

Self-acceptance, Coping Strategies and Depression on Street Children

Arina Athiyallah*, Rafidhah Kurniawati, Zulfanida Karuniasari,
Maya Setyarini and Eny Purwandari

Abstract--- *Street children face depression, yet little is known contributing to what extend the depression is related to self-acceptance and coping strategies. The research was quantitative correlational study and the aim of the present research is to determine the degree to which a relationship exists between self-acceptance, coping strategies and depression on street children. A total of 50 street children who are living on and living off street ranging from 10-25 years old were recruited by using convenience sampling. This study assessed depression (Beck's Depression Inventory), Self-Acceptance Scale, and Coping Strategies Scale in the participants. Linear regression was administered to examine the associations between self-acceptance, coping strategies and depression on street children. The results of the study is The result of the study is depression level mean 10.28 which categorized as normal, while the regression coefficient scores there is a negative correlation between self-acceptance, coping strategies and depression on street children however there is no significant correlation between three variables.*

Keywords--- *Self-acceptance, Coping Strategies, Depression, Street Children.*

I. INTRODUCTION

The problem of street children has become a global problem including in Indonesia. street children either living off the street or living on the street can be found almost in every big cities in Indonesia. According to UNICEF street children are those who find comfort on the street rather than on their own homes because there will be no supervision of their parents and responsibility from the adults (Mathur, 2009). Since the economic crisis in year 1997, the number of street children is increasing significantly (Asian Development Bank, 1999). According to Matsumoto, the age of street children in Indonesia is 5-18 years old with approximately 63 million street children has been involved in a survey conducted by Asian Development Bank (ADB) and Social Ministry in the year 1999 in 12 big cities in Indonesia. Apart from that, according to Social Affairs Ministry stated that there was an increasing number of street children in 2015 to 2016 with approximately 4,1 million children (Sinabutar and Setianingsih, 2017). However, the number of street children experienced a decrease in the year 2017 which was 23,6 thousand street children and in the year 2018 decreased until 16 thousand children per November (Republika.co.id, 2018).

There are three categories of street children according to Pinzon-Rondon (2008); homeless children, displaced children, and working children. Homeless children are children who do not have home due to the dysfunction of the family so they are abandoned by their parents or escape from home. While displaced children occur because of problems in the community so they have to get out from the community and involved in street but their parents

Arina Athiyallah*, Faculty of Psychology, Universitas Muhammadiyah Surakarta (UMS), Surakarta, Indonesia.
E-mail: arinaathiyallah48@gmail.com

Rafidhah Kurniawati, Faculty of Psychology, Universitas Muhammadiyah Surakarta (UMS), Surakarta, Indonesia.

Zulfanida Karuniasari, Faculty of Psychology, Universitas Muhammadiyah Surakarta (UMS), Surakarta, Indonesia.

Maya Setyarini, Faculty of Psychology, Universitas Muhammadiyah Surakarta (UMS), Surakarta, Indonesia.

Eny Purwandari, Faculty of Psychology, Universitas Muhammadiyah Surakarta (UMS), Surakarta, Indonesia.

aware of it. The last category is working children who they work on the street such as busking, hawkers, shoe shine etc in order to help their parents. Apart from that, WHO reports sexual harassment, discrimination, violence affect an individual development in overall especially people with mental health problems tend to face human rights violation (cited in Funk, Drew, Freeman, Faydi, Ommeren, et al., 2010).

Problems experienced by street children are often exposed and vulnerable to social problems such as violence, discrimination and sexual abuse that may lead to the disturbance of their psychological development. Dabir and Athale (2011) mentioned that street children while on the street facing problems such as drug dependent, violence, sexual exploitation, and other sexual abuse also may experience psychosocial pressure such as depression, and aggressive behavior. According to Edidin, Ganim, Hunter & Karnik (2012); Hudson & Nandy (2012) street children experience several mental health problems such as poor concentration, mood and anxiety disorders including depression and Post Traumatic Stress Disorder (PTSD). According to research conducted by Suryanto, Herdiana, & Chusairi (2015) revealed that street children have psychological characteristics that are at risk and vulnerable. Psychological problems that are vulnerable faced by street children is depression. Research conducted by Akhmadkhaniha, Shariat, Torkaman, Nejad, and Moghadam, (2007) shows that street children tend to be depressed 3.2 times more likely to experience sexual abuse compared to non-depressed street children and female street children vulnerable to depression 87% and men 48.2% male.

