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Supportive Caregiver Communication in Enhancing Adolescent Self-Esteem in Residential Care

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Abstract
Adolescents living in orphanages are vulnerable to low self-esteem due to experiences of loss, family separation, and psychosocial challenges. This study aims to examine how supportive caregiver communication contributes to the development of adolescent self-esteem at the Muhammadiyah Children Centre (MCC) KH. Mas Mansyur. Guided by Social Support Theory, this research employed a sequential explanatory mixed-methods design by combining quantitative and qualitative approaches. Quantitative data were collected using the Rosenberg Self-Esteem Scale (RSES) administered to 19 adolescents, while qualitative data were obtained through semi-structured interviews with 4 caregivers. The findings indicate that adolescents generally demonstrated relatively healthy levels of self-esteem, although differences appeared between male and female participants. The study identified 4 caregiver communication practices: proactive and empathetic interaction, the development of a family-like community, fair and consistent discipline, and positive narrative reframing. These practices reflect emotional, instrumental, informational, and appraisal support that strengthen adolescents' self-liking and self-competence. The study concludes that supportive caregiver communication plays an important role in fostering adolescents' psychological well-being and self-esteem within residential care.

Keywords: *Supportive Caregiver Communication; Adolescent Self-Esteem; Social Support; Psychosocial Well-Being; Residential Care*

Abstrak
Remaja yang tinggal di panti asuhan rentan mengalami harga diri rendah akibat pengalaman kehilangan, perpisahan keluarga, dan berbagai tantangan psikososial. Penelitian ini bertujuan untuk mengkaji bagaimana komunikasi suportif pengasuh berkontribusi terhadap pembentukan harga diri remaja di Muhammadiyah Children Centre (MCC) KH. Mas Mansyur. Berlandaskan Teori Dukungan Sosial, penelitian ini menggunakan desain metode campuran sekuensial eksplanatori dengan mengombinasikan pendekatan kuantitatif dan kualitatif. Data kuantitatif dikumpulkan menggunakan *Rosenberg Self-Esteem Scale* (RSES) terhadap 19 remaja, sedangkan data kualitatif diperoleh melalui wawancara semi-terstruktur dengan 4 pengasuh. Hasil penelitian menunjukkan bahwa remaja secara umum memiliki tingkat harga diri yang relatif sehat, meskipun terdapat perbedaan antara partisipan laki-laki dan perempuan. Penelitian ini mengidentifikasi 4 praktik komunikasi pengasuh, yaitu interaksi proaktif dan empatik, pembentukan komunitas bernuansa kekeluargaan, penerapan disiplin yang adil dan konsisten, serta pembingkaian ulang narasi diri secara positif. Praktik-praktik tersebut mencerminkan bentuk dukungan emosional, instrumental, informasional, dan apresiatif yang memperkuat rasa penerimaan diri dan kompetensi diri remaja. Penelitian ini menyimpulkan bahwa komunikasi suportif pengasuh memiliki peran penting dalam meningkatkan kesejahteraan psikologis dan harga diri remaja di lembaga pengasuhan institusional.

Kata kunci: Komunikasi Suportif Pengasuh; Harga Diri Remaja; Dukungan Sosial; Kesejahteraan Psikologis; Pengasuhan Institusional

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INTRODUCTION

Adolescence is marked by intense identity formation and self-concept development. For individuals living in orphanages, prior experiences of trauma, loss, and family disintegration often hinder this developmental process and complicate psychological adaptation. Adolescents in residential care are particularly vulnerable to psychosocial problems such as low self-esteem, social anxiety, emotional distress, and difficulties in self-acceptance. Recent studies have shown that adolescents living in orphanages frequently experience lower psychological well-being due to limited emotional support and social vulnerability (Isprianti, 2026:39). Therefore, the care environment plays a critical role in shaping adolescents' psychological development and resilience.

This study argues that the quality of communication, understood as deliberate and supportive strategies employed by caregivers, directly shapes the self-esteem of adolescents at the Muhammadiyah Children Centre (MCC) KH. Mas Mansyur Orphanage, Malang, Indonesia. Communication in caregiving settings functions not only as a process of information exchange but also as a channel of psychosocial support capable of addressing adolescents' emotional insecurity, feelings of abandonment, and social vulnerability. Self-esteem, encompassing dimensions of self-liking and self-competence as conceptualised by Rosenberg (in Khalaf, 2026:03), remains an important indicator of adolescent psychological well-being and resilience in recent studies of adolescent mental health, particularly among youths in residential care settings.

