JTH: Journal of Technology and Health *ISSN 3025-1168*
Vol. 4, No. 2, 2026, pp. 1445 ~ 1456
Open Acces: *https://doi.org/10.61677/jth.v4i2.1066*

ADOLESCENT RESILIENCE IN THE INDONESIA-MALAYSIA BORDER REGION: A CORRELATIONAL STUDY

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Received September 8, 2026; Revised October 18, 2026; Accepted October 19, 2026; Published October 28, 2026

ABSTRACT

Adolescents in border regions often face additional challenges, including social conflict, resource constraints, and geographical isolation. Various studies indicate that social factors, including social support, well-being, and resilience, are crucial for maintaining their mental health; resilience developed during adolescence enables them to overcome adversity through coping strategies. This study employs a quantitative correlational design to examine the relationships between variables using a cross-sectional approach. The study population consists of 269 adolescents in Entikong, an area on the Indonesia-Malaysia border. The sample comprises 175 participants. Spearman's rank correlation was used for the statistical analysis. Result: The research results indicate a significant relationship between spiritual well-being and resilience ($p < 0.001$). Based on the research findings, there is a significant relationship between spiritual well-being and resilience among adolescents, with higher spiritual well-being associated with greater resilience.

Keywords: *Adolescent, resilience, spiritual well-being, border area, emotional.*

INTRODUCTION

Adolescence is a transitional period in an individual's development from childhood to adulthood (Ciren et al., 2025). Adolescents living in border regions often face unique challenges that may affect their mental and emotional well-being (Wong et al., 2023). In addition, adolescents living in border areas may face various challenges, including social conflict, resource constraints, and geographical isolation. Studies have shown that social factors, such as social support, well-being, and resilience, play an important role in maintaining mental health (Benitez-Alfonso et al., 2023). Furthermore, limited access to health services, social pressures, and less supportive environmental conditions may influence adolescents' resilience (Ciren et al., 2025)

Resilience is a phenomenon characterized by positive outcomes in the face of adversity (Pérez-Fuentes et al., 2020). During adolescence, resilience refers to the ability to overcome difficulties through coping strategies (Villasana et al., 2016). The development of resilience during adolescence warrants particular attention, as this stage involves substantial physical, psychosocial, and spiritual changes (Fitrianur et al., 2022). Davydov et al. (2010) stated that resilience can develop over time and may be influenced by individual, peer, and environmental factors. In this context, spiritual well-being and health literacy are crucial to adolescent resilience (Bahrami & Sadeghi, 2025; Schwalm et al., 2022). Previous research has demonstrated a link between spirituality and resilience

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(Schwalm et al., 2022).

Spiritual well-being, which encompasses religious and existential dimensions, is positively associated with resilience (Cheng et al., 2026). Adolescents with higher levels of spiritual well-being tend to cope better with stressful situations and life challenges. This may be attributed to their ability to find meaning in life, develop social skills, and establish relationships with a higher power, which may ultimately enhance their capacity to cope with external pressures (Smith et al., 2013). In addition, spiritual well-being may help adolescents achieve inner peace and reduce the risk of negative behaviors (Ansarifar et al., 2018).

A preliminary study involving 10 adolescents in a border region found that six reported being prone to stress when facing academic or work-related demands; additionally, three expressed anxiety about their future living conditions, and one admitted to lacking self-confidence in dealing with the problems they faced. Research by Wijio & Zuhdi (2025) in the Indonesia-Malaysia border region revealed that only 50% of adolescents fell into the "good" category for personal resilience, 30% into the "moderate" category, and the remaining 20% into the "poor" category. These preliminary findings highlight the need to examine further factors that may support adolescents' capacity to cope with challenges in border settings. Although previous studies have examined spirituality and resilience among adolescents, they have largely focused on general adolescent populations, adolescents with specific health conditions, or populations outside border settings.

