

Conference Paper

The Correlation Between Social Support and Adversity Quotient in Young Mothers with 0-1 Year Old Babies During The Covid-19 Pandemic

Ameliya Alfirdosi^{1*}, Nur Eva², Fonny Dameaty Hutagalung³, and Henizar Rif'atur Rosyida⁴

^{1,2,4}Department of Psychology, Universitas Negeri Malang, Malang, Indonesia

³Department of Educational Psychology and Counselling, University of Malaya, Kuala Lumpur, Malaysia

Abstract.

Infant mortality is one of the world's most serious health problems. Under normal conditions, infant mortality in Indonesia is still a serious concern and is increasingly becoming a major challenge, especially in the current pandemic situation. The government has designated COVID-19 as a national nonnatural disaster and stated that there was an increase in infant mortality during the pandemic. One of the factors in the high number of infant mortality is early marriage. The initial interview indicated that some mothers experience problems and anxiety in caring for babies aged 0-1 years during the COVID-19 pandemic which is expected to affect the mental health of mothers. The study aimed to find out the adversity quotient and social support in young mothers with children aged 0-1 years during the covid-19 pandemic, and to find out the relationship between adversity quotient and social support. The methods used in this research are descriptive analysis and correlational analysis. The sample number in the study was 124 respondents. The measurement instruments in this study were 50 items on the adversity quotient scale and 12 items on social support scales that had a reliability of .969 and .915, respectively. The results showed that most young mothers with children 0-1 years old during the pandemic had adversity quotient and social support that belonged to the high category. There is a positive and significant association between social support and quotient adversity in young mothers with children 0-1 years old during the pandemic times.

Keywords: social support, adversity quotient

Corresponding Author: Ameliya
Alfirdosi; email:
ameliyafirdausi@gmail.com

Published 21 November 2022

Publishing services provided by
Knowledge E

© Ameliya Alfirdosi et al. This article is distributed under the terms of the [Creative Commons Attribution License](#), which permits unrestricted use and redistribution provided that the original author and source are credited.

Selection and Peer-review under the responsibility of the ICoPsy Conference Committee.

1. Introduction

Infant mortality is one of the most serious health problems in the world. One of the indicators of the 2015-2030 Sustainable Development Goals is the decline in infant mortality. The third Sustainable Developmental Goal, Good Health and Well Being, explains that it is hoped that the world can prevent infant mortality and solve it by 2030 by reducing the infant mortality rate to 12/1000 live births. Under normal conditions,

 OPEN ACCESS

infant mortality in Indonesia is still a serious concern. According to Hasto Wardoyo in [kompas.com](#) [1], the infant mortality rate in Indonesia is still quite high. In 2017, the number of infant deaths in Indonesia was 24 per 1000 live births. Whereas in East Java, according to the Health Profile data of East Java Province in 2019, the absolute infant mortality rate was still relatively high, namely 3,875 babies died annually. Governor Khofifah Indar Parawansa stated that Jember Regency was ranked first for infant mortality in East Java in 2020 with a total of 324 cases.

The high infant mortality rate is increasingly becoming a big challenge, especially in the current pandemic situation. The government has declared Corona-Virus Disease (COVID-19) as a national non-natural disaster. The risk of COVID-19 complications will be higher in vulnerable groups, including individuals with chronic medical conditions, the elderly, pregnant women, children, and infants [2]. So, both in terms of access and quality, newborn health services are one of the services affected. It is feared that this will increase the number of complications and deaths of newborns during the pandemic. The Director General of Health services at the Ministry of Health, Abdul Kadir, stated that the number of infant deaths during the COVID-19 pandemic had increased, with the number of infant deaths with positive swab/PCR results as of September 14, 2021, as many as 302 people. According to data from the COVID-19 Task Force, the number of children in Indonesia who died from COVID-19 as of July 16, 2021, was 777 children, with the highest number being in the 0-2 year age group.

