



**Development of Health Promotion-Based Education Methods to Increase Accessibility of Adolescent Mental Health**

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## **ABSTRACT**

*Good health and well-being are still significant problems in the world of health and are top priorities in health goals in the short and long term. Mental health disorders or depression are mental problems that are one of the factors that have not achieved a level of health in Indonesia and the world, so the transformation of adolescent mental health continues to be carried out throughout the world (1). Mental health is very vulnerable to teenagers. WHO data (2022) states that 1 in 7 children aged 10-19 years are known to experience psychological problems. The prevalence rate for mental health disorders in Asia ranges from 1.81% to 23.3%. (2) Data in Indonesia shows that 6.1% of the Indonesian population aged 15 years and over experiences mental health disorders. According to the 2022 Indonesian National Adolescent Mental Health Survey (I-NAMHS), as many as 15.5 million or 1 in 3 adolescents (34.8%) in Indonesia experience mental health. This research aims to analyze the development of health promotion-based education methods to increase the accessibility of adolescent mental health in Bangun Rejo Village. (b) To determine the feasibility of health promotion-based education methods to increase the accessibility of adolescent mental health in Bangun Rejo Village. The research method used is Research and Development, with stages of analyzing the method to be developed, the method development process, product testing, and the revision and evaluation stage to improve method weaknesses. The research results on developing health promotion-based education methods to increase mental health accessibility among adolescents in Bangun Rejo Village show that the results of the first hypothesis test are accepted, namely that there is an influence between self-awareness and self-awareness. Emotional and mental regulation of teenagers in Sudi Rejo Village, Tanjung Morawa District, means higher self-awareness. A person has higher emotional and mental regulation, and the development of*

*Health Promotion-Based Education Methods, namely self-awareness and self-efficacy, increases the accessibility of adolescent mental health.*

Keywords: Education Method; Health Promotion; Accessibility; Health; Mental

### **ABSTRAK**

*Kesehatan Yang Baik dan Kesejahteraan, yang masih menjadi masalah utama di dunia kesehatan menjadi prioritas utama dalam tujuan kesehatan dalam jangka pendek dan Panjang. Gangguan kesehatan mental atau depresimasalah kejiwaan yang menjadi salah satu factor ketidaktercapainya derajat Kesehatan Indonesia dan Dunia sehingga transformasi Kesehatan mental remaja terus dilakukan di seluruh dunia (1), Kesehatan mental sangat rentan terjadi pada remaja. Data WHO (2022) mengatakan 1 dari 7 anak berusia 10-19 tahun diketahui memiliki masalah psikologis. Tingkat prevalensi gangguan Kesehatan Mental di Asia berkisar antara 1,81% hingga 23,3%. (2) Data di Indonesia menunjukkan sebanyak 6,1 % penduduk Indonesia berusia 15 tahun ke atas mengalami gangguan kesehatan mental. Menurut survey Indonesia-National Adolescent Mental Health Survey (I-NAMHS) Tahun 2022, sebanyak 15,5 juta atau 1 dan 3 remaja (34,8%) Indonesia mengalami kesehatan mental. Penelitian ini bertujuan untuk menganalisis Pengembangan Metode Education berbasis Health Promotion Terhadap Peningkatan Aksesibilitas Kesehatan Mental Remaja Desa Bangun Rejo (b) Mengetahui Kelayakan Metode Education berbasis Health Promotion Terhadap Peningkatan Aksesibilitas Kesehatan Mental Remaja di Desa Bangun Rejo. Metode Penelitian ini yang digunakan adalah Research and Development, dengan Langkah Menganalisis metode yang akan dikembangkan, proses pengembangan metode, pengujian produk hingga tahap revisi dan evaluasi untuk memperbaiki kelemahan metode. Hasil kajian tentang Pengembangan Metode Education berbasis Health Promotion Terhadap Peningkatan Aksesibilitas Kesehatan Mental Remaja Desa Bangun Rejo menunjukkan bahwa Hasil uji hipotesis pertama diterima, yakni terdapat pengaruh antara self awareness terhadap regulasi emosi dan mental Remaja Desa Sudi Rejo Kecamatan Tanjung Morawa yang berarti semakin tinggi self awareness yang dimiliki individu maka akan semakin tinggi regulasi emosi dan mental yang dimiliki individu dan Pengembangan Metode Education Berbasis Health Promotion yaitu self awareness dan self efficacy Memiliki Pengaruh Terhadap Peningkatan Aksesibilitas Kesehatan Mental Remaja.*