Social Support Theory serves as the primary theoretical foundation of this study. According to Ferreira & Ricardo (2026:02), social support refers to behaviours that help individuals cope with stress and maintain psychological well-being. Recent studies further confirm that emotional support, interpersonal relationships, and caregiving environments significantly influence adolescents' resilience, self-esteem, and psychosocial adjustment within residential care settings. The theory identifies four major forms of support relevant to caregiving contexts: (1) emotional support through empathy and trust, (2) instrumental support through tangible assistance, (3) informational support through advice and guidance, (4) appraisal support through evaluative feedback. In orphanage settings, caregivers function as substitute family figures whose daily interactions extend beyond administrative responsibilities and become important relational processes shaping adolescents' self-concept, emotional adjustment, and self-esteem.

Previous studies have consistently demonstrated the importance of psychosocial support for adolescents living in orphanages. Quantitative research has primarily examined the association between self-esteem and psychological well-being among institutionalised adolescents, as well as the role of caregiving environments in shaping developmental outcomes. A recent multi-institutional study by Ispriantari et al. (2026:38) found that self-esteem significantly contributes to adolescents' health-related quality of life in orphanage settings. Similarly, Febristi (2021:70) identified that caregiver-related factors are significantly associated with adolescent self-esteem across orphanages in Padang. Beyond correlational findings, recent experimental studies have also highlighted the effectiveness of structured psychological interventions in enhancing self-esteem among adolescents in residential care. Logotherapy-based interventions have been shown to significantly improve self-esteem and resilience through meaning-centered therapeutic processes (Putriana, 2024:4190). In addition, Johari Window self-awareness training has demonstrated statistically significant improvements in self-esteem, with strong effects on self-awareness, perceived self-worth, and positive self-evaluation (Nandiita & Maryam, 2022:115). Collectively, these findings indicate that both psychosocial environmental factors and structured psychological interventions play a substantial role in shaping self-esteem development among adolescents in residential care settings.

Meanwhile, qualitative studies have explored communication patterns and psychosocial adaptation among adolescents in orphanages. Asnita and Syawaluddin (2023:87) found that supportive communication patterns implemented by caregivers contributed to the development of adolescents' self-confidence and emotional openness. Likewise, Junaidi (2022:63-64) identified that affection-based verbal and non-verbal communication played an important role in adolescents' social

adjustment and character development within orphanage environments. Other qualitative findings also highlighted that adolescents in orphanages commonly struggle with low self-esteem, emotional insecurity, and difficulties in resilience formation due to experiences of rejection and social comparison.

However, despite these contributions, several research gaps remain. Existing quantitative studies largely focus on identifying statistical relationships between self-esteem and psychosocial variables without explaining the communicative processes underlying those relationships. Conversely, qualitative studies tend to describe caregiver communication patterns descriptively without analysing them through a specific theoretical framework of social support. In particular, limited research has examined how caregivers' everyday communicative practices function simultaneously as emotional, instrumental, informational, and appraisal support in shaping adolescents' self-liking and self-competence. Furthermore, studies focusing on Indonesian Islamic-based orphanages remain limited, even though religious and cultural values may influence caregiving communication patterns in unique ways. Therefore, the micro-level communicative interactions between caregivers and adolescents in residential care settings remain insufficiently explored.

Muhammadiyah Children Centre (MCC) KH. Mas Mansyur provides an appropriate setting for addressing these gaps. As an Islamic-affiliated orphanage, religious and cultural norms shape caregiving practices and interpersonal communication within the institution. Adolescents living in this institution have experienced various forms of adversity, making supportive communication particularly important for their psychosocial development. This study therefore focuses specifically on how social support strategies embedded within caregivers' communication influence adolescents' self-esteem, particularly the dimensions of self-liking and self-competence. Using a mixed-methods approach, the study combines quantitative measurement through the Rosenberg Self-Esteem Scale (RSES) with qualitative insights obtained from semi-structured interviews with caregivers, thereby enabling a deeper understanding of the communicative processes underlying adolescent self-esteem development.

