants who have group/gang on the street is less than who does not have group/gang (56.7%). Majority of participants are involved in activity which was done in their surrounding envi-

ronment (80%). During work or live and sleep on the street, majority of them have experienced problems (81.7%). Problems cited by participants are driven from street, chased after or caught by government apparatus and security like police, Social Department, even TNI. Other problems which were faced by participants are forced to give money, driven from surrounding society, suspected as thief also fight with other street musician (*pengamen*), surrounding society, and public transportation driver, etc. Problems which were faced by participants show suitability with what UNICEF stated in 2005, that the street children do not get rid of conflict with other parties and they should have been given protection to them also what stated by Lalor (1999) that street children is very susceptible with violence and become victim of police, other street children and other people who passed the street.

Table 4 Mental Health Category

Category	Frequency	%
<i>Flourishing</i>	33	55
<i>Moderate</i>	18	30
<i>Languishing</i>	9	15

From the categorization above mental health can be known that majority of participants are mentally healthy (*flourishing*) (55%). This result does not fit in with some research who shows that street children getting high hopelessness level, susceptible of depression and depressive symptoms (Woan, Lin, & Auerwald, 2013) also most of street children feel no bright future and are having difficult life (UNICEF, 2002).

The fact that there are more adolescent street children who are mentally healthy can be caused by some reasons below:

1. Most of research participants still have family and return back home or keep contact with their family (80%). According to family functions that were stated by Berns (2013), one of its emotional support that can be done by making interaction, caring, and involved each other. This is impor-

tant to emotional well-being of family member (Berns, 2013) include child, not except for adolescent street children. This also can be related with probing result that was done, most of participant mentioned parents as significant others or special person for them.

2. Most of them are involved in surrounding society activities (80%), it means they try to keep contact with other people. Horwitz (2010) stated that social integration has relation with positive mental health (Horwitz, 2010). This is later was explained by Thoits and Hewitt (cited in Horwitz, 2010) that people who more often keep contact with other people like family, friend, and neighbor also often involved in an organization has better mental health than they who is socially isolated. Beside mentally healthy, people who is socially integrated is more able in stressed coping that is faced because of through the social network that they have, they get more social support, helping hand, and sympathy than isolated people (Horwitz, 2010). Adolescent street children who most of them involved in social activity can be seen as a characteristic that appear in adolescence. This is fit in with relation concept according Cameron and Karabanow (cited in Schmied & Tully, 2009) that adolescent making relation with wider social network.

Although this research shows mentally healthy participants but there are something which need to be considered in understanding that result.

1. Researchers do not differentiate children who were found on the street from those in foundation or community. Those who were found on the street are 31 children, while those who were either in foundation or community are 29 children.
2. Instrument that was used in this research used positive items which abstract and more describe about feeling at the moment (here and now) like instrument of mental health not about truly feeling so this can be influence the result.
3. The participants may have emotional problems at home and decided to come to the street. When on

the street they can get happiness because they feel free from unsupported family condition, and also get many friends. This can cause they think their life is more positive so mentally healthy.

4. There are more participants who dropped out of school, this means they do not have rules righteously that is implemented at school. There is no rule that must be obeyed or in other words is freedom which is felt by participants can be one of causal factor they think positively their life.
5. Refer to most of participants' reason that they decide come to the street is help parents financial, participants can be understand what they do as a right thing (to help and the ability of them to earn money) so they view positively their life whereas indirectly they do the role that have been not proper for them or it should be done by their parent even less until cause they out of school.
6. Freedom from parental control and disciplines on the street also need to be calculated as a factor that may cause the view of their life as a positive thing.

Conclusion

Based on the result and analysis that has been done can be concluded that there is significant positive correlation between perceived social support and mental health of adolescent street children. This result can be understood that as perceived social support of adolescent street children increases, mental health of them increases. Conversely, the decrease of perceived social support of adolescent street children will decrease their mental health. Besides, can be concluded that most of adolescent street children mentally healthy.