According to Dra. Kasih Fajarini in [jember.kab.co.id](#) [3], there are several factors causing high infant mortality rate in Jember Regency, including the lack of knowledge of mothers and families, lack of nutritious feeding for babies from the time they are in the womb, lack of support from family and society, and early-age marriage. According to WHO [4], (early marriage) or what is commonly referred to as early marriage is a marriage that has been carried out by a partner or one of the partners who are categorized as children or adolescents under the age of 19 years.

The initial study was conducted to find out whether there were problems and anxiety in mothers who married early and had children aged 0-1 years. During the COVID-19 pandemic in Jember Regency. Anxiety experienced include (1) limited knowledge and experience of caring for babies (2) anxiety about breastfeeding or not (3) differences of opinion between mothers and families about how to care for babies (4) lack of rest (5) mood tends to be unstable and erratic emotions (6) anxiety due to trauma with childbirth (7) anxiety about balanced nutrition and nutrition given to children, (8) mother and child anxiety about being infected with covid-19 (9) anxiety about increased financial needs (10) needs will support husband and closest family.

From the initial interview above, it is indicated that some mothers experience problems and anxiety in caring for infants aged 0-1 years during the COVID-19 pandemic which is expected to affect the mental health of mothers. This is in line with research conducted by Cameron et al. [5]. Maternal Psychological During Distress. During Covid-19, which stated that of the 220 respondents, 34.55% of mothers who had children aged 0-18 months during the pandemic were 76. People experience anxiety in caring for their babies. The results of Yuliani et al. [6] stated that mothers who have their own anxiety can have an impact on the health of mothers and babies during Covid. Also, the presence of COVID-19 can make the level of anxiety in mothers higher, so this problem requires certain steps to reduce the negative impact on the welfare of mothers and babies.

Mother's anxiety is also closely related to young marriages, Khairunnisa et al. [7] stated that early marriage can cause psychological problems, early marriage is also a psychological burden, because marriage requires maturity in thinking and acting. Tyas and Herawati [8] stated that mothers who marry early do not have the readiness to carry out the parenting function.

Therefore, it is important for young mothers to have the fighting power in solving problems and changing these problems in a more positive direction so that it can have an impact on both their mental health and the health of their babies. Stoltz [9] suggested that Adversity Quotient is a person's ability to be able to survive in the face of adversity and has the ability to overcome life's problems. Adversity Quotient helps individuals improve their abilities and perseverance in facing the challenges of everyday life. Research conducted by Putri [10] stated that the higher the adversity quotient of a mother, the higher her optimism, so that the mother can get through all difficulties well and always have positive thoughts in solving difficulties.

One of the things that has a role in the adversity quotient is social support. The results of research conducted by Cahyaning [11] suggested that social support has a significant influence on the adversity quotient of single parent women who have experienced divorce and fulfill their daily needs. The study stated that the support of children, family and friends of single parents can increase optimism in their lives. In addition, emotional support, appreciation, information, and instrumental support are also considered to increase a person's adversity quotient.

Social support is an attitude that can provide comfort, attention, appreciation and assistance that individuals receive from other people or groups [12]. Social support can be obtained from family, friends, partners, and communities. Social support that can be given to mothers can be in the form of participation in caring for the baby, helping with

daily work, providing attention, material, appreciation, and empathy can reduce anxiety in the postpartum period. Purwanti et al. [13] stated that adequate social support is associated with reduced mortality, the possibility of faster recovery from illness, can help improve cognitive function, physical, and emotional health and assist in adjusting to stressful life events.

2. Literature Review

Stoltz [9] defines adversity quotient as the ability of individuals to observe any obstacles and use their intelligence to overcome these difficulties, and make them a solvable challenge. Hastuti et al. [14] suggested that the adversity quotient is a person's ability to survive in the face of difficulties and the effort that needs to be made to resolve these difficulties. Diana [15] suggested that adversity quotient is a person's ability to survive in the face of various difficulties until he finds a way out, solves various problems, reduces obstacles and obstacles by changing the way of thinking and attitudes towards these difficulties. Based on several points of opinion above, the adversity quotient is an individual's ability to process difficulties, overcome obstacles and make them challenges in and obtain solutions to the problems faced. Stoltz [9] suggested several aspects of the adversity quotient including control, origin-ownership, reach, and endurance.

