

**STRESS, SELF-ESTEEM, AND PARENTING STYLES IN ADOLESCENT  
STUDENTS WITH SMOKING BEHAVIOR IN BANDA ACEH**

**DINA AMALIA**

**THESIS SUBMITTED IN FULFILLMENT OF THE REQUIREMENT FOR  
THE DEGREE OF MASTER OF SCIENCE  
(MASTER BY RESEARCH)**

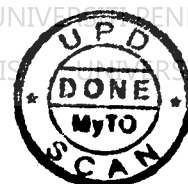
**FACULTY OF EDUCATION AND HUMAN DEVELOPMENT  
SULTAN IDRIS EDUCATION UNIVERSITY**

**2014**

## ABSTRACT

There is an increasing number of young smokers in Indonesia that has become a serious concern in recent years. Therefore, this study aimed to examine Indonesian adolescents' smoking based on related variables i.e. stress, self-esteem, and parenting styles. Survey method with purposive random sampling was used in this study with a set inclusion criteria including male gender and age of 15 to 18 years old. A total of 106 students (54 smokers and 52 non smokers) from four senior high schools in Banda Aceh, Indonesia participated. The measures used were the Perceived Stress Scale (PSS), Rosenberg Self-Esteem Scale (RSES), and Parental Authority Questionnaire (PAQ). This study found that there were differences in stress and self-esteem level as well as certain parenting practices between smoking and non-smoking adolescents. This study did not find a relationship between stress and self-esteem in smoking adolescents, but stress and self-esteem correlated differentially with certain parenting practices. Implications and suggestions were also discussed in the light of these findings.

*Keyword : Stress, Self Esteem, Parenting Styles, Smoking Adolescent*



**TEKANAN, HARGA DIRI, GAYA KEIBUBAPAAN PADA PELAJAR  
REMAJA YANG MEMPUNYAI TABIAT MEROKOK  
DI BANDA ACEH**

**ABSTRAK**

Peningkatan bilangan perokok muda di Indonesia menjadi satu masalah yang serius sejak beberapa tahun belakangan ini. Oleh kajian ini bertujuan untuk mengenalpasti perokok muda Indonesia berdasar pemboleh ubah yang berikut seperti, tekanan, harga diri, gayakeibubapaan. Kaedah tinjauan dengan persampelan rawak berstrata telah digunakan dalam kajian ini dengan kriteria memasukan set inklusi yang ditetapkan termasuk berjantina lelaki dan berusia 15 hingga 18 tahun. Sebanyak 106 orang pelajar (54 perokok dan 52 bukan perokok) yang terlibat dalam kajian ini daripada empat buah sekolah menengah tinggi di Banda Aceh, Indonesia. Kaedah pengukuran yang digunakan ialah skala Perceived Stress Scale (PSS), Rosenberg Self Esteem Scale (RSES) dan Parental Authority Questionnaire (PAQ). Kajian ini mendapati bahawa terdapat perbezaan dalam tekanan dan tahap harga diri serta amalan keibubapaan tertentu diantara remaja yang merokok dan remaja tidak merokok. Kajian ini tidak menemui hubungan antara tekanan dan harga diri di kalangan remaja merokok, tetapi tekanan dan harga diri berkait rapat dengan amalan keibubapaan tertentu. Implikasi dan cadangan turut dibincangkan secara ringkas dalam penemuan kajian ini.