Kata kunci: *Metode Education; Health Promotion; Aksebilitas; Kesehatan; Mental*

### **INTRODUCTION**

In 2045, Indonesia's population will be dominated by teenagers aged under 30 years (60%). The crucial period experienced by humans throughout the human life cycle is adolescence, namely mental health (Lorenz & Permatasari, 2023). Mental health disorders are cognitive problems that are prone to occur in teenagers. Data in Indonesia shows that 6.1% of the Indonesian population aged 15 years and over experiences mental health problems. According to the 2022 Indonesian National Adolescent Mental Health Survey (I-NAMHS), there are 15.5 million or 1 in 3 adolescents (34.8%) in Indonesia who experience mental health; WHO data (2022) states that 1 in 7 children aged 10-19 years are known to experience psychological problems.

Bangun Rejo Village is a village supported by STIKes Mitra Husada Medan, which has implemented partnership collaboration for >10 years. Analyze the situation. Bangun Rejo Village is the village that has the highest composition of teenagers based on age:

**Table 1.**  
**Population distribution/frequency based on development stages I, II, IV**  
**Bangun Rejo Village, Tanjung Morawa District, Deli Serdang Regency in 2024**

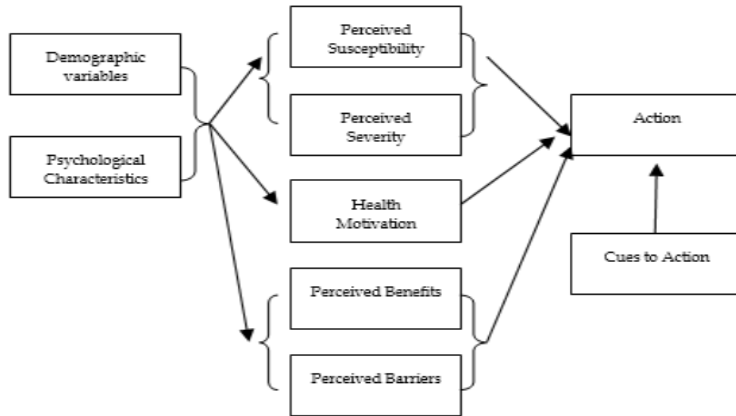
No	Age	F	Presentation (%)
1.	One month	5	0,11
2.	1-4 month	9	0,19
3.	5-8 month	12	0,26
4.	9-12 month	23	0,50

5.	1-3 years (Toddlers)	162	3,50
6.	4-5 years (Preschool)	141	3,05
7.	6-12 years (School)	517	11,18
8.	12-16 years (Early Teen)	380	8,22
9.	17-> 25 years (Late Teenagers)	845	18,28
10.	26-> 35 years (Early maturity)	655	13,09
11.	36->45 years (Late Adulthood)	686	14,84
12.	46->55 years (Early Elderly)	654	14,15
13.	56->65 years (late elderly)	372	8,05
14.	66 years and over (seniors)	184	3,98
	<b>Amount</b>	4263	100

Bangun Rejo Village has a high crime rate and a high number of drug users in the working area of Tanjung Merawa District; apart from these problems, the incidence of early marriage is also high in Bangun Rejo Village; this is the topic of research carried out by researchers and has been published in internationally reputable journals (Pangaribuan et al., 2020). This research activity is a continuation of a research series by the Chair and Research Members. Depression or Anxiety can be defined as feelings of worry, Anxiety, and fear of something that will happen that is unclear and not supported by the circumstances because Anxiety does not have an apparent stimulus that can be identified (Haruna et al., 2018). The leading causes of adolescent mental disorders are depression, Anxiety and behavioral disorders.

Mental health means that fulfilling mental functions can create productive individuals who have healthy relationships with other people and can overcome difficulties. To increase Mental Health Accessibility, health promotion-based education methods were developed. The World Health Organization (WHO) notes that nearly one billion people worldwide experience some form of mental health disorder (Hamidah & Rosidah, 2021; Purnomosidi et al., 2023).