The definition of social support variable refers to Uchino's explanation in the book *Health Psychology Biopsychosocial Interactions* [12], namely comfort, care, appreciation and assistance to other people and groups. This social support is obtained from a variety of available sources including family, spouse, friends, psychologists and the community. Maslihah [16] stated that everything in the environment can be social support or not, which depends on how the individual perceives it as social support or not. Zimet and Farley [17] described social support as the support that individuals receive from the closest people such as family, friends, and support from other important individuals around the individual. Based on the above opinion, the authors conclude that social support is an attitude or act of acceptance, affection, attention, appreciation and assistance given to individuals from other people such as family, partners, friends or groups, which makes the individual feel loved and loved.

3. Method

This study aims to find the correlation between social support and adversity quotient. The research design used in this study is a quantitative research approach with correlational descriptive methods. The population is the entire element that will be used as a generalization area. In this study, the research population was mothers who had children 0-1 years old, aged 19 years and under, and domiciled in Silo District, Jember Regency.

The sampling method (sampling technique) used is purposive sampling, where in this type the sample is selected based on available information, namely as many as 124 people. The type of scale used in this study is the summed rating method or the Likert model scaling [18]. By using the response distribution as the basis for determining the value of the scale determined, namely Very Appropriate (SS), Appropriate (S), Not Appropriate (TS), and Very Unsuitable (STS) for the adversity quotient scale and the Social Support scale.

The scale used in this study is the adversity quotient scale based on Stoltz's theory and the Multidimensional Scale of Perceived Social Support (MSPSS) social support scale by Eva & Bisri [19] for special intelligent students. The adversity quotient scale is used to determine the individual's fighting power, while the social support scale is used to determine the level of social support for young mothers with children 0-1 years old during the COVID-19 pandemic. After testing, the results of the adversity quotient scale which originally amounted to 56 items, consisting of 28 favorite items and 28 unfavorable items, after being analyzed, the valid statements contained 50 items ranging from -224 to $.793$ consisting of 26 favorable items and 26 unfavorable items. There are 6 invalid statements consisting of 4 items favorable and 2 items unfavorable. The social support scale, which originally consisted of 12 items, consisted of 12 favorite items, after being analyzed, the valid statements were 12 items ranging from $.672$ to $.825$.

The reliability calculation uses the Alpha formula from Cronbach and results that 50 valid items on the adversity quotient scale have a reliability coefficient of $.969$ and the social support scale has a reliability coefficient of $.915$. Thus, the adversity quotient scale data collection tool and social support in this study are said to have very high reliability. Data collection in this study was carried out by distributing questionnaires to young mothers in Silo District. The distribution of the questionnaire was carried out on December 13-16, 2021.

4. Result and Discussion

Descriptive AnalysisThe results of descriptive analysis display descriptive statistical information from the variables under study. The information includes mean, standard deviation, maximum score, and minimum score.

4.1. Adversity Quotient

TABLE 1: Mean and Standard Deviation Calculation Results.

Adversity Quotient Young Mother with children aged 0-1 years old				
N	Mean	Standard Deviation	Minimal Score	Maximum Score
124	125.19	31.64	50	200

Based on the descriptive analysis above, the adversity quotient data is known to have a mean of 125.19 with a standard deviation of 31.64. The lowest score of the subject is 50 and the highest score of the subject is 200. The next step is categorization.

TABLE 2: Adversity Quotient Score Categorization.

Formula	Classification	Number	Percentage (%)
$X \geq 125$	High	66	53.23 %
$X \leq 125$	Low	58	46.77 %

Based on the table above, it is known that from 124 research subjects, it was found that young mothers had a high level of adversity quotient as many as 66 people (53.23%), and a low level of adversity quotient as many as 58 (46.77%). So it can be concluded that the adversity quotient level of most young mothers is at a high level

TABLE 3: Categorization of Adversity Quotient Aspects for young mothers.

