

# Family Quality as a Foundation for Adolescent Religiosity and Mental Health

 Dody Hartanto\*<sup>1</sup>,  Gamal Abdul Nasir Zakaria<sup>2</sup>  
 Mufied Fauziah<sup>1</sup>, Supriyanto Supriyanto<sup>1</sup>  
 Yenni Rizal<sup>3</sup>,  Ariadi Nugraha<sup>1</sup>

Universitas Ahmad Dahlan, Indonesia<sup>1</sup>

University of Brunei Darussalam, Brunei Darussalam<sup>2</sup>

IKIP PGRI Pontianak, Indonesia<sup>3</sup>

 [dody.hartanto@bk.uad.ac.id](mailto:dody.hartanto@bk.uad.ac.id)\*

## Article Information:

Received 2024-08-16

Revised 2024-11-16

Published 2025-01-08

## Keywords:

Adolescent Mental Health,  
Family Quality, Religiosity,  
Structural Equation Modeling

## Abstract

Understanding the impact of family quality on adolescent religiosity and mental health is crucial for developing effective interventions and support systems, as family dynamics significantly influence religious beliefs and psychological well-being during formative years. This study investigates the influence of family quality on religiosity and mental health among high school and vocational school students in the cities of Yogyakarta and Pontianak, Indonesia, providing a representative sample of urban students with diverse backgrounds. The study employs purposive sampling techniques to select 1,795 students, with data collected using scales specifically developed to measure family quality, religiosity, and adolescent mental health. The construct validity of each item was tested using confirmatory factor analysis (CFA) within a structural equation modeling (SEM) framework, with a loading factor criterion of  $> 0.7$  to indicate adequate validity in representing its respective construct. Reliability was assessed through Cronbach's Alpha, yielding scores as follows: Family Quality at 0.863, Religiosity at 0.829, and Mental Health at 0.925. These values demonstrate that all three instruments exhibit a high level of reliability. Structural Equation Modeling (SEM) is utilized to analyze the data, accommodating complex dependent variables and inter-variable relationships. SEM analysis reveals significant positive relationships between family quality and both religiosity and mental health, highlighting the profound impact of family interactions on students' religious practices and psychological well-being. These findings emphasize the crucial role of family quality in enhancing religiosity and mental health among adolescents, suggesting that improving family dynamics could be a vital intervention strategy in educational and health domains.

## INTRODUCTION

Family is a fundamental social unit that has a significant influence on adolescent development. Family variables, such as family assessment and family problem-solving, significantly predict children's quality of life, thus providing a basis for family interventions (Lee et al., 2020). Family quality can be used to understand dynamic interactions in family relationships and ensure a holistic approach in research (Francisco Mora et al., 2020). Clear communication, guidance, emotional support, and recognition of responsibilities within the

### How to cite:

Hartanto, D., Zakaria, G. A. N., Fauziah, M., Supriyanto, S., Rizal, Y., & Nugraha, A. (2025). Family Quality as a Foundation for Adolescent Religiosity and Mental Health. *Islamic Guidance and Counseling Journal*, 8(1). <https://doi.org/10.25217/0020258555100>

### E-ISSN:

2614-1566

### Published by:

Institut Agama Islam Ma'arif NU (IAIMNU) Metro Lampung

family are key factors in promoting positive cognitive and social development in children (Meng et al., 2023). Therefore, research on family quality can be utilized to identify relevant aspects that can influence policy and practice, as well as improve the quality of child-rearing processes within families (Eckhardt & Egert, 2020).

Mental health issues among adolescents continue to be a focus of attention with unprecedented social pressures. Bullying, computer game addiction, and gambling addiction are major challenges faced by adolescents today, affecting their personality and maturity, thus impacting adolescent mental health (Greš et al., 2023). This potentially increases the risk of mental health disorders such as depression, anxiety, and chronic stress among adolescents (Twenge et al., 2019). On the other hand, there is a shift in traditional values and religiosity in many societies, with some studies showing a decline in religiosity levels among younger generations (Voas & Chaves, 2018). However, religiosity can also be a source of strength and resilience for some adolescents in facing life's challenges (Schwartz et al., 2006). In this context, the role of the family becomes increasingly crucial as a buffer against external pressures and a primary source of support for adolescent development (Dollahite et al., 2018).

Family quality is defined as the level of family functioning characterized by positive interactions, effective conflict resolution, and strong emotional bonds among family members (Jiang et al., 2013). This family functioning becomes a fundamental factor influencing adolescents' psychosocial development, including aspects of religiosity and mental health. Research shows that high family quality positively impacts both these aspects. Adolescents growing up in families with high-quality relationships tend to have stronger and more stable levels of religiosity (Kor et al., 2012). Correspondingly, good family quality positively correlates with adolescent mental health, marked by lower levels of depression and anxiety (Guo et al., 2018).