Accessibility of health services is the ease with which patients obtain health services that suit their needs. Accessibility can influence the quality of visiting services at health service locations (Fatma Mutia et al., 2023). Other models that are often used as a basis for implementing Health Promotion include (a) the Health Belief Model, (b) the Theory of Reasoned Action, (c) the Theory of Planned Behavior, (d) the Transtheoretical Model, (e) the Theory of Cause and Effect (f) Model Transactional Stress and coping (Oktavilantika et al., 2023).

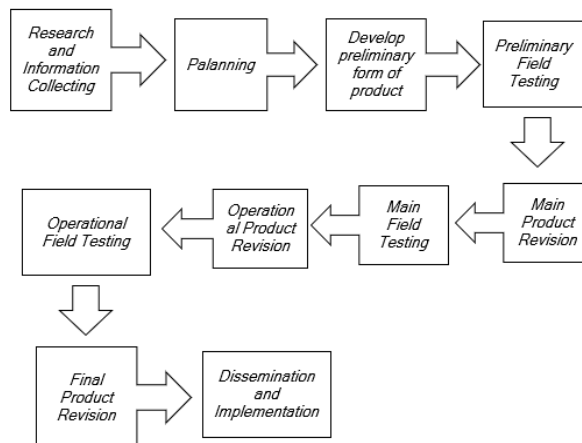


**Figure 1. Health belief model (Health Belief Model)**

The Health Belief Model needs to be revised because it only focuses on beliefs in health aspects. After all, mental health and behavioral changes are influenced by many factors outside the health sector (Colizzi et al., 2020). Based on the results of a preliminary survey conducted by researchers, the Health Promotion-based education model is adequate. Development of Health Promotion Education Methods, (a) Using internalization theory, (b) Adopting beliefs from influential people, (c) Messages received and physical trauma. Based on the explanation above, researchers are interested in researching how to develop Health Promotion Based Education Methods and the Feasibility of Health Promotion Based Education Methods to Increase Accessibility of Adolescent Mental Health.

**METHOD**

This research uses a development model developed by Borg and Gall, which states that development research has ten steps. Steps in Research and Development (R&D) Methods According to Borg and Gall:



**Data collection methods**

The data collection methods used were questionnaires, interviews and documentation.

**Questionnaire**

Used to collect data to determine the feasibility of developing a model by sharing it with respondents

- **Questionnaire Requirements**

For the needs of developing the model to be developed

- ***Validation Questionnaire***  
Validation Questionnaire to assess the theoretical suitability of the Health Promotion-based Education method model
- ***Health Worker and Adolescent Response Questionnaire***  
Adolescent response questionnaires were given after the module product was tested as a tool to obtain data

### **Samples**

The number of samples in this research uses the Solvin formula, which is a method for determining the number of samples provided that the population size is relatively large. The Slovin formula can be used in probability sampling and non-probability sampling techniques.

### **Operational Definition**

#### **Development of Health Promotion-based Education Methods**

The health belief model is a model of individual health beliefs that determines attitudes toward whether or not to carry out health behavior. Several Health Belief Model factors, cognitively based (such as beliefs and attitudes) and related to the thought processes involved in individual decision making determine how healthy individuals are (Fusar-Poli, 2019). In this research, this ability is defined as the Emotional and Mental Regulation of Individuals (Adolescents); this is in line with the theory of Emotional and Mental Regulation, which explains that the ability of individuals (adolescents) to respond to existing situations, by recognizing, controlling and modifying emotional responses and mentally for the sake of a goal.

#### **Measurement Scale**

1. Monitoring
2. Assessment
3. Change

Assessment Score: If a teenager gets a high score, then the level of emotional and mental regulation is high, and if the score is low, then the level of regulation is low

### **Increasing Accessibility of Youth Mental Health**

#### **Self Awareness**

Self-understanding is recognizing and paying attention to conditions that occur, assessing one's strengths and weaknesses and clearly describing the identity related to oneself so that teenagers can manage their emotions and mentality well, in this case, the individual. I will always understand him better. Self-Awareness Variable: measured using a self-awareness scale, which refers to 3 aspects, namely, Recognizing emotions and mentality, accurate self-knowledge, and self-confidence.