No	Mean	Standard Deviation	of	Minimum Score	Maximum Score
124	29.048	8.360	12		48

Based on the data presented in table 4.4, it was found that the majority of young mothers with children 0-1 years were categorized as high-level for aspects of control, origin & ownership, reach, and endurance.

4.2. Social Support

Based on the table above, it is known that the scale of social support for young mothers has a mean of 29.048 with a Standard Deviation of 8.360. The lowest score of the subject

TABLE 4: Results of Calculation of Mean and Standard Deviation of Social Support.

No	Aspect	Score Range	Number	Percentage	Classification
1	Friend	$10 < X \leq 16$	67	54.0%	High
		$X \leq 10$	57	46.0%	Low
2	Family	$10 < X \leq 16$	68	54.8%	High
		$X \leq 10$	56	45.2%	Low
3	Significant Person	$10 < X \leq 16$	65	52.4%	High
		$X \leq 10$	59	47.6%	Low

is 12 and the highest score is 48. The research data of the subject's score will then be classified in an evaluative classification based on a norm or a predetermined criterion.

TABLE 5: Social Support Score Categorization.

Formula	Classification	Number	Percentage (%)
$X \geq 30$	High	63	50.81 %
$X \leq 30$	Low	61	49.19 %

Based on the table above, it is known that from 124 research subjects, young mothers with a high level of social support were 63 people (50.81%), and a low level of social support was 61 (49.19%). So it can be concluded that the social support of most young mothers with children 0-1 years is at a high level.

TABLE 6: Categorization of Social Support Aspects for young mothers.

No	Aspect	Score Range	Number	Percentage	Classification
1	Friend	$10 < X \leq 16$	67	54.0%	High
		$X \leq 10$	57	46.0%	Low
2	Family	$10 < X \leq 16$	68	54.8%	High
		$X \leq 10$	56	45.2%	Low
3	Significant Person	$10 < X \leq 16$	65	52.4%	High
		$X \leq 10$	59	47.6%	Low

Based on the table above, it is known that from 124 research subjects data obtained that the majority of young mothers who get social support from friends, family, and significant people.

4.3. Assumption Test

4.3.1. Normality Test

In this study, the normality test was carried out using Kolmogorov Smirnov assisted by the SPSS 25.0 for Mac program. With Sig.>.05, then the data is normally distributed, otherwise if the value of Sig.<.05 then the data is not normally distributed. The following are the results of the morality test on the distribution of the adversity quotient and social support variable data.

TABLE 7: Social Support Normality Test Results and Adversity Quotient.

One-Sample Kolmogorov-Smirnov Test		
Variable	Adversity Quotient	Social Support
Asymp. Sig. (2-tailed)	.093	.200

Based on table 4.5 above, the results of the normality test for the adversity quotient variable are .093 where the Sig value is .093> .05, so that the data can be said to be normally distributed and parametric tests can be performed.

Furthermore, on the social support variable, the results of the normality test were .200, where Sig. .200 > .05, so that the data is normally distributed, and parametric test can be done.

4.3.2. Linearity Test

Linearity test is used to determine whether there is a linear correlation on the adversity quotient variable and the social support variable. If the results of the linear test are found that the data is linear, then a correlation test can be carried out.

TABLE 8: Linearity Test Result.

Variable		Sig.
Adversity Quotient & Social Support	Deviation from Linearity	.234

Based on the table of linearity test results obtained Deviation from Linearity variable adversity quotient on social support with Sig. of .234. Based on the results of the analysis, it can be concluded that there is a linearity in the correlation between adversity quotient and social support.

4.3.3. Hypothesis Test Findings

Correlation test was conducted to determine the close correlation of social support and adversity quotient and stress academic. The correlation test in this study was assisted by IBM SPSS Statistics 25.0 for Mac using the Pearson product moment correlation coefficient with a significance level of $p < .05$. To test the research hypothesis, the data analysis carried out was correlational analysis using the Product Moment correlation analysis formula from Karl-Pearson. This correlational analysis is used to find out how the correlation between social support and adversity quotient.

The criteria for making the decision to test the hypothesis are that the hypothesis is accepted if $p > .05$ and the hypothesis is rejected if $p < .05$.