For example, Parviniannasab et al. (2022) examined spirituality, social support, coping, and resilience among adolescents with hemophilia. In contrast, Michaelson et al.(2023) examined domains of spirituality and their importance to health among adolescents across 12 countries. Thus, limited empirical evidence is available on the relationship between spiritual well-being and resilience among adolescents living in an Indonesian-Malaysian border region. The novelty of the present study lies in examining this relationship in a geographically specific border population, with spiritual well-being and resilience as the primary variables, thereby extending previous research conducted among general or clinical adolescent populations and in non-border settings. Therefore, this study aimed to examine the relationship between spiritual well-being and resilience among adolescents in the Indonesia–Malaysia border region.

RESEARCH METHOD

This study used a quantitative correlational design to examine relationships among variables using a cross-sectional approach. A cross-sectional study involves measuring or observing variables simultaneously, or assessing exposure status and outcome status at the same point in time.

Population and Sample

The study population consisted of 269 adolescents in Entikong, an area along the Indonesia-Malaysia border. The study sample comprised 175 participants selected

through purposive non-probability sampling, with the sample size determined by Slovin's formula. The use of Slovin's formula within a purposive non-probability sampling technique serves as an objective instrument for determining the minimum required sample size based on the identified target population and the margin of error. This combination establishes a methodologically consistent two-stage approach: Slovin's formula governs quantitative criteria to avoid subjective or arbitrary determination of the number of respondents. At the same time, purposive sampling addresses qualitative criteria by screening individuals who meet the study's inclusion requirements until the target sample size is reached. Consequently, data adequacy is measured in a structured manner without compromising the respondent characteristics essential to the research (Cobbinah, 2015). The inclusion criteria for the study were: willingness to participate as a respondent and sign the informed consent form; being aged 10–19 years; and residing in the Entikong border area (Indonesia-Malaysia). Exclusion criteria were also applied.

Instruments

Several instruments were used in this study. The first was a resilience measure consisting of 10 Likert-scale items with a score range of 10–50. Validity test results indicated satisfactory factor loadings (0.700–0.808) for all items, and the unidimensional instrument demonstrated good fit indices (CFI = 0.952; TLI = 0.938; RMSEA = 0.088; SRMR = 0.032). The instrument also exhibited strong internal consistency ($\alpha = 0.920$) (Virlia & Kusuma, 2026). The *Spiritual Well-Being Scale* consists of 20 Likert-scale items; this questionnaire was developed by Paloutzian & Ellison (1982) and adapted into Indonesian by Putri & Rekawati (2017). The *Spiritual Well-Being Scale* (SWBS) is designed as a general indicator for understanding subjective well-being. The SWBS comprises 20 items with total scores ranging from 20 to 120; calculated Pearson validity coefficients (r-values) ranged from 0.448 to 0.827—exceeding the critical r-table value (0.361), thereby confirming the validity of all items.

Statistical analysis

The statistical analysis employed in this study is Spearman's rank correlation, as the data are categorical. The Spearman Rank correlation test was selected for this study because the research variables are measured on ordinal scales (such as Likert scales), which feature hierarchical levels or rankings between categories but lack equal intervals between scores. This non-parametric test was chosen specifically to analyze the direction of the relationship (positive/same direction or negative/opposite direction) and the strength of the correlation (the closeness of the monotonic relationship) between variables based on their rank order, rather than relying solely on the categorical nature of the data.

RESULTS AND DISCUSSION

The following table presents the demographic characteristics of the respondents in this study, including gender, age, and cultural background.

Table 1. Characteristics of Respondents by Sex, Age, and Cultural Background.

Variable	f	%	p-value
Sex			0.561
Male	71	40.6	
Female	104	59.4	
Age			
15	93	53.1	0.562
16	79	45.1	
17	3	1.8	
Cultural background			
Malay	24	13.7	0.585
Dayak	146	83.4	
Cina			
Javanese	5	2.9	

Based on the table 1, among the 175 respondents, the majority were female, with 104 (59.4%). Regarding age, most respondents were 15 years old, accounting for 93 (53.1%) of respondents. In terms of cultural background, the majority of respondents were Dayak, with 146 respondents (83.4%).

Table 2. Distribution of spiritual well-being and resilience, and Relationship Between Spiritual Well-Being and Resilience Among Adolescents in the Border Region.