*Kata kunci: Tekanan, Harga diri, Gaya keibubapaan, Perokok muda*

## TABLE OF CONTENTS

|  | <b>Page</b> |
|--|-------------|
| <b>DECLARATION OF THESIS</b>               | <b>iii</b>  |
| <b>DECLARATION OF ORIGINAL WORK</b>        | <b>i</b>    |
| <b>ACKNOWLEDGEMENT</b>                     | <b>iv</b>   |
| <b>DEDICATION</b>                          | <b>vi</b>   |
| <b>ABSTRACT</b>                            | <b>vii</b>  |
| <b>ABSTRAK</b>                             | <b>viii</b> |
| <b>TABLE OF CONTENTS</b>                   | <b>ix</b>   |
| <b>LIST OF TABLES</b>                      | <b>xiii</b> |
| <b>LIST OF FIGURE</b>                      | <b>xiv</b>  |
| <b>LIST OF ABBREVIATION</b>                | <b>xv</b>   |
| <b>LIST OF SYMBOLS</b>                     | <b>xvi</b>  |
| <b>CHAPTER I INTRODUCTION</b>              | <b>1</b>    |
| 1.1 Background of Study                    | 2           |
| 1.2 Statement of Problem                   | 7           |
| 1.3 Research Objectives                    | 9           |
| 1.4 Research Questions                     | 9           |
| 1.5 Significance of The Study              | 10          |
| 1.5.1 Theoretical Aspect                   | 10          |
| 1.5.2 Practical Aspect                     | 10          |
| 1.6 Definitions of Variables               | 11          |
| 1.6.1 Conceptual Definition of Stress      | 11          |
| 1.6.2 Operational Definition of Stress     | 13          |
| 1.6.3 Conceptual Definition of Self-Esteem | 13          |

|   |    |
|---|----|
| 1.6.4Operational Definition of Self-esteem      | 15 |
| 1.6.5Conceptual Definition of Parenting Styles  | 15 |
| 1.6.6Operational Definition of Parenting Styles | 16 |
| 1.7 Theoretical Approach                        | 16 |
| 1.7.1Theory of Stress                           | 16 |
| 1.7.2Theory of Self-Esteem                      | 17 |
| 1.7.3Theory of Parenting Styles                 | 20 |
| 1.8 Conceptual Framework                        | 21 |
| 1.9 Hypotheses                                  | 22 |
| 1.10 Conclusion                                 | 23 |

## **CHAPTER II LITERATURE REVIEW** 24

|  |    |
|--|----|
| 2.1 Studies on Stress in Smoking and Non-Smoking Adolescent Students                                   | 25 |
| 2.2 Studies on Self-Esteem in Smoking and Non-Smoking Adolescent Students                              | 27 |
| 2.3 Studies on Parenting Styles in Smoking and<br>Non-SmokingAdolescent Students                       | 29 |
| 2.4 Studies on Relationship Between Stress and Self-Esteem in Smoking Adolescent<br>Students           | 32 |
| 2.5 Studies on Relationship Between Stress and Parenting Styles in Smoking<br>Adolescen Students       | 35 |
| 2.6 Studies on Relationship Between Self-Esteem and Parenting Styles in<br>Smoking Adolescent Students | 35 |

## **CHAPTER III METHOD** 37

|                     |    |
|---------------------|----|
| 3.1 Research Design | 38 |
| 3.2 Sample          | 38 |
| 3.3 Instruments     | 39 |

|  |           |
|--|-----------|
| 3.3.1 Perceived Stress Scale (PSS)   | 39        |
| 3.3.2 Rosenberg Self-Esteem Scale (RSES)   | 40        |
| 3.3.3 Parental Authority Questionnaire (PAQ)   | 41        |
| 3.3.4 Demographic Information  | 42        |
| 3.4 Reliability and Validity   | 42        |
| 3.4.1 Reliability and Validity from Previous Studies   | 42        |
| 3.4.1.1 Perceived Stress Scale (PSS)   | 43        |
| 3.4.1.2 Rosenberg Self-Esteem Scale (RSES)   | 43        |
| 3.4.1.3 Parental Authority Questionnaire (PAQ)   | 43        |
| 3.4.2 Pilot Study  | 44        |
| 3.5 Procedure  | 45        |
| 3.6 Data Analysis  | 45        |
| 3.7 Conclusion   | 46        |
| <b>CHAPTER IV RESULT</b>   | <b>47</b> |
| 4.1 Descriptive Results  | 48        |
| 4.1.1 Characteristic of Participants   | 48        |
| 4.2 Inferential Results  | 50        |
| 4.2.1 Differences in Stress between Smoking and Non-Smoking Acehese Adolescents                  | 50        |
| 4.2.2 Differences in Self-Esteem Between Smoking and Non-Smoking Acehese Adolescents             | 51        |
| 4.2.3 Differences in Parenting Styles Between Smoking and Non-Smoking Acehese Adolescents        | 52        |
| 4.2.4 Correlation among stress, self-esteem, and Parenting Styles in Smoking Acehese Adolescents | 54        |