Previous research has identified a positive relationship between family quality and adolescent mental health. High family cohesion is associated with lower levels of depression in adolescents, while other studies indicate it may also be linked to small increases in eating disorder symptoms, anxiety, and reduced self-worth in adolescent girls (Chen & Harris, 2019; Fosco & Lydon-Staley, 2019). Meanwhile, open communication within families is positively correlated with adolescents' psychological well-being, including higher self-esteem, fewer depressive and anxiety symptoms, and better overall psychosocial adjustment (Bireda & Pillay, 2018; Ioffe et al., 2020). In the context of religiosity, research by Pearce et al. (2019) revealed that parental involvement in religious practices is closely related to adolescents' level of religiosity. However, most of these studies were conducted in Western cultural contexts and are still limited in explaining the specific mechanisms linking family quality, religiosity, and mental health.

### **Aim of the Study**

This research aims to fill the gap in the literature by adopting a more comprehensive and nuanced approach to understanding the relationship between family quality, religiosity, and adolescent mental health. Unlike previous studies that tended to view these variables separately, this research will specifically examine the influence of family quality on religiosity and the influence of family quality on adolescent mental health in an integrated model. By using Structural Equation Modeling (SEM), this research will be able to test complex causal relationships between these variables simultaneously (Kline, 2016). Thus, this study will not only confirm or refute previous findings but will also expand our understanding of the mechanisms underlying the relationships between family quality, religiosity, and adolescent mental health, making a significant contribution to existing literature and paving the way for more effective interventions in supporting adolescent development.

## **Hypotheses**

Although previous research has demonstrated relationships between family quality, religiosity, and adolescent mental health, most studies have been conducted in Western cultural contexts and tend to examine these variables separately. This gap needs to be addressed given the increasing mental health issues among adolescents that require a comprehensive understanding of protective factors, including the roles of family quality and religiosity. Therefore, this research aims to analyze the influence of family quality on adolescent religiosity and mental health, as well as examine the mediating role of religiosity in this relationship. Using Structural Equation Modeling (SEM), this study proposes two hypotheses: (1) family quality positively influences adolescent religiosity levels, and (2) religiosity positively influences adolescent mental health. The findings are expected to make a significant contribution to the development of more effective family-based and religious interventions in supporting adolescent mental health development.

## **METHODS**

### **Research Desain**

This study employed a correlational design with a cross-sectional approach to examine the relationships between family quality, religiosity, and adolescent mental health through Structural Equation Modeling (SEM) analysis.

### **Participant**

The population in this study consists of high school (SMA) and vocational school (SMK) students from two cities in Indonesia: Yogyakarta and Pontianak. These cities were selected due to their diverse educational landscapes and socio-economic characteristics, providing a representative sample of urban high school students in Indonesia. This study employed purposive sampling, a non-probability sampling method where participants were selected based on specific characteristics relevant to the research objectives. A total of 1,795 students were randomly selected as the sample for this study based on specific characteristics: (1) aged 15-18 years, (2) coming from various socio-economic backgrounds as measured by parental income (low, middle, and high), (3) representing the religious affiliation diversity in both cities, and (4) having adequate internet access for online questionnaire completion. Data collection was conducted online via Google Forms, with guidance provided by Guidance and Counseling Teachers during the completion process.

### **Instruments**

The study utilized three primary instruments for data collection: the family quality scale, the religiosity scale, and the adolescent mental health scale. The study adopted a cross-sectional design with data collected in August 2024. Participants were adolescents, specifically high school and vocational school students from Yogyakarta and Pontianak, recruited through schools. After obtaining approval from the schools, the questionnaires were administered online using Google Forms. The questionnaires included instruments measuring family quality, religiosity, and adolescent mental health. The completion time for each questionnaire was estimated to be approximately 30-45 minutes per student. The measurement model, or outer model, consists of the results of the instrument's validity and reliability tests. The validity tests in SmartPLS include convergent validity and discriminant validity. Meanwhile, the reliability tests encompass composite reliability and Cronbach's alpha (Hair et al., 2021).

### **The Family Quality Scale**

The family quality scale was specifically developed by the researchers to measure family functionality, considering seven key aspects: religious, socio-cultural, love and affection,

reproduction, socialization and education, economic, and environmental functions, in accordance with the concept of family functionality outlined in the National Population and Family Planning Board (BKKBN) Regulation No. 3 of 2020 on Family Quality Indicators (BKKBN, 2020). This scale is designed to capture family functionality based on students' perceptions. An item is considered valid if it has a loading factor value  $> 0.7$ . Based on these criteria, 30 out of 48 items on the family quality instrument were deemed valid. The items that were excluded from the family quality instrument were items numbered 1, 2, 3, 4, 5, 9, 10, 14, 16, 17, 18, 22, 25, 26, 27, 33, 41, and 43. The family quality scale has a Cronbach's Alpha score of 0.863, indicating that the instrument possesses a high level of reliability.