#### **Self Efficacy**

Forms of Individual (Adolescent) Confidence in their ability to face a task, achieve goals, and overcome obstacles well and purposefully to achieve goals.

Self-Efficacy Variable: measured using the Self-Efficacy scale, which refers to 3 aspects, namely, Levels, Strengths, and Generalization.

Assessment Score: If a teenager gets a high score, then their Self Efficacy is high, and if the score is low, then their Self Efficacy is low

### **III Data Collection Techniques**

In this study, researchers used a deep scale as a data collection technique with a Likert scale type. The Likert scale is used to measure attitudes, opinions and perceptions of a person or group of people about social phenomena (Research Variables)

This research uses a scale of emotional and mental regulation, self-awareness, and self-efficacy given a score of 1 to 5 with the following conditions:

**Table 2.**  
**Scale Assessment Criteria**

<b>Favorable (Positive Statement)</b>	<b>Score</b>	<b>Unfavorable (Negative Statement)</b>	<b>Score</b>
Very Suitable (S.S.)	5	Very Suitable (S.S.)	1
Compliant (S)	4	Compliant (S)	2
Neutral (N)	3	Neutral (N)	3
Not Compliant (T.S.)	2	Not Compliant (T.S.)	4
Highly Unsuitable (STS)	1	Highly Unsuitable (STS)	5

#### **IV Population and Sample**

##### **Population**

The population in this study were all teenagers classified as Early Adolescents (12-16 Years), totaling 380, and Late Adolescents (17 - 25 Years), totaling 845, with a population of 1,225.

$$n = \frac{1225}{4,0625} = 301, \text{ five, then round it up to 302}$$

##### **Sampling Techniques**

The sampling technique used in this research is a non-probability technique: incidental sampling. This involves taking samples during research with research inclusion criteria, early and late adolescents and those willing to be sampled.

## **RESULTS AND DISCUSSION**

### **Description of the research subject**

The subjects in this research were teenagers in Bangun Rejo Village; the total population was 1225 teenagers, with a research sample of 302 teenagers. The sample was determined based on Israel's opinion (Saloka Immanuel et al., 2021) that the greater the number of samples close to the population, the smaller the chance of generalization error. Conversely, the smaller the sample number away from the population, the greater the generalization error. After measuring the distribution of research subjects via SPSS, the following results were obtained:

**Table 3**  
**Research Subject Data Based on Adolescent Age**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Early Adolescence (12-16)	180	59,60	59,60	59,60

Late Teenagers (17-25)	122	40,40	40,40	40,40
Total	302	100.0	100.0	

Based on the class data table above, it can be seen that of the total subjects of 302 teenagers in Sudi Rejo Village, Tanjung Morawa District, Early Teenagers (12-16) numbered 180 with a percentage of 59.60% and Late Teenagers (17-25) totaled 122 with a percentage of 40. .40%.

**Table 4**  
**Research Subject Data Based on Gender**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Man	152	50.3	50.3	50,3
Woman	150	49.7	49.7	100.0
Total	302	100.0	100.0	

Based on the subject gender table above, of the 302 subjects, 152 were male, with a percentage of 50.3%, and 150 research subjects were female, with a percentage of 49.7%.

### Description of research data

Research data categorization formula

Low:  $X < M - 1SD$

Medium:  $M - 1SD \leq X < M + 1SD$

Height:  $M + 1SD \leq$

After carrying out calculations based on this formula, it was found that the score for the emotional and mental regulation level was low  $< 32.7$ , medium  $32.7 \leq x < 51.3$  and high  $\geq 51.3$ .

**Table 5**  
**Categorization of Emotional Regulation and Mental Regulation Variables**  
**Emotional and mental**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Low	4	1,2	1,2	1,2
Currently	191	63,2	63,2	64,4
Tall	108	35,6	35,6	100.0
Total	302	100.0	100.0	

Based on the category data above, it can be seen that the research subjects who had low emotional and mental regulation were 4, with a percentage of 1.2%, 191 subjects, with a percentage of 63.2%, and 108 subjects, with a percentage of 35.6%.