SWBS	Resilience		Total	p-value	(r/p)
	Poor	Poor			
Moderate	75	73	148		
High	0	26	26	<0.001	0.373**
Total	76	99	175		

Research findings (table 2) regarding the relationship between the Spiritual Well-Being Scale (SWBS) and resilience among 175 respondents indicate that the majority (148 individuals or 84.57%) fell into the moderate SWBS category, while 99 individuals (56.57%) demonstrated a good level of resilience. Cross-tabulation results reveal that within the moderate SWBS group, the distribution comprised 75 individuals (50.68%) with low resilience and 73 individuals (49.32%) with good resilience; conversely, in the high SWBS group, all respondents (100% 26 individuals) exhibited good resilience. Correlation analysis yielded a value of $r = 0.373$ ($p < 0.001$), indicating a statistically significant, positive relationship of moderate strength between spiritual well-being and resilience. This suggests that higher levels of spiritual well-being in individuals are associated with better resilience when facing stress.

The present study demonstrated a statistically significant relationship between spiritual well-being and resilience among adolescents living in the Indonesia–Malaysia border region ($p<0.001$). Adolescents with higher spiritual well-being showed greater resilience, indicating a positive association between the two variables. This finding suggests that spiritual well-being may represent an important internal and existential resource that supports adolescents in responding to adversity. The observed association

is consistent with prior evidence indicating that spirituality and religiosity are positively associated with resilience and may provide resources that help individuals cope with difficult experiences and adapt to adversity (Schwalm et al., 2022). In addition, recent evidence has highlighted the potential importance of spirituality and religiosity for psychological well-being and mental health among children and adolescents, particularly through processes related to meaning, coping, identity, and emotional adjustment (Elzamzamy et al., 2024).

The present findings should also be understood within a broader conceptualization of spirituality. Spiritual well-being is not limited to religious beliefs or formal religious practices; it may also include connections to oneself, others, nature, and the transcendent. These dimensions may involve meaning and purpose in life, hope, joy, inner peace, and a sense of connectedness. In a large cross-national study involving more than 75,000 adolescents from 12 countries, Michaelson et al. (2023) demonstrated the importance of these spiritual domains for adolescent health, particularly the role of connection to oneself through meaning, purpose, and joy. Similarly, Aggarwal et al. (2023) reported that religiosity and spirituality may be associated with mental health outcomes among young people. However, these relationships may vary according to the nature and context of spiritual experiences.

This multidimensional understanding provides a plausible explanation for the association observed in the present study. Adolescents who possess a stronger sense of meaning and purpose may be better able to interpret difficult experiences in ways that are less psychologically overwhelming. Hope and inner peace may also support emotional regulation and adaptive coping when adolescents encounter uncertainty, stress, or adversity. Although Michaelson et al. (2023) focused primarily on positive mental health rather than resilience, their findings provide an important conceptual basis for understanding how meaning, purpose, and connectedness may support positive psychological functioning. This interpretation is also consistent with the systematic review and meta-analysis by Schwalm et al. (2022), which identified a positive association between spirituality/religiosity and resilience across diverse populations.

The relationship between spiritual well-being and resilience may also be relevant within the Indonesian sociocultural context. Borualogo et al. (2023) demonstrated the importance of incorporating spirituality and religiosity into a culturally relevant understanding of resilience among Indonesian children and young people by expanding the Child and Youth Resilience Measure-Revised. Their study differs from the present research in both its population and measurement approach, as spirituality and religiosity were incorporated as culturally relevant dimensions of resilience rather than examining spiritual well-being as a distinct construct in relation to resilience. In contrast, the present study specifically examined the association between spiritual well-being and resilience among adolescents living in the Indonesia-Malaysia border region. Therefore, although the findings of Borualogo et al. (2023) cannot be directly compared with the present study in terms of correlation or effect size, they provide important cultural support for considering spirituality and religiosity when understanding resilience among Indonesian

young people. In addition, evidence from international adolescent research indicates that the importance and expression of spiritual health are influenced by cultural and social contexts, while meaning, purpose, and connection remain important dimensions of young people's well-being (Michaelson et al., 2023). Taken together, these findings suggest that the relationship between spiritual well-being and resilience should be interpreted within the cultural context in which adolescents develop. At the same time, the present study extends previous Indonesian evidence by quantitatively examining this association in a culturally distinctive border region.