### ***The Religiosity Scale***

The religiosity scale used in this study measures five dimensions: intellectual, ideological, public practice, experience, and private practice (Glock, 1962). This instrument aims to assess the levels and degrees of students' religiosity. In the religiosity instrument, 13 out of 15 items were found to be valid, with items 1 and 7 being excluded. Besides that, the religiosity scale instrument was also tested for reliability using Cronbach's Alpha analysis, yielding a score of 0.829, which similarly indicates a high level of reliability.

### ***The Adolescent Mental Health Scale***

The adolescent mental health scale is designed to measure six aspects: satisfaction, self-confidence, optimism, enjoyment, meaningful life, and stability (Hartanto et al., 2024). For the adolescent mental health instrument, 20 out of 36 items were deemed valid. The excluded items in the mental health instrument were numbered 1, 2, 4, 5, 7, 8, 9, 10, 11, 12, 16, 17, 18, 30, 34, and 36. The adolescent mental health scale was also tested for reliability using Cronbach's Alpha analysis, yielding a score of 0.925, which similarly indicates a high level of reliability.

All scales employ a 4-point Likert scale, where 1 indicates "Not Suitable" and 4 indicates "Very Suitable" for favorable statements, and 1 indicates "Very Suitable" and 4 indicates "Not Suitable" for unfavorable statements. This method was chosen to facilitate respondents' responses and enable more robust statistical analysis.

### **Data Analysis**

Data analysis was performed using Structural Equation Modeling (SEM) to examine the relationships between the variables of family quality, religiosity, and adolescent mental health. SEM was chosen for its ability to test complex relationships between latent variables and accommodate multiple dependent variables within a single model (Kline, 2016). The analysis was conducted using SmartPLS, with a significance level set at  $\alpha = 0.05$  for all statistical tests. This approach allowed for a comprehensive evaluation of the direct and indirect relationships between family quality, religiosity, and adolescent mental health. Although the use of Structural Equation Modeling (SEM) enables simultaneous analysis of complex relationships between variables, the cross-sectional design limits the ability to draw causal inferences or observe longitudinal changes in the relationships between family quality, religiosity, and adolescent mental health.

## **RESULTS AND DISCUSSION**

### **Result**

#### ***Sample Distribution***

The research sample consisted of 1,795 high school students. The distribution of participants by grade level shows that 510 students (28.4%) were from Grade 10, 915 students (51.0%) were from Grade 11, and 370 students (20.6%) were from Grade 12. In terms of gender,

the sample comprised 714 males (39.8%) and 1,081 females (60.2%). The participants were drawn from two major cities, with 618 students (34.4%) from Yogyakarta and 1,179 students (65.6%) from Pontianak. This sample composition reflects adequate demographic diversity for analyzing the relationships between family quality, religiosity, and adolescent mental health across two different cities in Indonesia.

**Structural Equation Modeling**

The SEM model used in this study underwent a series of prerequisite tests to ensure its validity and reliability. The prerequisite tests included construct validity tests, which covered convergent and discriminant validity, as well as reliability tests using composite reliability (CR) and Cronbach's alpha values. The analysis results indicated that all indicators met the criteria for convergent validity. Furthermore, the discriminant validity test showed that the square root of the AVE for each construct was greater than the correlations between constructs, demonstrating that each latent variable is distinct. The reliability test also yielded satisfactory results, with CR and Cronbach's alpha values exceeding 0.7, indicating internal consistency among the indicators measuring the same construct. Thus, the resulting SEM model is deemed reliable for hypothesis testing.

After the acceptance of the outer model testing, inner model testing was conducted to ensure that the structural model developed is accurate and robust. The results of the analysis can be seen in Figure 1.