The originality of this study lies in applying Social Support Theory to analyse how specific caregiver-adolescent communication practices shape self-esteem within the context of an Indonesian orphanage. Rather than merely confirming the importance of communication, this study identifies which forms of supportive communication are most influential and explains how they contribute to adolescents' psychological well-being. Conceptually, the study extends the application of Social Support Theory within non-Western and religious-based residential care contexts. Practically, the findings are expected to contribute to evidence-based caregiver training and communication strategies aimed at improving adolescents' psychological well-being in orphanage environments.

METHOD

The research employed a sequential explanatory mixed-methods approach (Creswell & Clark, 2017). The study was grounded in the pragmatic paradigm, which supports the integration of quantitative and qualitative approaches to obtain a more comprehensive understanding of adolescent self-esteem within the orphanage context. In this design, quantitative findings were prioritised in the first phase, while qualitative inquiry was subsequently conducted to explain, contextualise, and deepen the interpretation of the statistical findings. First, quantitative data sampling and analysis were conducted, followed by qualitative research to explicate and situate the quantitative data findings.

The quantitative phase included 19 adolescents (10 men and 9 women), aged 10–19 years, residing at the MCC KH. Mas Mansyur Orphanage in Malang, East Java. Respondents were selected based on the WHO definition of adolescence (World Health Organization, 2025), specifically those who had lived at the orphanage for over six months. The quantitative phase employed a total population sampling approach. At the time of data collection, 19 adolescents met the inclusion criteria and constituted the entire accessible adolescent population residing at the orphanage. Therefore, all eligible adolescents were included in the study to maximise representativeness within the institutional

context and minimise sampling bias. Given the relatively limited and closed institutional population, the quantitative phase was designed primarily as a descriptive inquiry rather than for broad statistical generalisation. Exclusion criteria included adolescents who were experiencing severe psychological or emotional distress at the time of data collection, had cognitive or communication difficulties that could interfere with questionnaire completion, or declined to provide assent for participation.

Four caregivers (two men and two women) were selected as key informants during the qualitative phase based on their everyday caregiving responsibilities and regular interaction with adolescents. The caregivers were purposively selected because of their direct involvement in providing emotional support, interpersonal guidance, and daily communication practices within the orphanage environment.

Adolescent self-esteem was assessed using the Indonesian-adapted Rosenberg Self-Esteem Scale (RSES) developed by Alwi and Razak (2022). This standardised scale consists of 8 items rated on a 4-point Likert scale (1 = strongly disagree to 4 = strongly agree). It has satisfactory psychometric properties, as presented in Table 1. Since the instrument had demonstrated acceptable validity and reliability and had previously been used among Indonesian adolescents, the scale was used without modification.

Table 1. Test of Validity and Reliability of Indonesian Translation of the Rosenberg Self-Esteem Scale

Index/Measure	Value	Interpretation
Goodness of Fit Index (GFI)	0.92	Good Fit
Comparative Fit Index (CFI)	0.99	Good Fit
Standardised Root Mean Square Residual (SRMR)	0.06	Good Fit
Construct Reliability (CR)	0.899	High Reliability
Average Variance Extracted (AVE)	0.531	Adequate

Source: Alwi & Razak (2022)

In the qualitative phase, data were collected through semi-structured interviews with the four caregivers. The interview guide, consisting of 10 open-ended questions, was developed based on supportive communication theories. These questions explored caregivers' strategies for expressing empathy, providing emotional support, managing conflict, and applying narrative reframing to help adolescents interpret their experiences more positively. All interviews were conducted face-to-face and audio-recorded after informed consent had been obtained. The interviews were subsequently transcribed verbatim using transcription software to facilitate analysis.

Ethical considerations were carefully observed throughout the study due to the involvement of adolescent participants residing in institutional care. Before data collection, permission was obtained from the management of MCC KH. Mas Mansyur Orphanage. Informed consent was secured from the institution acting in loco parentis for the participating adolescents, while assent was obtained directly from all adolescent participants after they had received an age-appropriate explanation of the study's objectives, procedures, potential risks, and voluntary nature of participation. Participants were informed of their right to withdraw from the study at any stage without consequence. To protect confidentiality, all personal identifiers were removed from the dataset, and pseudonyms were used in reporting qualitative findings. Interviews were conducted in a supportive environment, and participants were not required to answer questions that caused discomfort. These procedures were implemented to safeguard participants' psychological well-being and ensure compliance with ethical standards for research involving minors.