## CHAPTER V DISCUSSION

57

|   |           |
|---|-----------|
| 5.1 Stress Level Between Smoking Acehnese Adolescents and Non-Smoking Acehnese Adolescents                    | 58        |
| 5.2 Self-Esteem Level Between Smoking Acehnese Adolescents and Non-Smoking Acehnese Adolescents               | 59        |
| 5.3 Differences in Parenting Styles Between Smoking Acehnese Adolescents and Non-Smoking Acehnese Adolescents | 59        |
| 5.4 Relationships among Stress, Self-Esteem, and Parenting Styles in Smoking Acehnese Adolescents             | 62        |
| 5.5 Implication of Study  | 66        |
| 5.5.1 Theoretical Implication   | 66        |
| 5.5.2 Practical Implication   | 67        |
| 5.6 Limitation of Study   | 67        |
| 5.7 Recommendation of Study   | 68        |
| 5.8 Summary of Study  | 69        |
| 5.9 Conclusion  | 70        |
| <b>REFERENCES</b>   | <b>71</b> |
| <b>APPENDIX</b>   |           |
| A. Permission Letter to Conduct Research  | 79        |
| B. Cover Letter of Questionnaire and Informed Consent Form  | 81        |
| C. Perceived Stress Scale, Rosenberg Self-Esteem Scale, Parental Authority                                    | 84        |
| D. Demographic Information  | 93        |
| E. SPSS Output  | 95        |

LIST OF TABLES

| Table  | Page |
|--|------|
| 3.1 Cronbach’s Alpha for Perceived Stress Scale, Rosenberg Self Esteem Scale, Parental Authority Questionnaire                             | 44   |
| 3.2 Kaiser-Meyer-Olkin (KMO) and Bartlett’s Test for Perceived Stress Scale, Rosenberg Self Esteem Scale, Parental Authority Questionnaire | 44   |
| 4.1 Demographic Data: Age and Smoking Status   | 48   |
| 4.2 Mean and Standard Deviation of Parenting Styles in Smoking and Non-smoking Students  | 54   |
| 4.3 Correlation among Stress, Self-esteem, and Parenting Styles in Smoking Students (N= 54)  | 54   |

LIST OF FIGURES

| Figure  | Page |
|---|------|
| 1.1 Comparison and Corelation of Stress, Self-Esteem, and Parenting Styles between Smoking and Non-Smoking Students | 21   |
| 4.1 Age of Parcipants   | 49   |
| 4.2 Perceived Stress Level in Smoking and Non-smoking Adolescents   | 50   |
| 4.3 Self-esteem Level in Smoking and Non-smoking Adolescents  | 52   |

LIST OF ABBREVIATIONS

|          |  |
|----------|--|
| M        | Sample mean                            |
| N        | Population size                        |
| n        | Sample size                            |
| PAQ      | Parental Authority Questionnaire       |
| PSS      | Perceived Stress Scale                 |
| <i>p</i> | Probability                            |
| RSES     | Rosenberg Self-Esteem Scale            |
| <i>r</i> | Correlation                            |
| SD       | Standard deviation                     |
| Sig.     | Significant                            |
| SPSS     | Statistical Package for Social Science |
| t        | T-test                                 |

**LIST OF SYMBOLS**

**LIST OF SYMBOLS**



**CHAPTER I**

**INTRODUCTION**

This chapter presents the background of the study, problem statement, research question, the purpose of the study, conceptual and operational definition of each variable, description about the theoretical approach, conceptual framework, and hypothesis. The summary of this chapter follows at the end of the chapter.