TABLE 9: Result of Correlation Test.

Variable	Pearson Correlation	Sig.	Note	Conclusion
Adversity Quotient and self adaptation	.746	.000	Sig. < .05	Positive correlation has been found

Based on calculations that have been carried out using Pearson’s Product Moment analysis technique, the correlation coefficient between adversity quotient and self-adjustment is .746 with a significance of .000. So based on these results it can be concluded that there is a positive correlation between adversity quotient and social support for young mothers with children aged 0-1 years old. This means that the higher the level of adversity quotient, the higher the level of social support for young mothers with children aged 0-1 years old. Likewise, the lower the adversity quotient, the lower the level of social support for young mothers with children aged 0-1 years.

4.4. Overview of Adversity Quotient on Young Mothers with 0-1 year old children

Based on the descriptive analysis that has been done, the results obtained are the level of adversity quotient in most young mothers with children 0-1 years is in the high category. This can be seen from the number of subjects as many as 124 research subjects, it was found that young mothers who had a high level of adversity quotient were 66 people (53.23%), and a low level of adversity quotient was 58 (46.77%). So it can be concluded that the majority of subjects have a good level of adversity quotient. The mother’s ability to respond to these difficulties has a positive impact on the mother, especially in the Covid-19 pandemic situation. This is in accordance with Hibana [20]

that it is expected that families, especially parents, must have high fighting power and endurance, especially during the COVID-19 pandemic.

In the control aspect, the majority of young mothers have good control. This is evident from 52.42% of young mothers who have a high score on the control aspect. The majority of young mothers also have the ability to identify the source of the problem. This is evident from 51.61% of young mothers who have a high score on the origin-control aspect. In terms of reach, the majority of young mothers have good reach. This is evident from 61.29% of young mothers who have a high score on the reach aspect. The majority of young mothers also have a high score on the endurance aspect, which is 67.74%. The results of this study are in line with the opinion of Yulianti [21] in her research which also states that there is a positive and significant correlation between adversity quotient and resilience in mothers who have autistic children in Banda Aceh so that mothers who have a high adversity quotient are able to face and adapt in every difficult circumstance and able to recover from all the difficulties that exist.

4.5. Overview of Social Support for Young Mothers with Children 0-1 years old.

Based on the descriptive analysis that has been carried out, the results obtained are that most young mothers with children 0-1 years old are in the high category. It can be seen from the number of subjects as many as 124 research subjects obtained that young mothers who have a high level of social support are 63 people (50.81%) and a low adversity quotient level is 61 (49.19%). So it can be concluded that the majority of subjects have a good level of social support so that it is easier for mothers to be able to solve existing problems. This is in accordance with the opinion of Purwanti et al. [13] which stated that the response and support of the family is very helpful for mothers, especially mothers who are giving birth for the first time. Mothers who have their first experience of giving birth need the support of their closest people, because they are not yet fully in a stable condition, both physically and psychologically. They are still very unfamiliar with the new changes he is going through.

Based on the existing descriptive analysis, 54.08% of young mothers received social support from their families. In addition, most of the young mothers received high social support from the aspect of friends. This is evident from the percentage obtained, namely 54% of young mothers get social support from friends. Some respondents received social support from school friends who also married at an early age and had children of the same age. Then, there is also significant support from young mothers. The

percentage obtained is also high, namely 52.4%. Support from significant people is obtained from the support of health workers and neighbors.

Based on the explanation above, the conclusion that can be drawn is that the majority of young mothers have a high level of social support. This means that when a young mother is in a stressful situation, she can ask for help from the people around her. The most dominant dimension in young mothers is family when compared to the dimensions of friends or significant people.

4.6. The Correlation between Social Support and Adversity Quotient in Young Mothers with 0-1 Year Old Children

Based on the correlation analysis that has been done, the results obtained are a significance value of 0.000 which shows that the variables of social support and psychological well-being have a significant correlation with young mothers. The correlation of .746 shows the correlation between the two variables. A positive correlation indicates that social support and psychological well-being have a unidirectional and positive correlation, meaning that if the value of social support increases, the psychological well-being of young mothers will also increase.