Data collection was conducted in two successive phases. In the quantitative phase, orphanage staff distributed paper-based RSES questionnaires to all eligible adolescent residents. Completed questionnaires were collected immediately after completion to minimise missing data and ensure response accuracy. In the qualitative phase, following the preliminary quantitative findings, semi-

structured interviews were conducted with caregivers to explore the communicative processes underlying adolescent self-esteem and to provide contextual explanations for the quantitative results.

Quantitative data were analysed using SPSS to generate descriptive statistics, including mean scores, standard deviations, and score distributions. Subgroup comparisons based on gender were treated as exploratory analyses due to the relatively small sample size. Independent-samples t-tests were conducted when assumptions of normality were met, while non-parametric alternatives were considered where appropriate. Effect sizes were also calculated to provide additional interpretation of group differences.

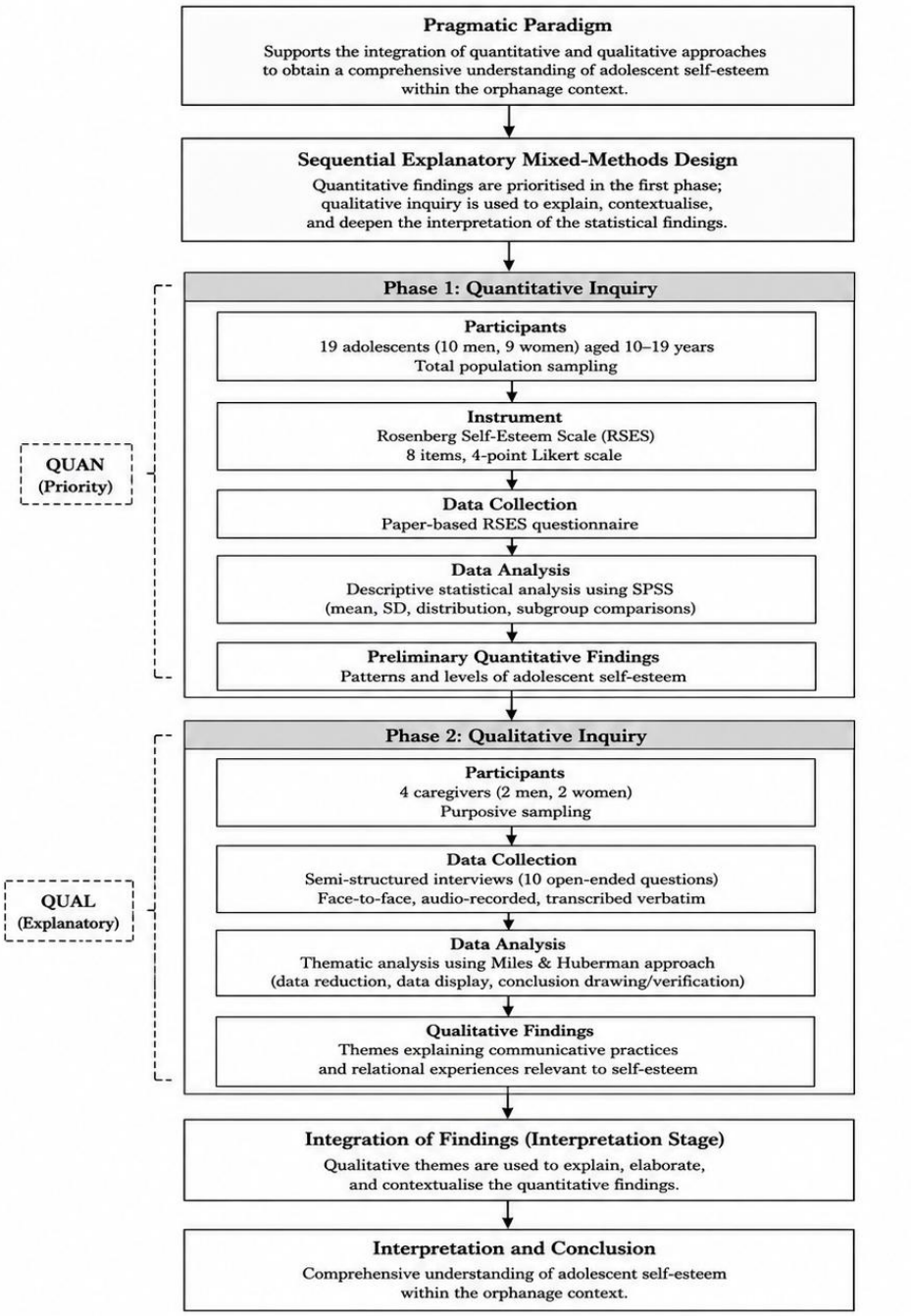

Figure 1. Philosophical and methodological framework of the sequential explanatory mixed-methods design employed in this study (Creswell & Clark, 2017)