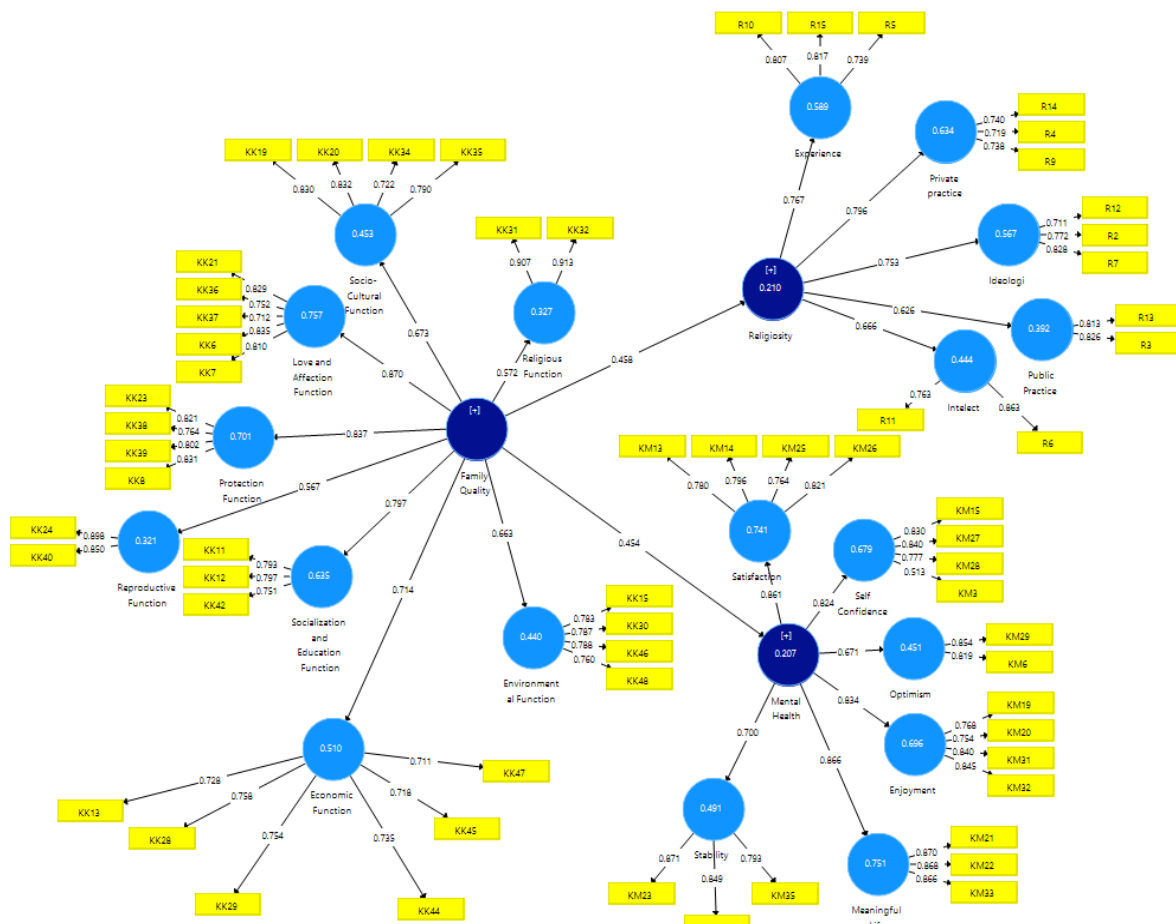


Figure 1. Results of Inner Model Testing

Confirmatory Factor Analysis (CFA) was conducted to test the construct validity of the three main scales in this study: Family Quality, Religiosity, and Mental Health. The CFA results

indicated that the measurement model had a good fit. All indicators showed significant loading factors above the acceptable threshold of 0.5 (Hair et al., 2021), ranging from 0.647 to 0.854. Figure 1 illustrates that Family Quality has a significant influence on both variables: Religiosity and Mental Health. The path coefficient between Family Quality and Religiosity was recorded at 0.458, indicating that family quality positively contributes to students' religiosity. This supports the hypothesis that a family with good interactions tends to foster a stronger religious life in adolescents.

Meanwhile, the relationship between Family Quality and Mental Health has a path coefficient of 0.454, confirming that good family quality also positively impacts adolescents' mental health. These results suggest that emotional support and close family bonds play a critical role in promoting mental well-being. Thus, these findings provide empirical evidence that strengthening family quality could be an effective strategy in enhancing both religious functions and mental health, underscoring the importance of interventions focusing on improving family dynamics.

### **Hypotheses Testing**

Based on the results of the structural model analysis, this study successfully revealed significant relationships between various latent variables affecting family quality, religiosity, and mental health. The Family Quality variable showed the largest contribution through the Love and Affection Function dimension (factor loading = 0.870) and the Protection Function dimension (factor loading = 0.837), representing the key role of emotional functions in strengthening family quality. Additionally, Religiosity was significantly influenced by family quality with a path coefficient of 0.458, where the Private Practice aspect of Religiosity was strongly affected (factor loading = 0.796). On the other hand, Mental Health directly influenced Meaningful Life (path coefficient = 0.866) and Satisfaction (path coefficient = 0.861), both of which are key dimensions reflecting healthy psychological conditions. These findings emphasize the importance of synergy between family factors, religiosity, and mental health in creating a meaningful and prosperous life, while also reinforcing the validity of the conceptual model proposed in this study.

The analysis results reveal a significant positive relationship between family quality and religiosity ( $t = 18.608$ ,  $p = 0.000$ ) and between family quality and mental health ( $t = 24.116$ ,  $p = 0.000$ ). These findings indicate that higher family quality is strongly associated with higher levels of religiosity and better mental health among adolescents. The high  $t$ -values and the statistically significant  $p$ -values ( $p < 0.05$ ) demonstrate the substantial influence of family quality on these variables, underscoring its critical role in shaping both spiritual and psychological well-being. These results highlight the importance of fostering strong family dynamics to support adolescent development.