## 1.1 Background of Study

In everyday life, the sight of people smoking everywhere is not uncommon including within the home, community, and public places such as offices, markets, and even public transport. The majority of smokers is aware of the consequences of smoking, even second-hand smoke can also be harmful to non-smoking people who are next to the smokers. WHO states that smoking has serious negative effects on health that has been recognized as one main cause of lung cancer, coronary heart disease, impotence, and carries a high risk to pregnant mothers and the fetus (WHO, 2002). Some of the long-term consequences of smoking include impairments of general cognitive function, cognitive flexibility, psychomotor speed, working memory, verbal memory, and visual search (Glass, Buu, Adams, Nigg, Puttler, Jester, & Zucker, 2008). It is estimated that more than 430,000 tobacco users are killed at younger ages every year. Smoking in some way is responsible for one out of every six deaths in the U.S., killing more than 1,100 people everyday. Cigarettes as the cause of premature death can be prevented in many countries in the world (Davison, Neale, & Kring, 2006).

According to WHO's (2011) report on global tobacco use, the prevalence of smoking in Indonesia is among the highest in the world, they also reported that males smokers (46.8 %) are higher than females smokers (3.1 %). From a total of 62.8 million smokers, 40 % of these smokers being from lower socioeconomic status. Although, smoking is a major public health problem in Indonesia, responsible for over 200,000 deaths annually (Barber Adioetomo, Ahsan, & Setyonaluri, 2008). In the Asia Pacific region, Indonesia is the only country that has not signed or ratified the WHO's Framework Convention on Tobacco Control.

Age at initiation of the first smoke in Indonesia is relatively young. Global Youth Tobacco Survey's 2006 found that among students aged 13-15, 24% of boys and 4% of girls smoke. About 1 out of 3 boys and 1 in 4 women have tried smoking for the first time before 10 years old (WHO, 2009). In Indonesia, access and availability of cigarettes easier than other countries, it is evident that 6 out of 10 young smokers aged 13-15 years who profess that they buy cigarettes in stores. Over time the trend shows that the age of smoking initiation has dropped in at a younger age. The average age at initiation of smoking among smokers 15 years old and over dropped from 18.8 in 1995 to 18.3 in 2001 (Ministry of Health, 2004).

Adolescence is an important developmental milestone, which is a transitional period of childhood into young adulthood. Adolescents experience the rapid growth and development in the physical, emotional, cognitive and social domains. This period is a critical period for adolescents who are developing their sense of identity and individuality to be accepted and recognized as a growing adult. Soundtrack (2003) described that adolescents' successful transition into adulthood is influenced both by the individual factors (biological, cognitive, and psychological factors) and environmental factors (family, peers, and society).

Adolescence is a period of instability and uncertainty. At this time the adolescents are not yet adults, but they are also no longer children (Monks, Knoers, & Haditono, 2000). In these uncertain times, adolescents are at greater risk to face problems while still developing their maturity (Graber & Brooks, 1999). According to Hall (1916), adolescence is often referred to as a period of storm and stress because

during this period adolescents must adapt to the physical and psychological changes, the search for identity, and form new relationships with others (Santrock, 2003).

Consequently, problematic behaviors such as smoking may come to the surface among many teenagers in the world.