Qualitative data were analysed thematically using the Miles and Huberman approach (Miles & Huberman; Creswell & Clark, 2017), involving data reduction, data display, and conclusion drawing/verification. Interview transcripts were manually coded to identify recurring communication patterns and were subsequently grouped into broader thematic categories.

Integration of findings occurred at the interpretation stage, where qualitative themes were used to explain, elaborate, and contextualise the quantitative findings in accordance with the principles of sequential explanatory mixed-methods design. The integration process enabled statistical patterns of adolescent self-esteem to be interpreted alongside caregivers' communicative practices and relational experiences within the orphanage setting. Figure 1 illustrates the sequential explanatory mixed-methods procedure employed in this study, beginning with a quantitative assessment and followed by qualitative explanation and integration of findings.

RESULTS AND DISCUSSION

This work's data analysis relies on the accounts of 19 adolescents. As shown in Table 2, the participants comprised 10 male and 9 female adolescents. This demographic composition forms the basis for the following analysis and interpretation of the findings.

Table 2. Participants' Demographic Profile

Participants Demographic	Value
Male	10
Female	9
Total Participants	19

Source: Research Results, 2026.

State of Self-Esteem of Adolescents Under Institutional Care

Quantitative analysis was conducted to examine adolescents' self-esteem within the orphanage context. As presented in Table 3, the average RSES score was 27.68, with a median score of 28 and a standard deviation of 4.88. Individual scores ranged from 18 to 35, indicating that adolescents generally demonstrated moderate to high levels of self-esteem. These findings suggest that, despite potential structural and psychosocial challenges within institutional care settings, adolescents in the orphanage tended to exhibit relatively healthy self-esteem.

Table 3. Descriptive Statistics of Adolescent Self-Esteem Scores (RSES) at MCC KH. Mas Mansyur Orphanage

Variable	Ave	Median	Std. Deviation	Min	Max
Total Score (n=19)	27.68	28	4.88	18	35
Male Score (n=10)	29.50	29	3.54	23	34
Female Score (n=9)	25.67	25	5.34	17	35

Source: Research Results, 2026.

The data's spread is quite normal, with an extensive range, revealing significant variability in adolescents' self-esteem. Even though most adolescents rated their self-esteem highly, a smaller minority received low marks. This variability can potentially reflect individual experiences or interactions with caregivers and others. This identified variability is quite a profound result and suggests that future research, particularly of a longitudinal or multi-case nature, should focus on these varying experiences.

One of the significant results is the seemingly distinct self-esteem pattern between female and male adolescents. Descriptively speaking, female adolescents had lower self-esteem scores compared to their male counterparts. Although the t-test was not statistically significant ($p = 0.105$), the calculated effect size (Cohen's $d = 0.82$) suggests a very substantial practical difference, reaching up to the "large effect" threshold. For this reason, although the test did not achieve statistical significance

due to the limited sample size, the result substantively suggests that gender can be crucial in determining adolescents' self-esteem in orphanages.

From a methodological perspective, the reliability of the RSES in this research was satisfactory. Its Cronbach's alpha was 0.798 on the 8-item scale, which is rated good based on values for psychological tools. This is slightly lower than what Alwi obtained. They recommended their 8-item scale with higher reliability ($\alpha \approx 0.90$) in their adaptation. This can be attributed to differences in the populations studied, as Alwi examined the general population of high school students. In contrast, this study focuses on adolescents living in an orphanage with heterogeneous psychosocial backgrounds. Hence, although the tool remains valid for the general picture it portrays, interpreting it requires caution (Mohammadzadeh et al., 2019). This also opens up a way to construct a more context-specific self-esteem scale based on what is specific and unique about adolescents living in caregiving institutions.