Discussion

Result of research analysis shows that perceived social support has significant positive correlation with mental health, it means the increase of perceived social support of an individual so their mental

health (flourishing) will increase, so does conversely. Thereby, can be said that more trust an individual that of there will be other people who will provide support when needed also feel that they are loved and valued so they will be mentally healthier or think that their life is more positive, and conversely.

Majority of participants (55%) are mentally healthy (flourishing). This means that adolescent street children think and value positively their life. Research result that shows more adolescent street children who mentally healthy (flourishing) is not fit in with some research that shows street children is getting high hopeless level, susceptible of depression and depressive symptoms (Woan, Lin, & Auerswald, 2013) also most of them feel they have no bright future and difficult on their life (UNICEF, 2002).

The more number of adolescent street children who view positively their life maybe happen because most of them return back to home and meet up with their family (80%). According to family functions that were stated by Berns (2013), one of its emotional support that can be done by making interaction, caring, and involved each other. This is important to emotional well-being of family member (Berns, 2013) include child not except for adolescent street children. The other of this research result can explain the role of family to mental health of adolescent street children where there are correlation between family and significant others dimension (which most of according the participant is parents) from perceived social support and mental health which means that adolescent street children believe that family especially their parents will give helping hand when they need and cause they feel be loved and worth.

The more of adolescent street children who mentally healthy (flourishing) can be caused most of them involved in surrounding environment activities (80%) which means they still keep contact with other people. Horwitz (2010) stated that social integration has correlation with positive mental health (Horwitz, 2010). This is explained later by Thoits and Hewitt (cited in Horwitz, 2010) that people who more often keep contact with other people like family, friend,

and neighbor also often involved in an organization has better mental health than they who is socially isolated. Beside mentally healthy, people who is socially integrated is more able in stressed coping that is faced because of through the social link that they have, they get more social support, helping hand, and sympathy than isolated people (Horwitz, 2010). Adolescent street children who most of them involved in social activity can be seen as a characteristic that appear in adolescence. This is fit in with correlation concept according Cameron and Karabanow (cited in Schmied & Tully, 2009) that adolescent making relation with wider social network.

Suggestions

Methodological Suggestions

1. Street children in this research can be categorized to special population because the uniqueness of them than population in general. Therefore, it is needed to be considered something such as building rapport and explain what is the purpose of involving them as participant so will be created trust, seriously in answering the questionnaire, and the most important is they are not just an object but also have role on this success of research. Besides, it is needed maintaining in instrument filling (if using instrumentation like questionnaire) and probing for getting deeper information of the answer that they give like how the problem they faced look alike during on the street so it was suggested to do individually administration.
2. On the next research is hoped more sample number from any district or area so it will be more representative of street children in Indonesia, especially in adolescence.
3. Research related with street children also can be done on street children in age of range around less of 12 years old or adult because on the field researcher found the big number of street children who fit in with that criteria.
4. It will be better if conduct longitudinal research related with adolescent street children mental

health to know how far consistency of result which shows that there are more adolescent street children include in mentally healthy category (flourishing).

5. The result shows that there is no fit in between participant number who have mentally healthy with they who joined in a gang (group on the street) can be made for next research for knowing influence of gang (group on the street) existing to mental health of street children or what does the factor that cause street children mentally healthy.
6. Instrument that is used on this research especially mental health has positive items and tend to abstract that can cause participant (even less with uniqueness that is had by street children) differently mean it form the truth purpose. Besides, the items more describe the feel at that moment (here and now) because asking feel during last one month so still uncertain describe the truth feeling of participant. This is need to be considered to use instrumentation that can measure negative feeling from participant so can be known negative or positive feeling that they have.

Practical Suggestions

1. Research result shows that there is positive correlation between perceived social support and mental health especially social support source from family and significant others. Therefore, it is needed role of that parties to give support for adolescent street children even less in fact most of them still have family and stay at home. From this result can be a reference to do intervention by doing activities that involve adolescent street children and their family or significant others.
2. The number of adolescent street children who do not go to school need to have skill training as one of preparation step to face the future because they cannot just depend to street life.
3. Based on research result which describes the majority of adolescent street children involve in surrounding activities, the surrounding parties should invite them in various activities so they can be socially

integrated, and clear the negative opinion to street children. This also can increase their mental health.

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