## **DISCUSSION**

This study confirms that there is an influence of family quality on religiosity. Parents play a crucial role in the development of religiosity in adolescents and young adults, which affects their psycho-emotional development (Papanikolopoulos & Kaprinis, 2022). Better relationships with parents are associated with higher religiosity in terms of beliefs and participation among urban high school students (Sârbu et al., 2021). Parental involvement in religious practices is crucial for the religious commitment of adolescents, influencing their religiosity, moral

**Table 1. Hypothesis Testing**

Variable	t	p	Description
Family Quality – Religiosity	18.608	0.000	Significant positive relationship. Family quality significantly influences religiosity.
Family Quality – Mental Health	24.116	0.000	Significant positive relationship. Family quality significantly influences mental health.

expectations, supervision, and various behavioral and academic outcomes (Guo et al., 2018; Miloš & Glavaš, 2021). There is a reciprocal relationship between interpersonal communication within the family and adolescent religiosity (Sahertian et al., 2021). Parenting can influence adolescents' understanding of religion, as the family environment is where children first receive education (Yusra & Tabroni, 2022). Families with high-quality interactions tend to provide a supportive environment for spiritual exploration and expression (Dollahite et al., 2018).

This study also reinforces the influence of family quality on adolescent mental health. The lack of parental involvement, discipline, supervision, and affection, as well as the absence of religious activities, contribute to the development of mental health issues among adolescents (Idris et al., 2019). Moreover, the family environment has been linked to mental health outcomes, with research indicating that improved family dynamics can be beneficial in reducing the prevalence of mental health problems among adolescents (Yang et al., 2021). Family emotional support enhances adolescents' resilience in facing academic and social pressures, while support from friends and teachers also plays a significant role (Armstrong-Carter & Telzer, 2021; Kaur & Rahman, 2021). Emotional bonds within the family have been associated with mental health outcomes, where strong emotional ties between parents and children positively influence children's mental health and overall quality of life (Etminan et al., 2021).

In the context of mental health, the positive influence of family quality can be explained through several factors. Effective communication, emotional support, and constructive conflict resolution within the family can provide adolescents with the coping skills necessary to manage stress and life's challenges (Camara et al., 2014; Marceau et al., 2015). Additionally, strong family bonds can serve as a critical social support system, which has been shown to be a protective factor against mental health issues (Johnson & Johnson, 2011). Some studies suggest family-based interventions improve adolescent mental health, including behavioral changes, self-esteem, and reductions in depressive symptoms, while other studies indicate no significant treatment benefit for depressive symptoms (Jimenez et al., 2019).

The dimensions of Love and Affection and Protection within the family quality variable significantly influence both religiosity and mental health, serving as critical components in the psychosocial well-being of individuals. Love and Affection, characterized by parental warmth, emotional support, and positive interactions, have been shown to correlate strongly with mental health outcomes. For example, adolescents are more likely to have poor mental health if parents and adolescents disagree about the display of parental affection, highlighting the importance of parental affection in promoting better health-related quality of life in adolescents (Jimenez et al., 2019). This suggests that the emotional climate fostered by familial love not only enhances individual well-being but also serves as a protective factor against mental health issues. Furthermore, the presence of affection within family dynamics can facilitate a sense of belonging and security, which is essential for fostering religiosity. Individuals raised in affectionate environments often exhibit higher levels of spiritual engagement, as the emotional support they receive encourages exploration and commitment to religious beliefs (Connell et al., 2012).

On the other hand, the Protection dimension encompasses the family's role in safeguarding its members from external stressors and fostering resilience. Families that effectively communicate and solve problems together create a protective environment that enhances mental health outcomes (Chen et al., 2022; Qin et al., 2023). This protective function is particularly vital in the context of mental illness, where family support can mitigate the adverse effects of such conditions on individual members (Aass et al., 2022). The interplay between family functioning and mental health is evident in studies that highlight how dysfunctional family dynamics can lead to negative self-perceptions and increased mental health challenges among older adults (Gao et al., 2022). Moreover, the protective aspect of family functioning can also extend to the realm of religiosity, as families that provide a secure

base often encourage their members to engage in religious practices that promote community support and personal resilience (C. Borowski et al., 2016).

This study differs from previous research by specifically emphasizing the role of emotional dimensions, such as the Love and Affection Function and Protection Function, in strengthening family quality and influencing adolescents' religiosity and mental health. Moreover, this research integrates the relationships between family quality, religiosity, and mental health into a comprehensive conceptual model. This approach contrasts with prior studies that tend to focus on only one of these aspects, thereby offering a more holistic perspective on the factors that support adolescent development.

### **Implication**

The practical implications of this study are extensive. The results emphasize the importance of family strengthening programs as a strategy to enhance both religiosity and mental health in adolescents. Interventions focused on improving family communication, conflict resolution, and emotional support can have dual effects in supporting the spiritual and psychological development of adolescents. For parents, these findings highlight the importance of creating an open and supportive family environment, where discussions about values and beliefs are encouraged. Educators and counselors can use this information to design programs that more actively involve families in efforts to support adolescent well-being, both within and outside of school settings.