Lloyd, Lucas, Holland, McGrellis, and Arnold (1998) stating that tobacco can be used to facilitate the management and creation of self-image and may differ in various civilizations . Some smokers usually smoke in social situations or eliminate the stress (Miller & Cisin, 1979). People who smoke appear to be more tense, aggressive, more rebellious, more unsophisticated, and happy go lucky in comparison non-smokers (Brooke, Whiteman, & Gordon, 1981), while Urberg and Robbins (1981) found that girls and boys have different impuls, girls engaged in a sign of rebellion and autonomy, whereas for boys smoking as a means of social coping.

One of the causes of teen smoking is to get a sense of relaxation and calm (Finkelstein, Kubzansky, & Goodman, 2006). High levels of stress could lead to an increased risk for smoking. The students who had never smoked showed the lowest levels of stress (Finkelstein et al., 2006) . Smoking behavior in adolescents is related to stressful events in daily life. The teens who reported high stress level also reported high levels of smoking incident, the greater intention to smoke next year, and a stronger desire to smoke in the senior high school than those who reported low stress level (Booker, Gallaher, Unger, Ritt-Olson, & Johnson, 2004). The results study in Bangladesh by Uddin, Islam, and Asaduzzaman (2012) found that the respondents who smoke cigarettes presented lower level of self-esteem and emotional intelligence, yet higher level perceived stress than who do not smoke.

There are many underlying factors for smoking behavior in adolescents. In general, smoking behavior is a function of the environment and individuals. That is, smoking behavior is caused by not only factors from within the individuals themselves, but also environmental factors. For adolescents, one of the important concerns in this stage is how they are viewed by their peers. Peers have very important meaning for a teenager (De Guzman, 2007). The need to be accepted and the attempt to avoid peer rejection is a very important part of this stage. Some teens will do anything to be included in the peer group. There are some teenagers who feel satisfied with themselves and there are some teenagers who are less satisfied or dissatisfied with themselves (Brown, 1990). Differences in self-assessment will lead to high or low appreciation of self, or self-esteem based on individual characteristics (Appau, 2011).

Self-esteem is one of the main predictors of teen smoking in which self-esteem is negatively correlated with teenage smoking (Byrne & Mazanov, 2001). A study by Martin and Pear (2007) found that the emergence of smoking behavior can be influenced by environmental events. This includes the interaction between the individual with his or her peers in the environment. In a setting with many friends who smoke this also makes them more prone to smoking (Appau, 2011).

Smoking is a health concern because it can lead to various diseases and even death (WHO, 2002). Adolescent smokers in general tend to believe that smoking is common, which can increase virility and believe that smoking can boost their self-image although they know that it's easier to prevent than to quit smoking (Appau, 2011). This is because the content of cigarettes or the tobacco is addictive. Smoking

behavior among adolescents is usually influenced by the transient positive feelings induced (Scales, Monahan, Rhodes, Ewoldsen, and Turbes, 2009). These good feelings could augment or enhance the enjoyment and pleasant feelings. Smoking behavior may also be influenced by negative feelings. Many people smoke in order to reduce negative feelings, such as when feeling angry, anxious, or nervous (Finkelstein, Kubzansky, & Goodman, 2006). Cigarettes contain nicotine and other substances, this can result in dependence in smokers. Nicotine can cause addiction because of the pleasurable feelings produced. Tobacco is an addictive substance that causes addiction and dependence, similar to narcotics, alcohol and other addictive substances (WHO, 2009). For most teen smokers, smoking inspires confidence, calmness, and a sense of control (Scales, et al, 2009). Smoking is perceived as a symbol of friendship and intimacy (Brown, 1990). Smoking can make one feel more mature and can lead to the generativity of ideas or inspiration.

Many factors contribute to adolescent smoking, such as peer pressure, fun seeking, curiosity, and the perception of smoking as a symbol of adult status. In addition to stress and self-esteem, other factors that influence teenage smoking is parenting style. The warmth of parental was associated with a decreased likelihood of the adolescent ever having smoked a cigarette (Foster, Jones, Olson, Forehand, Gaffney, Zens, & Bau, 2006). Family environment has a major role in shaping the personality of the child, because it is the family that children first encountered in the world. The quality of the parent-child relationship and parents knowledge on parental can affect adolescents' smoking behavior indirectly, meanwhile parental smoking behavior has a direct effect (Harakeh, Scholte, Vermulst, Vries, & Engels, 2004).