In general, these quantitative findings are solid ground for concluding that adolescents' self-esteem in this orphanage is not troubling; on the contrary, it is pretty healthy and optimistic. However, the data also reveal significant nuances, such as gender-based variations, individual score variations, and instrument reliability shortcomings (Noor et al., 2024). These nuances suggest that self-esteem is not a one-dimensional construct but is shaped by the interaction of individual, social, and institutional entities.

These results are consistent with earlier research on adolescent self-esteem in institutional care situations. For instance, Az-Zahra (2023) Identified that children in institutional care are at greater risk of low self-esteem due to minimal care and nurturing. On the other hand, this research encountered relatively healthy situations due to accommodating and regular communication from their caregivers. These varying results suggest that being in an orphanage is not the only factor contributing to low self-esteem; instead, the relational patterns and forms of communication initiated by caregivers play a significant role.

Subgroup comparison identified a remarkable pattern directly related to caregiving processes. Scores were lowest among younger respondents (11 years of age) and highest among older respondents (18 and 19 years of age, with 35). This pattern suggests a relationship between the duration of time spent at the orphanage and the development of self-esteem (D. Mundada et al., 2023). Newly admitted adolescents or those transitioning at their earliest period are likely to have low self-esteem scores due to difficulty adjusting to first-episode trauma and new surroundings. Higher scores are identified among older adolescents who are admitted for a longer duration. This suggests that self-esteem is not a static property, but rather the outcome of a dynamic transformation where repeated exposure to nurturing care gradually alters the adolescent's self-concept. This is an important bridge connecting the quantitatively gathered information with a richer qualitative story.

Psychological Issues and Communication Strategies of Caregivers

Qualitative analysis revealed that adolescents in the orphanage face significant psychological challenges, primarily stemming from feelings of abandonment, social comparison, and communication barriers (Sadyrova & Simtikov, 2025). Many adolescents initially view their placement in the orphanage as a form of rejection, which fundamentally undermines their self-acceptance. A caregiver stated, “The first mindset of the children is that if they are placed in an orphanage, they feel as if their families have thrown them away” (Ms Nanik Nur Hidayati, Head of the Caregiving Division). This perception is often accompanied by social jealousy, particularly among female adolescents who compare their possessions of branded items, such as clothing or cosmetics, with those of their peers outside the orphanage. Such comparisons negatively impact both their self-liking and self-competence, as they feel socially inadequate and materially deprived.

The caregivers employ various modes of communication that can collectively be categorised into four forms of social support (Disassa & Lamessa, 2021): emotional, instrumental, informational, and appraisal.

Proactive and Supportive Communication (Emotional Support)

Caregivers actively work at what they refer to as a "proactive engagement" approach. Rather than waiting for adolescents to come forward with issues, they take the initiative and approach the children at informal times, such as pickup at school, initiating conversation. This is a direct response to adolescents' common concerns about feeling hesitant or insecure about sharing sensitive information with those in authority. This hesitance sometimes results in adolescents first bringing up problems with friends, then friends bringing it up with caregivers. Taking the initiative allows caregivers to establish multiple and non-threatening communication channels, building the foundation of abiding trust and validating feelings, a key feature of self-acceptance. Explaining their approach, Mr Agus said, "There are some who have problems but don't dare come and tell me, so they come and tell their friends. Their friends then tell me… So, my strategy is just to be proactive and reach out. I approach them first to find out what they are actually experiencing." This finding suggests that proactive communication functions not merely as emotional reassurance but as relational validation through which adolescents reconstruct feelings of social worth. .

Construction of Community and Long-Term Support (Instrumental Support)

The orphanage actively cultivates a "one family" culture, where children are instilled with values of mutual support and care, much like those of siblings. This network is further solidified by creating an "alumni forum," where long-term bonds are fostered, and mutual aid is possible. Communication within the forum is horizontal (among alums) and vertical (between alums and caregivers). This alum network provides emotional support and practical support, such as employment opportunities made available by successful alumni to those still struggling. This system is a concretised endorsement of their capabilities, directly fortifying their sense of competence and self-acceptance. Ms Nanik described how this network works: "Even after the children have finished at the orphanage, they still have the alumni forum. The children are still together… Someone has started a *martabak* (stuffed pancake) and *terang bulan* (sweet pancake) stall. He has many carts. He said to the former children of the orphanage who did not have employment,' Come on, come and work with me.'" This scenario represents how the community provides concrete, long-term aid that bolsters adolescents' sense of capability.