### **Limitation and Recommendation for Future Research**

This study has several limitations that should be considered. First, the sample, which was limited to high school students in Yogyakarta and Pontianak, may not fully represent the broader adolescent population in Indonesia. Second, the study relied on self-report measures, which may be susceptible to respondent bias. For future research, it is recommended to expand the geographical and demographic scope of the sample to enhance the generalizability of the findings. It would also be beneficial to integrate qualitative methods, such as in-depth interviews or focus group discussions, to provide a richer understanding of family dynamics and their influence on adolescent religiosity and mental health.

### **CONCLUSIONS**

This study reveals the significant impact of family quality on the religiosity and mental health of adolescents in Yogyakarta and Pontianak. SEM analysis of 1,795 high school students demonstrates a strong positive correlation between family quality and levels of religiosity and mental health. These findings underscore the critical role of family dynamics in shaping religious beliefs and psychological well-being during adolescents' crucial developmental stages. The results highlight the importance of family-based interventions in enhancing adolescent religiosity and mental health. Therefore, efforts to strengthen family relationships may serve as an effective strategy for improving the holistic well-being of adolescents. This research offers valuable insights into the interaction between the family environment, religiosity, and mental health among Indonesian adolescents and provides a foundation for developing policies and programs that focus on strengthening families as fundamental units in supporting positive youth development.

### **ACKNOWLEDGMENTS**

The authors extend their deepest gratitude to Universitas Ahmad Dahlan for the support and facilities provided during the course of this research. Special thanks are directed to the Directorate of Research, Technology, and Community Service (DRTPM) for the funding provided through research subcontract number 0459/E5/PG.02.00/2024 dated May 30, 2024



and Agreement/Contract Number 107/E5/PG.02.00.PL/2024 dated June 11, 2024; 0609.12/LL5-INT/AL.04/2024 dated June 14, 2024; 037/PFR/LPPM UAD/VI/2024 dated June 15, 2024. This financial support has been invaluable in ensuring the successful completion of this study. The contributions of all parties involved are greatly appreciated and have played a crucial role in the success of this research.

## AUTHOR CONTRIBUTION STATEMENT

DH, as the principal investigator, designed the research concept and methodology and oversaw the entire project. MF was responsible for data collection and contributed to the initial analysis. S conducted advanced statistical analysis and data interpretation. YR contributed to the development of the theoretical framework and literature review. AN assisted in interpreting the results and their implications. DH and GA drafted the initial manuscript. MF, YR, and AN critically reviewed the intellectual content and provided substantial input for revisions. All authors contributed to the refinement of the final manuscript and approved the published version.

## REFERENCES

- Aass, L. K., Moen, O. L., Skundberg-Kletthagen, H., Lundqvist, L. O., & Schroder, A. (2022). Family support and quality of community mental health care: Perspectives from families living with mental illness. *J Clin Nurs*, 31(7-8), 935-948. <https://doi.org/10.1111/jocn.15948>
- Armstrong-Carter, E., & Telzer, E. H. (2021). Family Assistance Spills Over Into Prosocial Behaviors Toward Friends and Positive Academic Behaviors. *J Res Adolesc*, 31(4), 1188-1201. <https://doi.org/10.1111/jora.12629>
- Bireda, A., & Pillay, J. (2018). Perceived parent-child communication and well-being among Ethiopian adolescents. *International Journal of Adolescence and Youth*, 23, 109 – 117. <https://doi.org/10.1080/02673843.2017.1299016>.
- C. Borowski, S., J. Siembida, E., Nygren, K., M. Bellizzi, K., & Mayu, Y. (2016). Correlates Of Mental Health In Survivors Of Colorectal Cancer: The Influence Of Individual, Family, And Community Level Factors. *Journal of Behavior Therapy and Mental Health*, 1(2), 24-37. <https://doi.org/10.14302/issn.2474-9273.jbtm-16-1105>
- Camara, M., Bacigalupe, G., & Padilla, P. (2014). The role of social support in adolescents: are you helping me or stressing me out? *International Journal of Adolescence and Youth*, 22(2), 123-136. <https://doi.org/10.1080/02673843.2013.875480>
- Chen, P., & Harris, K. M. (2019). Association of Positive Family Relationships With Mental Health Trajectories From Adolescence to Midlife. *JAMA Pediatr*, 173(12), e193336. <https://doi.org/10.1001/jamapediatrics.2019.3336>
- Chen, X., Li, L., Ai, C., Zhan, Y., Wang, M., & Gong, B. (2022). The influence of family function, work engagement, and sleep on the mental health of nurses in China's top three hospitals : a cross-sectional study. <https://doi.org/10.21203/rs.3.rs-1381728/v1>
- Connell, J., Brazier, J., O'Cathain, A., Lloyd-Jones, M., & Paisley, S. (2012). Quality of life of people with mental health problems: a synthesis of qualitative research. *Health Qual Life Outcomes*, 10(1), 138. <https://doi.org/10.1186/1477-7525-10-138>
- Dollahite, D. C., Marks, L. D., & Dalton, H. (2018). Why Religion Helps and Harms Families: A Conceptual Model of a System of Dualities at the Nexus of Faith and Family Life. *Journal of Family Theory & Review*, 10(1), 219-241. <https://doi.org/10.1111/jftr.12242>
- Eckhardt, A., & Egert, F. (2020). Predictors for the quality of family child care: A meta-analysis. *Children and Youth Services Review*, 116, 105205. <https://doi.org/10.1016/j.childyouth.2020.105205>.