Depression is an abnormal condition that signed by the symptoms such as pessimistic, feeling loss and empathy and showing other symptoms such loss appetite, sleep disturbance, and loss of sexual drive (Beck, 1985). Beck (1985) classifies depression according to the symptoms; emotional such as sad mood, and loneliness, cognitive symptoms such as cognitive symptoms such as low self- assessment, reject other people's help, it's hard to take decision, and motivational such as Motivational symptoms include decreased or loss of motivation for simple daily activities. Furthermore physical and vegetative include sleep disorders, disorders eating, loss of libido or sexual appetite and easy to feel tired. In a psychological study of psychiatric disorders among street children, Taib and Ahmad (2014) found a high prevalence of psychiatric conditions among homeless adolescents with over fifty-seven percent (57%) of participants who were street youth that meet the criteria for anxiety disorders, specifically related to Post Traumatic Stress Disorder (PTSD) and more than twenty-nine percent 29% have childhood with disorders such as ADHD and depression. The emergence of depression can be caused due to the lack of self-acceptance in individuals.

Self-acceptance is the ability of individuals to respect themselves both strengths and weaknesses and confidence in it (Pratiwi, Suwito, & Hikmayani, 2014). When a person is able to accept himself as he is then the possibility of depression is very low and the mental health condition of the individual improves. The factors that increase self-acceptance in individuals with the social support around the individual and communication and a pleasant attitude from the people closest (Nurhasyanah, 2012). Denmark (1973) classifies the aspects of self-acceptance based on behavior is based on internal value and external value on an individual's standards, ability to overcome problems' life, (c) Accepting responsibility and accept the consequences (d) Receiving praise or criticism objectively. Other research states that the pressure from both inside and outside the individual can cause the individual to accept or not accept himself. Self-acceptance is very important to be developed as early as possible in a person, especially in

adolescents, because adolescence is a time of searching for identity by trying lots of new things and relationships with people closest like friends (Santrock, 2012) so that environmental conditions around adolescents are crucial to develop self-acceptance.

Other than self-acceptance, coping strategies can also reduce levels of depression in adolescents. Adolescents with the ability to cope strategies can manage the problems that arise and are able to deal with emotions in these problems. Adolescents who are able to do coping strategies will make efforts to solve the problems being faced so that there is little possibility of stress or even depression (Santrock, 2007). Coping is an individual response in dealing with problems that have the potential to cause pressure or stress in individuals who are looking for solutions from personal experiences and done in a conscious state, so that the purpose of coping strategies so that individuals are able to cope with sources of stress or depression from experiences that exist in individuals (Maryam, 2017).

Lazarus and Folkman (1984) divides coping into 2 which are problem focused coping and emotion focused coping. Problem focused coping is an action taken by individuals to overcome problems or obstacles by changing the situation that is happening. Problem focused coping is divided into four kinds, firstly planful-problem solving ready to face the risk of problems that are happening and is ready to find a solution to deal with it, by aggression or attacking directly on problems that threaten the individual so that the individual feels stronger than the threat. The third problem focus coping is by avoiding the problems that are happening so as not to get hurt due to problems that are happening. The last problem focused coping is with apathy where someone does nothing and accepts pressure in any form without taking the fight from the problematic situation.

Lazarus and Folkman (1984) defines emotion focused coping is that the ability of individuals to deal with problems by changing the perception or emotional reaction to the problem even though the problem does not change. Emotion focused coping is divided into 2 which are directed at the symptoms meant by reducing the symptoms of the disorder that appears and by doing relaxation, meditation, and prayer to reduce the constancy in the individual. Secondly, coping appeasement by intra-psychic or defense mechanism occurs without the individual realizing by lying to themselves against the reality that there are both facts from outside or inside.

Taib and Ahmad (2014) found that 98% street children working on the stress because of the pressure from their parents and the economic situation on the family. According to them, there is 57% of street children who were suffering from anxiety disorder, 29% experiencing post-traumatic stress disorder, 10% had depression and 5% had attention deficit hyperactivity disorder. Therefore, this is important in assessing the depression of street children by looking at its self-acceptance and coping strategies. Hence, most of the previous studies have not been concerned with the relationship between three variables; self-acceptance, coping strategies and depression on street children, thus this leads to present paper hypothesis. The hypothesis in this research is the higher the street children in self-acceptance and coping strategies, the lower the depression.