**Table 6**  
**Categorization of Self-Awareness Variables**

After carrying out calculations based on this formula, it was found that the score for the low level of

self-awareness was  $< 35.7$ , medium  $35.7 \leq x < 60.3$  and high  $\geq 60.3$ .

<i>Self Awareness</i>				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Low	9	3.1	3.1	3.1
Currently	252	83.4	83.4	86.5
Tall	41	13.5	13.5	100.0
Total	302	100.0	100.0	

Based on the category data above, nine research subjects had low self-awareness (3.1%), 252 subjects had a moderate rate (83.4%), and 41 subjects had a high rate (13.5%).

**Table 7**  
**Categorization of Self-Efficacy Variables**

After carrying out calculations based on this formula, it was found that the score for the low level of self-efficacy was  $< 53.7$ , medium  $53.7 \leq x < 84.3$  and high  $\geq 84.3$ .

<i>Self Efficacy</i>				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Low	8	2.5	2.5	2.5
Currently	245	81.0	81.0	83.4
Tall	50	16.6	16.6	100.0
Total	302	100.0	100.0	

Based on the category data above, 8 research subjects had a low self-efficacy percentage of 2.5%, 245 subjects had a percentage of 81.0%, and 50 subjects had a high percentage of 16.6%.

### Normality test

The normality test is used to determine whether or not the samples collected come from a normally distributed population. The data normality test in this study used the One-Sample Kolmogorov-Smirnov test via the SPSS application. Residual values that are usually distributed have a p-value  $> 0.05$ ; if the p-value  $< 0.05$ , then it can be said that the data is not normally distributed. The normality test in this research was carried out as a condition that must be met before testing the hypothesis.

**Table 8**  
**Self Awareness Normality Test. Self Efficacy, and Emotional and mental regulation**

<b>One-Sample Kolmogorov-Smirnov Test</b>		
		Unstandardized Residual
N		163
Normal Parameters, <sup>b</sup>	Mean	.0000000
	Std. Deviation	5.15655627

Most Extreme Differences	Absolute	.057
	Positive	.057
	Negative	-.040
Test Statistic		.057
Asymp. Sig. (2-tailed)		.200c,d

Based on the table above, the Kolmogorov-Smirnov normality test results can be seen in the significance value. The significance value obtained is 0.200, which is  $> 0.05$ , meaning the data is usually distributed.

### Linearity test

The linearity test determines whether two variables have a linear or non-linear relationship (Garcia-Carrion et al., 2019). Testing the linear relationship in this research was carried out by looking at the significance value; if the value is significant ( $P < 0.05$ ), then it can be said that the relationship between the two variables is linear; conversely, if the value is essential ( $P > 0.05$ ), then it can be said that the relationship between the two variables is non-linear. Linear.

**Table 9**  
**Linearity Test of Self-Awareness and Emotional and Mental Regulation**

ANOVA table							
			Sum of Squares	Df	Mean Square	F	Sig.
Emotional and mental regulation * Self-awareness	Between Groups	(Combined)	4028.572	37	108.880	3.951	.000
		Linearity	2660.922	1	2660.922	96.548	.000
		Deviation from Linearity	1367.649	36	37.990	1.378	.100
	Within Groups		3445.072	125	27.561		
Total			7473.644	162			

Based on the table above, the significance value in the linearity line is  $0.000 < 0.05$ , so it can be said that there is a relationship between the variables. In the deviation from the linearity line, it can also be seen that the significance value is  $0.100 > 0.05$ . Referring to these considerations, the variables of self-awareness and emotional and mental regulation have a linear relationship (Triwahyuningsih & Nugraheni, 2019).

### Multicollinearity test

Multicollinearity is a condition with a strong relationship between independent variables in a linear regression model. The multicollinearity test is used to determine whether or not there are deviations from the classic assumption of multicollinearity, namely the existence of a linear relationship between the independent variables in the regression model (Galante et al., 2021). Testing whether there are symptoms of multicollinearity is done by looking at the VIF (Variance Inflation Factor and Tolerance) value. If the VIF value is below 10.00 and the Tolerance value is more than 0.100, the regression model has no problems or multicollinearity.