The conclusion of the correlation test is that the correlation between social support and adversity quotient has a positive and significant direction. This is also in line with the results of research from Annisatuliza [22] on the struggling power of mothers of autistic children which states that one of the factors supporting the struggling power of ASD parents is family support and a supportive environment. The higher the social support received by the individual, the higher the adversity quotient [23].

According to research from Astuti [24] which stated that mothers who choose to marry young and have children tend to find it difficult to take care of their children, especially if the children are sick. Being a mother at a young age also sometimes makes women emotional and impatient in taking care of children. Being a mother at a young age is also considered to make women less informed and experienced, so that if there are difficulties, women are more likely to listen to expert advice or parental advice who are considered more experienced. Therefore, it is important for a young mother to have an adversity quotient in solving problems. The Adversity Quotient will also be higher if it is supported by the existence of social support, both social support from family, husband, friends and significant people.

Social support that can be given to mothers can be in the form of participation in caring for babies, helping with daily work, providing attention, material, appreciation,

and empathy can reduce anxiety in the postpartum period [25]. Research conducted by Sylvia [26] stated that attention from the closest people such as husband or family can affect the occurrence of the post-partum blues syndrome. The results of research conducted by Cahyaningsih [11] stated that social support has a significant effect on adversity quotient in single parent women who experience divorce and fulfill their own daily needs.

Based on the results of the research conducted, it can be concluded that the majority of young mothers with children 0-1 years have a high level of adversity quotient, the majority of young mothers with children 0-1 years have a high level of social support, and there is a significant positive relationship between social support and adversity quotient for young mothers with children 0-1 years during COVID-19 pandemic.

Based on the conclusions obtained by the researchers, there are several weaknesses and shortcomings from the results of this study so the researchers suggest that further researchers should cover subjects from other regions so the researchers can see the difference level of correlation between those two variables in young mothers from different regions and in different years. The researchers can also add different variables such as occupation, social class, and parity status of young mothers.

References

- [1] Kompas.com. BKKBN: Angka Kematian Ibu dan Bayi Indonesia Masih Tinggi. 2021. Retrieved July 27, 2022 from BKKBN: Angka Kematian Ibu dan Bayi Indonesia Masih Tinggi (kompas.com)
- [2] Pradana Anung, Caesman, Nuraeni. Pengaruh kebijakan social distancing pada wabah Covid-19 terhadap kelompok rentan di Indonesia. *Jurnal kebijakan Kesehatan Indonesia*. 2020;9(2):61-67. <https://doi.org/10.22146/jkki.55575>
- [3] Diskominfo.jemberkab.go.id. Kasih Fajarini Ajak Seluruh Masyarakat Sosialisasikan Senam Perwosi. 2021. Retrieved July 29, 2022 from Kasih Fajarini Ajak Seluruh Masyarakat Sosialisasikan Senam Perwosi (jemberkab.go.id)
- [4] Unicef.org. Child Marriage. Retrieved July 29, 2022 from Child marriage | UNICEF
- [5] Cameron EE, Joyce KM, Delaquis CP, Reynolds K, Protudjer J, Roos LE. Maternal psychological distress & mental health service use during the COVID-19 pandemic. *Journal of Affective Disorders*. 2020;76:765–774. <https://doi.org/10.1016/j.jad.2020.07.081>
- [6] Yuliani DR, Aini FN. Kecemasan ibu hamil dan ibu nifas pada masa pandemi Covid-19 di kecamatan Baturraden. *Jurnal Sains Kebidanan*. 2020;2(2):11-14. <https://doi.org/10.31983/jsk.v2i2.6487>