- Etminan, F. S., Haji Alizadeh, K., & Samavi, S. A. W. (2021). The Relationship Between Emotional Self-efficacy, Sensation Seeking, and the Quality of Child-Parent Relationships With Quality of Life Mediated by High-Risk Sexual Behaviors in Students. *International Clinical Neuroscience Journal*, 8(2), 90-95. <https://doi.org/10.34172/icnj.2021.19>
- Fosco, G., & Lydon-Staley, D. (2019). *Implications of Family Cohesion and Conflict for Adolescent Mood and Well-Being: Examining Within- and Between-Family Processes on a Daily Timescale*. Family process. <https://doi.org/10.1111/famp.12515>.
- Francisco Mora, C., Ibanez, A., & Balcells-Balcells, A. (2020). State of the Art of Family Quality of Life in Early Care and Disability: A Systematic Review. *Int J Environ Res Public Health*, 17(19). <https://doi.org/10.3390/ijerph17197220>
- Gao, F., Zhou, L., Gao, Y., Zhang, Y., Zuo, A., & Zhang, X. (2022). Effects of physical and mental health factors and family function on the self-perception of aging in the elderly of Chinese community. *Brain Behav*, 12(9), e2528. <https://doi.org/10.1002/brb3.2528>
- Glock, C. Y. (1962). On the Study of Religious Commitment. *Religious Education*, 57(sup4), 98-110. <https://doi.org/10.1080/003440862057s407>
- Greš, A., Staver, D., Šakić, B., & Radovančević, L. (2023). Risky behaviour among adolescents. *Scripta Medica*. <https://doi.org/10.5937/scriptamed54-43365>.
- Guo, C., Tomson, G., Keller, C., & Soderqvist, F. (2018). Prevalence and correlates of positive mental health in Chinese adolescents. *BMC Public Health*, 18(1), 263. <https://doi.org/10.1186/s12889-018-5133-2>
- Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2021). *Multivariate data analysis* (8th ed.). Cengage Learning.
- Hartanto, D., Fauziah, M., Rizal, Y., Azhari, I., Matahari, R., Fauzan, P., Hanum, N. C., & Herdiansyah, D. (2024). Rasch Validation of Arabic Scale of Mental Health (ASMH) in Indonesian Version to Measure Adolescent Mental Health. *Jurnal Kajian Bimbingan dan Konseling*, 9(2), 75-81. <https://doi.org/10.17977/um001v9i22024p75-81>
- Idris, I., Hod, R., Nawati, A., Ghazali, Q., & Anuar, N. (2019). The relationship between religiosity and mental health problems among adolescents in Malaysia: a qualitative study. *Mental Health, Religion & Culture*, 22, 794 – 804. <https://doi.org/10.1080/13674676.2019.1646234>.
- Ioffe, M., Pittman, L. D., Kochanova, K., & Pabis, J. M. (2020). Parent-Adolescent Communication Influences on Anxious and Depressive Symptoms in Early Adolescence. *J Youth Adolesc*, 49(8), 1716-1730. <https://doi.org/10.1007/s10964-020-01259-1>
- Jiang, X., Huebner, E. S., & Hills, K. J. (2013). Parent Attachment and Early Adolescents' Life Satisfaction: The Mediating Effect of Hope. *Psychology in the Schools*, 50(4), 340-352. <https://doi.org/10.1002/pits.21680>
- Jimenez, L., Hidalgo, V., Baena, S., Leon, A., & Lorence, B. (2019). Effectiveness of Structural(-)Strategic Family Therapy in the Treatment of Adolescents with Mental Health Problems and Their Families. *Int J Environ Res Public Health*, 16(7). <https://doi.org/10.3390/ijerph16071255>
- Johnson, D. W., & Johnson, R. (2011). Pendidikan Perdamaian di Kelas: Menciptakan Program Pendidikan Perdamaian yang Efektif dalam. In S. G. Ed Cairns (Ed.), *Handbook on Peace Education*. Pers Psikologi.
- Kaur, K., & Rahman, S. (2021). Role Of Family In The Development Of Social Competence And Emotional Resilience Among Children With Learning Disabilities. *Scholarly Research Journal For Humanity Science And English Language*. <https://doi.org/10.21922/srjhsel.v9i47.7713>.
- Kline, R. B. (2016). *Principles and practice of structural equation modeling* (5th ed.). Guilford Press. [Google Scholar](https://scholar.google.com/)