**Table 10**  
**Multicollinearity Test of Self-Awareness and Self-Efficacy Coefficients**

Model	Unstandardized Coefficients		Standardized Coefficients		t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta				Tolerance	VIF
1 (Constant)	16.063	3.116			5.156	.000		
Self Awareness	.338	.056	.432		6.080	.000	.714	1.401
Self Efficacy	.201	.046	.308		4.332	.000	.714	1.401

Based on the data above, it can be seen that the tolerance value is  $0.714 > 0.10$ , and the VIF value is  $1.401 < 10$ , so it can be concluded that there are no symptoms of multicollinearity.

This research aims to determine the influence of self-awareness and self-efficacy on adolescents' emotional and mental regulation in Bangun Rejo Village. The results of the first hypothesis test showed that the significance value for the self-awareness variable was 0.000 ( $p < 0.01$ ) (Nur et al. et al., 2024). These results show that the first hypothesis is accepted, which means that self-awareness influences emotional and mental regulation. This means that the higher the teenagers' self-awareness in Bangun Rejo Village, the higher their emotional and cognitive regulation. Likewise, the lower the teenagers' self-awareness in Bangun Rejo Village, the lower their emotional and mental regulation (Lattie et al., 2022).

The results of this research align with research conducted by Ningrum (2021:77), which shows that self-awareness significantly influences teenagers' emotional and mental regulation. Likewise, research conducted by Nur Hamima Harahap et al. (2024) shows a significant influence of self-awareness on adolescents' emotional and mental regulation. Similar research results were also obtained by Febi (2019: 110), which showed that self-awareness significantly influences students' emotional and mental regulation.

Syukur (2011:56) states that emotional and mental regulation is a response when facing certain situations. In this case, it is closely related to the individual's thinking (cognitive) activities as a form of perception of the conditions experienced. (Aguirre Velasco et al., 2020) It states that factors can influence emotional and mental regulation: age, gender, parenting style, recognition of emotions and mentality, and individual differences. Salovey and Skuffer (1997:82) state that recognizing emotions and mental states is an individual's ability to know what emotions and mental states are and what emotional and mental forms are. Recognizing emotions and mentality is one of the emotional and mental regulation factors related to one aspect of self-awareness, namely, recognizing feelings. Solso (2009:98) states that recognizing feelings is an individual's ability to understand them; this encourages individuals to recognize their emotions and mentality. Next is the aspect of self-awareness, namely the ability to recognize strengths and weaknesses. This ability is obtained through interpreting thoughts (cognitive) so that individuals know their strengths and weaknesses, encouraging them to recognize the emotions and mentality they feel. This is one of the emotional and mental regulation factors.

The results of the second hypothesis obtained a significance value for the self-efficacy variable of 0.000 ( $p < 0.01$ ). These results show that the second hypothesis is accepted, meaning self-efficacy influences emotional and mental regulation. This means that the higher the self-efficacy of teenagers

in Bangun Rejo Village, the higher their emotional and mental regulation. Likewise, the lower the self-efficacy of teenagers in Bangun Rejo Village, the lower their emotional and cognitive regulation.

This aligns with Hasanah's (2010: 86) research, which shows a significant influence of self-efficacy on adolescent emotional and mental regulation. Other research (Fusar-Poli et al., 2021) shows that self-efficacy significantly influences adolescent emotional and mental regulation. Similar research was conducted by Qurratu'ain (2020: 69).

One factor in emotional and mental regulation is individual differences that influence aspects of self-efficacy. According to (O'Reilly et al., 2018), self-efficacy consists of level, strength and generalization. The level element of the self-efficacy variable illustrates that if an individual is faced with a task, the individual will be confident in completing the task (Kesehatan et al., 2023). Individual confidence in completing tasks varies, depending on the level of the task at hand. This shows that there are individual differences in completing tasks. These individual differences are factors that influence emotional and mental regulation.

Then, the strength aspect is an individual's belief or hope regarding his abilities. Unsupportive experiences will more easily shake individuals with weak beliefs (McGorry et al., 2022). Conversely, individuals with strong beliefs will have a high level of self-strength by persisting in their efforts, even though they will face less expected or supportive experiences. This shows that individual expectations regarding their abilities vary from one individual to another; this is one of the factors in emotional and mental regulation. This indicates that aspects of self-efficacy influence emotional and cognitive regulation.