- [7] Khairunnisa D, Hidayanti N, Setiawan. Tingkat stres pada remaja wanita yang menikah dini di kecamatan Babakancikao kabupaten Purwakarta. *Jurnal Ilmu Keperawatan*. 2016;4(2):67-76. <https://doi.org/10.31311/v4i2.857>
- [8] Tyas FPS, Herawati T. Kualitas pernikahan dan kesejahteraan keluarga menentukan kualitas lingkungan pengasuhan anak pada pasangan yang menikah usia muda. *Jurnal Ilmu Keluarga dan Konsumen*. 2017;10(1):1-12. <http://dx.doi.org/10.24156/jikk.2017.10.1>
- [9] Stoltz PG. *Adversity quotient : Mengubah hambatan menjadi peluang*. Jakarta: PT Grasindo; 2006.
- [10] Putri D. Hubungan antara dukungan sosial dengan adversity quotient pada wirausahawan [Unpublished undergraduate thesis]. Fakultas Psikologi. Malang: Universitas Negeri Malang; 2016.
- [11] Cahyaningsih A. Daya juang wanita single parent yang mengalami perceraian dalam memenuhi kebutuhan hidup [Unpublished undergraduate thesis]. Surakarta: Fakultas Psikologi. Universitas Muhammadiyah Surakarta; 2018.
- [12] Sarafino EP, Smith TT. *Health psychology biopsychosocial interactions*. New York: John Wiley & Sons; 2010.
- [13] Purwanti D, Fitriasih, Istiaroh. Dukungan sosial keluarga dan hubungannya dengan kecemasan ibu primipara dalam merawat bayi berat badan lahir rendah. *Prosiding Seminar Nasional Keperawatan*. 2014;249-254.
- [14] Hastuti TD, Sari DR, Riyadi. Student profile with high adversity quotient in math learning. *Journal of Physics: Conference Series*. 2017;983(1). <https://doi.org/10.1088/1742-6596/983/1/012131>
- [15] Diana N. Studi deskriptif tentang adversity quotient pada siswa kelas akselerasi di Sekolah Menengah Atas Negeri 1 Malang [Unpublished undergraduate thesis]. Fakultas Psikologi. Malang: Universitas Islam Negeri Malang; 2008.
- [16] Maslihah S. Studi tentang hubungan dukungan sosial, penyesuaian sosial di lingkungan sekolah dan prestasi akademik siswa SMPIT Assyfa Boarding School Subang Jawa Barat. *Jurnal Psikologi Undip*. 2011;10(2):103-114.
- [17] Zimet GD. The multi dimensional scale of perceived social support. *Journal of personality assessment*. 1988;52(1):30-41. https://doi.org/10.1207/s15327752jpa5201_2
- [18] Azwar S. *Reliabilitas dan validitas*. Yogyakarta: Pustaka Belajar; 2012
- [19] Eva N, Bisri M. Dukungan sosial, religiusitas, dan kesejahteraan psikologis mahasiswa cerdas istimewa. *Prosiding Seminar Nasional Klinis 2018*. 2018. Retrieved from <http://fppsi.um.ac.id/wp-content/uploads/2018/12/12.-Nur-eva.pdf>

- [20] Hibana. Meningkatkan ketahanan keluarga di masa pandemi Corona. Fakultas Tarbiyah dan Keguruan. Yogyakarta: Universitas Islam Negeri Sunan Kalijaga Yogyakarta; 2020.
- [21] Yulianti N. Hubungan adversity quotient dengan resiliensi ibu yang memiliki anak Autis di Banda Aceh [Unpublished undergraduate thesis]. Fakultas Psikologi. Aceh: Universitas Islam Negeri Ar-raniry; 2020.
- [22] Annisatuliza K. Daya juang orang tua anak autis [Unpublished undergraduate thesis]. Fakultas Psikologi. Surakarta: Universitas Muhammadiyah Surakarta; 2020.
- [23] Puspasari D, Kuwanto T, Wiyaya H. Dukungan sosial dan adversity quotient pada remaja yang mengalami transisi sekolah. *Psikologika*. 2012;17(01):69-75. <https://doi.org/10.20885/psikologika.vol17.iss1.art8>
- [24] Saleha S. Asuhan kebidanan pada masa Nifas. Jakarta: Salemba Medika; 2009.
- [25] Sylvia De. Depresi pasca persalinan. Jakarta: FK UI; 2006.