However, the findings should not be interpreted to mean that spiritual well-being alone determines resilience. Contemporary evidence increasingly conceptualizes resilience as a dynamic process shaped by interactions between individual capacities and resources within families, peer relationships, schools, communities, and wider social environments. The Indonesian adaptation of resilience measurement by Borualogo et al. (2023) supports the importance of culturally relevant protective resources, while research among adolescents and young adults has also demonstrated a close relationship between resilience and mental health outcomes (Luo et al., 2025). Therefore, the association observed in the present study should be interpreted as one component within a broader system of individual, relational, cultural, and environmental resources that influence adolescents' capacity to adapt to adversity.

This multisystem perspective is particularly important when interpreting the findings among adolescents living in the Indonesia-Malaysia border region. Border communities may have geographical and social characteristics that differ from those of urban centers and may influence the resources available to young people. Evidence from rural and remote settings has shown that geographical context and community resources can influence mental health and well-being among children and adolescents (Gullifer et al., 2020). More recently, McDougal et al. (2025) highlighted the importance of resilience, coping, belonging, and social connectedness within community-based approaches to improving the mental health and well-being of children and young people living in rural and remote areas. Nevertheless, rural or remote settings should not be considered equivalent to border regions. Because geographical isolation, access to services, socioeconomic conditions, and environmental adversity were not directly measured in the present study, these factors cannot be assumed to explain the observed association.

The findings may nevertheless suggest that internal and community-based resources could be particularly meaningful for adolescents living in geographically peripheral settings. McDougal et al. (2025) demonstrated that interventions in rural and remote communities frequently addressed resilience, coping, belonging, and social connectedness as important dimensions of young people's mental health and well-being. Similarly, Gullifer et al. (2020) emphasized that geographical and contextual barriers may influence access to mental health support in non-urban communities. These findings support the importance of considering the broader environments in which adolescents develop resilience. Within the present study, however, spiritual well-being should be

interpreted as one potential protective resource rather than as a substitute for family, school, community, or formal health support.

Spiritual well-being may contribute to resilience through interconnected psychological and relational pathways. Spiritual resources may provide adolescents with meaning and hope while also strengthening feelings of identity, belonging, and connectedness. Research involving adolescents with hemophilia found that spirituality and social support were associated with resilience and that coping played an important role in these relationships (Parviniannasab et al., 2022). Similarly, the systematic review by Schwalm et al. (2022) suggested that spirituality and religiosity may function as resilience-related resources when individuals encounter adversity. Taken together, these findings support the interpretation that spiritual well-being may operate alongside other protective factors rather than independently determining adolescents' capacity for resilience.

The potential role of spirituality should also be interpreted in relation to adolescent mental health. Adolescence is a developmental period characterized by substantial changes in identity, relationships, emotional functioning, and future expectations, making psychological and existential resources particularly relevant. Michaelson et al. (2023) demonstrated that meaning, purpose, and joy were central aspects of spiritual health associated with positive mental health among adolescents. In addition, Elzamzamy et al. (2024) highlighted the relevance of religion and spirituality to several domains of child and adolescent mental health, including coping, identity, and responses to stressful experiences. These findings provide further support for the possibility that spiritual well-being may help adolescents develop psychological resources that facilitate adaptive responses to adversity.

The present findings therefore support a broader interpretation of resilience as a process that may be strengthened through multiple resources. Resilience has consistently been associated with better mental health outcomes among adolescents and young adults, although its relationship with psychological well-being may be influenced by individual and contextual factors (Luo et al., 2025). Evidence also suggests that resilience is modifiable and can be strengthened through interventions that support adolescents' psychological and adaptive capacities (Mei et al., 2024). These findings are relevant to the present study because they indicate that resilience should not be viewed as a fixed personal characteristic. Instead, spiritual well-being may represent one potentially modifiable or supportive dimension within broader efforts to promote adolescents' adaptive capacity.