The results of the third hypothesis test show that the significance value of the self-awareness and self-efficacy variables is 0.000 ( $p < 0.01$ ), so the third hypothesis is accepted, which means that there is a simultaneous influence of the self-awareness and self-efficacy variables on emotional and mental regulation (Kohrt et al., 2018). This means that the higher the self-awareness and efficacy of teenagers in Bangun Rejo Village, the higher their emotional and mental regulation. Likewise, the lower the self-awareness and efficacy of teenagers in Bangun Rejo Village, the lower their emotional and mental regulation.

The results of this research support the opinion of Febi (2019: 110), who explains that individuals who have self-awareness will realize good emotional and mental regulation. The results of this research also support the opinion of Qurratu'ain (2020: 69), who explains that aspects of self-efficacy influence emotional and cognitive regulation abilities. Individuals with good self-efficacy can control themselves regarding thoughts, feelings and behavior shown in daily life.

Aspects of self-awareness and aspects of self-efficacy influence emotional and mental regulation factors. According to Solso (2009: 98), self-awareness, which consists of recognizing feelings, strengths and weaknesses, influences emotional and mental regulation factors regarding an individual's ability to recognize emotions and mentality. Then, the aspects of self-efficacy, according to (Ma et al., 2023), which consist of level, strength and generalization, influence emotional and mental regulation factors, namely individual differences in exercising control over themselves regarding thoughts, feelings and behavior shown in daily activities.

Based on the explanation above, the higher the self-awareness and self-efficacy, the higher the emotional and mental regulation of teenagers in Bangun Rejo Village. Vice versa, the lower the self-awareness and self-efficacy, the lower the emotional and mental regulation of teenagers in Bangun Rejo Village.

Data analysis concluded that the multiple regression line equation in this study was  $Y = 16.063 + 0.338X_1 + 0.201X_2$  or emotional and mental regulation = 16.063 + 0.338X<sub>1</sub> (self-awareness) + 0.201X<sub>2</sub> (self-efficacy). These results show that the constant value of 16.063 is the value of emotional and mental regulation without self-awareness and self-efficacy. The X<sub>1</sub> coefficient value (0.338) means that self-awareness of oneself will increase emotional and cognitive regulation by 0.338 or 33.8%. The X<sub>2</sub> coefficient (0.201) indicates that having self-efficacy for oneself will increase emotional and mental regulation by 0.201 or 20.1%. The magnitude of the simultaneous influence of self-awareness and self-efficacy on emotional and mental regulation is 41.6%. In comparison, 58.4% is influenced by other variables such as age, gender and parenting style.

This research has been carried out using existing scientific rules or procedures. However, of course, several things could still be improved in this research. One is that the research on teenagers could have been more optimal for the principal researcher (Fagan et al., 2019). This is due to unfavorable conditions. As a result, the majority of teenagers in Sudi Rejo Village are only at home at night because of teenage activities (school and work, etc.), but this is not a serious obstacle because the researchers have volunteers in . . research activities (Colizzi et al., 2020). However, researchers hope that this research can contribute to self-awareness, self-efficacy, and emotional and mental regulation matters.

## CONCLUSIONS AND SUGGESTIONS

Based on the results of hypothesis testing in this research, it can be concluded that:

1. The results of the first hypothesis test were accepted, namely that self-awareness influences adolescents' emotional and mental regulation in Sudi Rejo Village, Tanjung Morawa District. This means that the higher a person's self-awareness, the higher the emotional and cognitive regulation that individual will have.
2. The results of the second hypothesis test were accepted. Namely, self-efficacy influenced adolescents' emotional and mental regulation in Sudi Rejo Village, Tanjung Morawa District. This means that the higher a person's self-efficacy, the higher the emotional and cognitive regulation that individual will have.
3. The results of the third hypothesis test were accepted, namely that self-awareness and self-efficacy influence the emotional and mental regulation of adolescents in Sudi Rejo Village, Tanjung Morawa District. This means that the higher a person's self-awareness and self-efficacy, the higher the emotional and mental regulation that individual will have.
4. Development of Health Promotion-Based Education Methods, namely self-awareness and self-efficacy, which influence increasing the accessibility of adolescent mental health.

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