II. METHODS

This study uses a quantitative correlational approach to determine the relationship of the independent variable (self-acceptance and coping strategies) to the dependent variable (level of depression). The sample size was determined beforehand, based on the available data for the total number of street children in Pemalang, Central Java.

The subject of this research is street children with an age range of 10-29 years (refer to Table 1). The total number of street children 55 people, 5 people incomplete in fill up the questionnaire Street children studied included street children on the street and off street. Measuring instruments used in this study are the BDI scale, self-acceptance scale and coping stress scale adapted from previous studies. The BDI scale adapted from Beck has 21 items to express the level of individual depression which includes: sadness, pessimism, feeling of failure, feeling dissatisfied, feeling guilty, feeling punished, feeling self-loathing, self-blame, suicidal tendencies, crying, easy offended, withdrawing from social relationships, unable to make decisions, feel himself not physically attractive, unable to carry out activities, sleep disorders, feeling tired, loss of appetite, weight loss, somatic preoccupation and loss of libido sex (Lestari, 2003) .

Researchers BDI scale consists of 20 valid items with reliability coefficient alpha cronbach 0.821 (Pristinella, D., & Vienlenta, R. (2018). The self-acceptance scale was adapted from research conducted by Dina (2010) having 42 items that were compiled. Alpha Cronbach reliability self-acceptance scale 0.913. The coping strategy scale was adapted from Wijayanti (2013) based on the theories of Carver, Scheir, and Wientraub, (1989). This scale has 29 items modified researchers into 23 items in accordance with the variables studied. Alpha Cronbach reliability coping strategy scale 0.8211. The scale uses a Likert rating with a score of 1 to 4. If it is favorable then the rating is 4 = Very appropriate, 3 = Appropriate, 2 = Not suitable, 1 = Very Not suitable. If Unfavorable then 4 = Very Inappropriate, 3 = Not in Accordance, 2 = In Accordance, 1 = Very In Accordance. Data analysis uses linear regression to determine the relationship between the three variables.

Table 1: Participants' Characteristics

Characteristic	N (%)
Age	
10-20 years old	41 (82%)
20-30 years old	9 (18%)
Gender	
Female	4 (8%)
Male	46 (92%)
School grade	
No education background	2 (4%)
Elementary	21 (42%)
Middle school	21 (42%)
High School	6 (12%)
Jobs	
Buskers	35 (70%)
Student	2 (4%)
Part time	12 (24%)
Others	1 (2%)
Religion	
Islam	47 (94%)
Christian	3 (6%)
Duration on Street	
0 -10 years	45 (90%)
10- 20 years	5 (10%)
Category	
Off street	24 (48%)
On Street	26 (52%)

III. RESULTS

A regression multiple analysis was conducted to examine the relationship between self-acceptance, coping strategies and depression on street children. The result of the regression indicated that depression ($M=10.28$, $SD=10,580$), self-acceptance ($M=90.44$, $SD=5.433$), coping strategies ($M=69.26$, $SD= 7.219$). In addition, the results of the regression indicated that the scores explained 6.1% of the variance and that was not a significant predictor of depression level , ($F(2, 47) = 1.321, p >0.05$, $R^2 = 0.053$, R^2 Adjusted = 0.013) While regression coefficient scores showed that there was a negative correlation in self-acceptance scores ($\beta = -0.115$, $t(49) = -0.417$, ns) and coping strategies scores ($\beta= -0.324$, $t(49) =-1.558$, ns). The depression scores did not significantly correlated with Self-acceptance $r= -0.066$ $p= 0.324$ and there was not significant correlated coping strategies with depression $r= -0.223$, $p= 0.060$. In addition, R square score shows that 0,053 means self-acceptance variables and coping strategies have impact depression as 53% and the remaining 47% influenced by other variables which did not examined by the researchers. Apart from that, regression coefficient scores showed that there was a negative correlation in self-acceptance scores ($\beta = -0.115$, $t(49) = -0.417.ns$) but coping strategies scores ($\beta= -0.324,t(49) =-1.558$, ns) was not significantly correlated with depression on street children. It means that the lower self-acceptance the higher chance to experience depression but the lower the coping strategies there was no correlation in depression.