- Kor, A., Mikulincer, M., & Pirutinsky, S. (2012). Family functioning among returnees to Orthodox Judaism in Israel. *J Fam Psychol*, 26(1), 149-158. <https://doi.org/10.1037/a0025936>
- Lee, A., Knafl, G., Knafl, K., & Van Riper, M. (2020). Parent-Reported Contribution of Family Variables to the Quality of Life in Children with Down Syndrome: Report from an International Study. *J Pediatr Nurs*, 55, 192-200. <https://doi.org/10.1016/j.pedn.2020.07.009>
- Marceau, K., Zahn-Waxler, C., Shirtcliff, E. A., Schreiber, J. E., Hastings, P., & Klimes-Dougan, B. (2015). Adolescents', mothers', and fathers' gendered coping strategies during conflict: Youth and parent influences on conflict resolution and psychopathology. *Dev Psychopathol*, 27(4 Pt 1), 1025-1044. <https://doi.org/10.1017/S0954579415000668>
- Meng, Z., Luen, L. C., & Hj. Zainal Abidin, N. (2023). Parental Role Orientation's Influence on Children's Personality Formation. *International Journal of Education & Technology*, 1(3). <https://doi.org/10.59021/ijetech.v1i3.22>
- Miloš, D., & Glavaš, D. (2021). The Relationship between Religiosity of Parents and Children in Catholics: The Role of Parents in Adolescents Religious Practice. *Interdisciplinary Description of Complex Systems*, 19, 64–79. <https://doi.org/10.7906/INDECS.19.1.6>
- Papanikolopoulos, P. N., & Kaprinis, S. G. (2022). [Religiosity and mental health of adolescents and young adults: a review]. *Psychiatriki*, 33(2), 157-165. <https://doi.org/10.22365/jpsych.2021.036>
- Pearce, L. D., Uecker, J. E., & Denton, M. L. (2019). Religion and Adolescent Outcomes: How and Under What Conditions Religion Matters. *Annual Review of Sociology*, 45(1), 201-222. <https://doi.org/10.1146/annurev-soc-073117-041317>
- Qin, X., Zhang, W., Xu, S., Ma, M., Fan, X., Nie, X., Liu, J., Ju, Y., Zhang, L., Li, L., Li, H., Liu, B., & Zhang, Y. (2023). Characteristics and related factors of family functioning in Chinese families during early pregnancy. *Front Psychol*, 14, 1102796. <https://doi.org/10.3389/fpsyg.2023.1102796>
- Sahertian, C., Sahertian, B., & Wajabula, A. (2021). *Interpersonal communication within the family for improving adolescent religiosity*. HTS Teologiese Studies / Theological Studies. <https://doi.org/10.4102/HTS.V77I4.6267>
- Sârbu, E., Lazăr, F., & Popovici, A. (2021). Individual, Familial and Social Environment Factors Associated with Religiosity Among Urban High School Students. *Review of Religious Research*, 63, 489 – 509. <https://doi.org/10.1007/s13644-021-00466-x>
- Schwartz, K. D., Bukowski, W. M., & Aoki, W. T. (2006). Mentors, Friends, and Gurus: Peer and Nonparent Influences on Spiritual Development. In E. C. Roehlkepartain, P. E. King, L. Wagener, & P. L. Benson (Eds.), *The Handbook of Spiritual Development in Childhood and Adolescence* (pp. 310-323). Sage Publications, Inc. <https://doi.org/10.4135/9781412976657.n22>
- Twenge, J. M., Cooper, A. B., Joiner, T. E., Duffy, M. E., & Binau, S. G. (2019). Age, period, and cohort trends in mood disorder indicators and suicide-related outcomes in a nationally representative dataset, 2005-2017. *J Abnorm Psychol*, 128(3), 185-199. <https://doi.org/10.1037/abn0000410>
- Voas, D., & Chaves, M. (2018). Even Intense Religiosity Is Declining in the United States: Comment. *Sociological Science*, 5, 694-710. <https://doi.org/10.15195/v5.a29>
- Yang, Z., Cui, Y., Yang, Y., Wang, Y., Zhang, H., Liang, Y., Zhang, Y., & Shang, L. (2021). The Relationship Between Mental Health Problems and Systemic Family Dynamics Among High School and University Students in Shaanxi Province, China. *Int J Public Health*, 66, 1603988. <https://doi.org/10.3389/ijph.2021.1603988>

Yusra, D., & Tabroni, I. (2022). Parenting Patterns in Improving Adolescents' Religious Understanding. *Asian Journal of Community Services*.  
<https://doi.org/10.55927/ajcs.v1i5.1831>.

**Copyright holder :**

© Author/s (2025)

**First publication right :**

Islamic Guidance and Counseling Journal

**This article is licensed under:**

**CC-BY-SA**