Children often imitate the behaviors of their parents or other older adults in the family

in their everyday lives. The parenting practices of a family based on care, nurturance, reasoning, and religious guidance can help support the child's positive and healthy development (Baumrind, 1991). It is undeniable that parental behaviors have a powerful influence on their children. Parents pass on their values, thoughts, and habits to their children. Parents are also role models for their children. There are an increasing number of teenagers who smoke, because of the family environment that lacks good role models (Harakeh, Scholte, Vermulst, Vries, and Eagels (2004).

However, a lot of researches have been conducted related to stress, self-esteem, and parenting styles in different countries. In Indonesia, especially in Aceh, research related to stress, self-esteem, and parenting styles are still very rare. Hence, to further our understanding, this study was conceptualized to examine the differences and correlation among stress, self-esteem, and parenting styles in adolescent students with smoking behavior in Banda Aceh, Indonesia.

## **1.2 Statement of Problem**

A lot of research has been done to examine smoking behavior, such as research conducted by Puri, Treasaden, Cocchi, Tsaluchidu, Tonello, and Ross (2008) that found that cigarette smoking is believed to cause oxidative stress by several mechanisms. Erbllich, Boyarsky, Spring, Niaura, and Bovbjerg (2002) produced some evidence that a family history of smoking predicts heightened level of stress-induced cigarette craving. The other hand, individuals with histories of smoking in first-degree relatives are significantly more likely to be persistent smokers themselves. Besides

stress, self-esteem was also associated with smoking behavior as supported by research conducted by Kawabata, Cross, Nishioka, and Shimai (1999) who examined the relationship between self-esteem and smoking behavior among Japanese early adolescents. Barlow and Woods (2009) disentangled the relationships between self-esteem, stress, and smoking experimentation in childhood and adolescence (Byne & Mazanov, 2001). Parenting styles strategies can give the influence of the development of smoking on children and that this effect of these strategies is mediated by the child's self-esteem trajectory, especially for a rise in rates of smoking in children (Yang & Schaninger, 2010).

Research conducted by Foster et al. (2007) found that besides stress and self-esteem, causes of smoking are the main and interactive parental history of regular cigarette smoking and parenting style on adolescent self-reported cigarette use. The role of smoking parents seems to be influential in shaping their children's smoking behavior (Blokland, 2007).

Many studies have been carried out related to stress, self-esteem, and parenting styles. However, few research tries to find the links among the three. Therefore, the focus of this study is to examine the differences and relationship among stress, self-esteem, and parenting styles in smoking adolescent students high school.

### **1.3 Research Objectives**

This study aimed to examine:

1. Comparisons in stress, self-esteem, and parenting styles between smoking and non-smoking adolescents.
2. Relationships among stress, self-esteem, and parenting styles in smoking and non-smoking adolescents.

### **1.4 Research Questions**

The research questions in this study are as follows:

1. Do smoking Acehnese adolescents have higher stress level compared to non-smoking Acehnese adolescents?
2. Do smoking Acehnese adolescents have lower self-esteem compared to non-smoking Acehnese adolescents?
3. Is there a difference in parenting styles between smoking and non-smoking Acehnese adolescents?
4. Is there any significant correlation among stress, self-esteem, and parenting styles in Acehnese adolescents with smoking behavior?

## **1.5 Significance of The Study**

The significance of this study consists of two aspects, namely theoretical and practical.

### **1.5.1 Theoretical Aspect**

Theoretically, this study could provide two benefits.

1. This study would help add to a richer understanding as far as smoking behavior is concerned in the related fields such as clinical psychology and educational psychology.
2. This study would help expand knowledge of smoking behaviors in adolescents among the interplay of stress, self-esteem, parenting styles, and smoking behavior.