IV. DISCUSSION

Based on the results of the analysis conducted by researchers showed that the level of depression of street children who participated in this study is categorized as normal which means the level of depression of participants tends to be stable (see figure 1). The study also found that there is no relationship between self-acceptance and coping strategies on depression. According to Beck and Alford (2009) the tendency of depression can be induced by many other factors such as biological factors, psychological factors, sociocultural factors, negative self-concept, life level factors, low self-esteem and rejection (Durand and Barlow, 2013; Shofiyah, 2016).

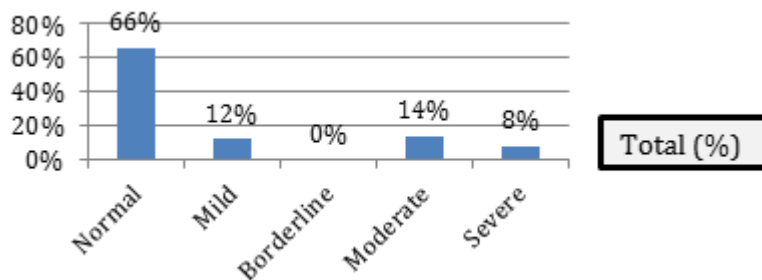


Figure 1: Depression Scores on Street Children

Regression coefficient is the degree of dependency of one variable on other variables. In this case, self-acceptance depicts negative correlation on depression. Based on the data analysis that has been elaborated, the result showed that there was no significant correlation between self-acceptance, coping strategies and depression on street children. Even though, there was a negative correlation between self-acceptance and depression experienced by an individual. The finding of study conducted by Shofiyah (2016) also proves that the negative correlation between self-acceptance and depression on mellitus diabetes patient (Type II). Next, a study conducted by Putri and Hamidah

(2012) found a negative correlation between self-acceptance and depression in perimenopause women. Self-acceptance is one of the factors needed by individuals in dealing with various pressures that occur in his life (Flett, et.al, 2003). Someone who has self-acceptance has a positive picture of him and can survive in failure or pain and can overcome his emotional state, such as: depression, anger and guilt (Hjelle, 1992).

Apart from that, the results of the present study indicate that there is no significant correlation between coping strategies with depression in street children. These results are in line with the results of the study (Rahmaturrizqi, 2012) which showed an insignificant correlation between adaptive coping and depression, an insignificant correlation on adaptive coping caused by the number of respondents, which were only 35 people. The same thing was found in a study conducted by Allman, Eric, Berry, Diane, Nasir, Laura (2009) regarding depression and coping on kidney failure patients found that although statistically did not show any significance because it was influenced by the confounding variables, such as age and sex, where most of the participants in the study were women, amounting to 52 percent.

Participants of women under the age of 60 tend to use maladaptive emotion focused coping such as self-blame, helplessness and relinquishment. Same with research conducted by (Rahmaturrizqi, 2012; Allman, et al, 2009). In this study showed no significant results due to the number of subjects of only 50 people and the number of male subjects more than women. Meanwhile, male subjects by 96%, namely 46 people and female subjects by 4%, by 4 people so that due to this may contribute to the determination of significant level of the study. The proportion of variation in the outcome variable which is depression by considering two variables of self-acceptance and coping strategies to the level of depression in street children by 53%.

It has become a norm for street children to look for fun by living outside home, because their main purpose is to cover up the deficiencies they find in their homes. One lack of the basic needs that are not sufficient, then the places that become their destination must be a place that will be able to fulfill their desires and expectations (Ridwan& Ibrahim, 2012). A place where pleasure and freedom can be obtained, a place where money and satisfaction can be earned. A place that can bring money and satisfaction is usually a place that is visited by many people, a place where people are busy carrying out trading activities.

Based on the results of research there are other factors that make a greater contribution to the level of depression in street children in addition to self-acceptance and coping strategy can be caused by peer influence, happiness level, and freedom. some research focuses on social relationships as a need to achieve happiness (Diener&Oishi, 2005; Diener& Seligman, 2002) one example is peer influence that peers exert influence and motivate them to go to the road and this causes street children to feel accepted by his friends (Martinez, 2010). So this is what makes street children happy to be on the road because make them closer to their friends (Pavot, Diener, & Fujita, 1990). Street children feel happy being on the road in line with research conducted by Panadero, Guillén, and Vázquez (2015) proving that half the homeless in Madrid experience happiness even though they live in poverty. According to the results of Mardayeti's research (2019), street children have a concept of happiness created by themselves that is adapted to the abilities, situations and conditions they have, therefore, the happiness felt by street children is often not felt or cannot be understood by others.