The findings of the present study have important implications for adolescent health promotion and nursing practice. Spiritual well-being may be considered as one potential resource within comprehensive approaches to strengthening adolescents' ability to respond to adversity. However, programs should not assume that spirituality is experienced in the same way by all adolescents or prescribe particular religious beliefs or practices. Instead, culturally sensitive approaches may help adolescents identify personally meaningful sources of hope, purpose, connectedness, and inner strength while

respecting individual beliefs, cultural backgrounds, and personal preferences.

For nursing practice, the findings support a holistic approach to adolescent health. Assessment and health-promotion activities may consider not only physical and psychological conditions but also adolescents' sources of meaning, hope, connectedness, and personal strength. Nurses may collaborate with families, schools, and communities to create supportive environments that promote adaptive coping and resilience. This approach may be particularly relevant in geographically peripheral settings, where strengthening individual resources should be accompanied by efforts to enhance family, social, and community support.

This study has several limitations. Spiritual well-being may contribute to resilience; adolescents with higher resilience may be better able to maintain spiritual well-being, or other unmeasured factors may influence both variables. Second, the findings were obtained from adolescents living within a specific Indonesia–Malaysia border setting and should therefore be interpreted within this geographical and sociocultural context. In addition, several factors that may influence resilience, including family functioning, peer support, socioeconomic circumstances, exposure to adversity, and access to social or health resources, were not included in the present analysis.

Future research should use longitudinal designs to clarify the temporal relationship between spiritual well-being and resilience. Mixed-methods and qualitative studies may also provide deeper insight into how adolescents understand spirituality, meaning, hope, and resilience within the cultural context of the Indonesia–Malaysia border. Overall, the present study provides novel, context-specific evidence by demonstrating a significant association between spiritual well-being and resilience among adolescents living in the Indonesia–Malaysia border region. Recent evidence supports the relevance of spiritual well-being to resilience, with Amirullah et al. (2026) identifying it as the strongest predictor of academic resilience among Indonesian university students. However, evidence regarding this relationship among adolescents living in geographically and socioculturally distinctive border communities remains limited. The Indonesia–Malaysia border context is characterized by strong cross-border socio-cultural interactions and shared cultural and religious practices, which may shape adolescents' experiences and psychosocial resources (Azwar et al., 2024). Educational conditions in border areas are also influenced by challenges related to cultural identity, access, and the strong influence of neighboring countries (Ramadhan et al., 2024).

Furthermore, local wisdom, religious values, cooperation, and social cohesion are important elements of community life in Indonesia–Malaysia border communities (Imran et al., 2025). Therefore, the novelty of the present study lies in extending the existing evidence on spiritual well-being and resilience to adolescents living within this distinctive border context. By examining this association in adolescents from the Indonesia–Malaysia border region, the present study contributes context-specific evidence that may broaden understanding of spiritual well-being as a psychosocial resource for resilience within culturally and geographically distinctive adolescent populations.

These findings may also inform culturally sensitive adolescent health promotion in other border, rural, and geographically underserved settings where cultural identity, community values, and access to health services may shape adolescents' psychosocial resources. In such settings, health promotion programs could consider incorporating culturally appropriate approaches that recognize adolescents' sources of meaning, purpose, spiritual well-being, and social connectedness alongside conventional mental health and resilience-promoting strategies. However, adaptation to local cultural and community contexts would be necessary rather than assuming that the approach used in the present study is directly transferable to all underserved populations. Health promotion efforts that integrate local cultural norms—including spiritual and contextual challenges—offer a more holistic approach to health (Beauchemin et al., 2025; Lianov et al., 2026).

CONCLUSION

Based on the research findings, there is a significant relationship between spiritual well-being and resilience among adolescents in the Indonesia-Malaysia border region ($p < 0.001$), with adolescents who possess higher spiritual well-being tending to exhibit higher resilience. These findings indicate that spiritual well-being, encompassing aspects such as meaning and purpose in life, hope, inner peace, identity, and connectedness to self, others, and the transcendent, can serve as a psychological resource that supports adolescents' ability to cope with stress and adversity. However, spiritual well-being cannot be viewed as the sole determinant of resilience, as resilience is a dynamic, multisystemic process influenced by individual, familial, peer, school, community, cultural, and environmental factors.

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