### **1.5.2 Practical Aspect**

Practically, this study could provide three benefits.

1. The result of this study could potentially influence relevant policies at the societal level or or parenting practices at the family level.

2. This study may help adolescents enlighten self-understanding of this problematic behavior.

## 1.6 Definitions of Variables

There are four main variables used in this research i.e., stress, self-esteem, parenting styles, and smoking behavior. The conceptual and operational definitions of each variable are as follows.

### 1.6.1 Conceptual Definition of Stress

A snapshot of a dynamic process that is expressed as the definitions of stress is described as the way of how people react and cope with their problems which have been realized and identified first, and with something to do (Harre & Lamb, 1983). When stressed, the body adapts to assume that it's as if it is under threat, allowing the body's way of rising for a challenge and prepare with focus, high alertness, stamina and strength, to cope with the stressful event (Mitra, 2008). Stress is defined as the rate of wear and tear on the body, as well as psychologically, is an anxiety that occurs when events and responsibilities exceed one's coping abilities. (Seaward, 2004).

The arousal of mind and body in response to demands made on them called stress. Clearly, stress is an ever present, universal features of life. Arousal is an inevitable part of living that affects the ways that we think, feel, and act. Secondly, the

nature of stress is multifaceted. The stress response (arousal) involves virtually all tissues and organs in the body. Thoughts and feelings are clearly intertwined with these physiological processes. For example, anxiety and depression are not only feelings, but also inseparable mental-psychological stress. The body influences the mind, and the mind also influences the body. Behavior often is an outward expression of stress, for example short temperedness, fast talking, accidents, and hurried movement. However, the state of arousal can also be neutral. For example, arousal of heart rate, blood pressure, and muscle tension are intrinsically neither helpful nor harmful. Most often, arousal is simply a fact of life (Schafer, 2000).

There are three differences in stress. First, stress is something external, which refer to events or environmental stimulus that causes a person to feel tense or aroused. Second, the stress is understanding the internal mental state of tension or arousal, which refers to the subjective response. Stress may be the body's physical reaction to demand or damaging intrusion. Also, they may produce mental strain and increase growth and maturity. The function of these physical reaction is probably to support the behavioral and psychological effort in coping (Rice, 1999).

Accompanied by predictable cognitive, biochemical, psychological, and behavioral changes that are directed either toward altering the stressful event or accommodating to its effects, Stress can also be a negative emotional experience (Taylor, 2011). When the transaction environment leads one to perceive a discrepancy between reality or not between the demands of a resources and situation of the person's psychological , social system, or biological. This is called stress. (Sarafino, 1998).

### **1.6.2 Operational Definition of Stress**

In this research, stress is operationally defined as the score of Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983). Higher scores indicate greater degrees in the perceived stress and the lower scores indicate a lesser degree in the perceived stress.

### **1.6.3 Conceptual Definition of Self-Esteem**

Self-esteem is a subjective experience which the individual conveys to others by verbal reports and other overt expressive behaviors. Also, a personal judgment of worthiness that is expressed in the attitude the individual holds toward oneself. Self-esteem is crucial for an individual's life satisfaction (Coopersmith, 1967; Cummins & Nistico, 2002). Self-esteem is a personality trait characterized by considerable stability from one situation to the next, even from year to year. It is a global positive or negative self-assessment (Coopersmith, 1967; Rosenberg, 1965, 1979). Self-esteem consists of the evaluative judgment children make about their qualities and characteristics, including their attitude about themselves and their sense of worthiness (Lishner, 1997).

Self-esteem is an individual evaluation of oneself in terms of appreciation of his or her being. Individuals with high self-esteem, accept and appreciate themselves. High self-assessment is an assessment of the conditions, appreciation of the advantages and potentials, and acceptance that there are deficiencies. In