The results of Mugianti, Winarni, and Pangestuti's research (2018), the biggest factor is that the feeling of freedom from family rules, avoiding problems in the family. Another factor motivates to be street children is that entertainment which is having fun in exploring their musical hobbies by busking and earning money. The most influential motives on street children are family in supporting financially. One of the factors that influence depression is a negative self-concept factor (Beck & Alford, 2009). Negative self-concept is where a person does not accept himself and is grateful for what happens to him. While the results of this study indicate that overall street children self-acceptance falls into the normal category which means that street children do not have negative self-concepts. This is also shown from the BDI scale given to street children. The results show that most are categorized as normal or do not experience depression while being a street child.

In addition, self-acceptance will cause positive feelings for street children. This is reinforced by the results of Wibowo's research (2017) by conducting training to improve the effectiveness of self-acceptance. In general, street children who have participated in this training stated that the training was beneficial for them, causing positive feelings, namely feeling happy, uplifting, and optimistic in welcoming their lives in the future. This conclusion is also strengthened by comparing the mean value of self-acceptance of subjects before training, which is 38.40 with the mean value after attending training, which is 48.47. This is in line with Suzanna's research (2018) which revealed that street children have a positive self-concept in which they are grateful and accept the decision to become street children even though their social and community environment view negatively on them.

The most important factors that influences and encourages street children involved in the street are the disharmony of family, economic problems, drop out from schools, and peer influence. This has been proven by the study conducted by Ipendang (2016) shows that the emergence of the street children in Kendari city due to the accumulation of the problems in the society starting from macro problems, the conditions of the parents, as well as the child himself. Other driving factors are pressure and economic conditions. The attracting factors street children involves on the street because they may experience more independent life, freedom, and earn more money.

According to Sheikh Yusuf al-Qardhawi (1977) explained that poverty can lead to disadvantage not only in individuals but also in society. This happens because government injustice in allocating state wealth, so that luxury only belongs to the upper classes and results in exploitation of the lower classes. Therefore, this can lead to the collapse of affection between people. Based on Central Bureau of Statistics data, the amount of poverty occurring in Indonesia is increasing every year until March 2019 reaching 25.14 million people who experience poverty. Total of 257 million people, 11% are people with a low economic level. This is one of the factors that drives a person to become a street child.

Indonesia with 80% of the population and the majority of the street children are muslims. It is important for people to have awareness in religion in accordance with their respective beliefs. Religious awareness can be seen from the ability of individuals to assess something, a positive outlook and behave according to the teachings of their religion. Individuals can develop religious values in themselves with the existence of motivation and social support from their environment. This is inversely proportional the findings of this study that street children do not have the motivation in themselves to deepen religion and do not get social support to develop religious values in themselves

(Hasanah, 2015). According to qualitative research on the perspective of street children about God conducted by Purba (2011) found that street children do not think about and doubt the existence of God and His attributes such as *arrahan*, *arrahim*, and *'adl* because they consider religious rituals such as *Salah* or prayer to be a waste of time and in vain that does not generate money for them to survive. Therefore, street children carry out their activities and work that produce results and provide fun for them.

V. CONCLUSION

The problem of street children is not spared only on social problems, but street children also experience mental health problems such as depression. In this study it can be concluded that the occurrence of depression in street children has no significant relationship on self-acceptance and coping strategies, although there is a negative correlation between self-acceptance, coping strategies and depression in street children. In addition, other factors that make a greater contribution to the level of depression in street children other than to self-acceptance and coping strategy can be caused by peer and family influence, happiness level, positive self-concept and freedom. Thus, this can be used as a reference and reference for further research. To conclude, the results of data analysis in this study indicates that there is no significant correlation between self-acceptance, coping strategies and depression in street children, thus the hypotheses in this study is rejected or not accepted. In other words, self-acceptance and coping strategies is not predictors of depression in street children.

Further research is needed to test the hypothesis generated by this study, as the findings are not significantly correlated. It should be noted that this research obtain more number of participants and the data has to be more varied dynamics by paying attention and considering socioeconomic status, work status of parents, family background, the reason he became street children.

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