Justice, Consistency, and Behavioural Guidance (Informational Support)

The orphanage uses a pattern of punishment and reward system to manage behaviour. This system is unique because it values fairness and openness, particularly when resolving conflict. Instead of resorting unthinkingly to punishment, caregivers adopt an evidence-based practice of collecting witnesses' statements and reviewing CCTV footage to ensure the truth before making a judgment. This practice not only regulates adolescents' behaviour but also instils self-competence. By observing patterns of fairness and reason, adolescents understand responsibility, accountability, and self-efficacy when managing social relationships. According to Mr Filafaq, "Usually, if there's an issue, I don't immediately blame one child. I gather everyone, and I need to have evidence and witnesses… After finding the clear truth, I will give my conclusion." This practice exemplifies an open procedure directly contributing to adolescents' perception of their ability to address social problems.

Reframing of Narratives and Self-Identity (Appraisal Support)

The caregivers' effort to redefine adolescents' narrative and self-identity is an underlying communication approach. They attempt to replace adolescents' first understanding of being "abandoned" by their families with a new narrative of being "chosen children" or "special children." This reframing of narrative is a conscious psychological intervention. Caregivers do not simply provide positive encouragement; they systematically confront possibly traumatising inner narratives and substitute them with a positive social identity. This addresses the self-liking component of self-esteem, which concerns individuals' feelings about and valuation of themselves, regardless of their background.

Ms Nanik explained this practice by saying, "I tell the children that those who enter the orphanage are chosen, children. Special children for us." It shows caregivers are actively reshaping children's sense of identity at its core, which is a strong type of appraisal support.

This study was designed to investigate the role of caregivers' communicative strategies in developing adolescents' self-esteem within the context of an orphanage. Adolescents' relatively healthy self-esteem is not a fortuitous state of affairs. Instead, it is a product of communicative strategies considered and implemented by caregivers in their daily interactions. As illustrated in Figure 2, caregivers' communication strategies can be categorised into four forms of social support: emotional, instrumental, informational, and appraisal support. These forms collectively contribute to the development of adolescents' self-esteem within the orphanage environment.

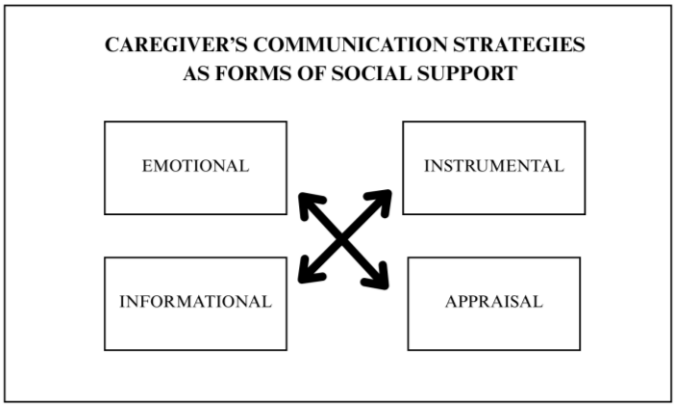

Figure 2. Caregivers' Communication Strategies (Adapted from Disassa & Lamessa (2021), developed by the author, 2026)

Integrating Results

The combination of quantitative and qualitative data reveals strong and complementary consistency. Healthy average self-esteem levels can be attributed to the strategic and deliberate use of supportive communication strategies. The quantitative findings are further elaborated through the qualitative results. As presented in Table 4, proactive communication by caregivers contributes to adolescents' self-liking through emotional validation, while community support strengthens both self-liking and self-competence dimensions. Furthermore, caregivers' narrative reframing practices are associated with adolescents' feelings of worth and self-efficacy (Safitri Nur & Munawaroh, 2022). Collectively, these findings demonstrate that the quality of caregiver communication constitutes a fundamental basis for developing healthy self-esteem among adolescents in the orphanage context.

Table 4. Integration of Qualitative and Quantitative Findings

Strategies	Component	Integrated Interpretation
Proactive Communication & Empathy	Self-Liking	The "*jemput bola*" (proactive) approach validates adolescents' feelings, making them feel heard and valued. This contributes to improvements in RSES indicators related to feelings of being worthy.
Community Building	Self-Liking & Self-Competence	A strong social support network, cultivated through a "one family" ethos and an alumni group, is a protective factor. This helps explain why average self-esteem scores remain within a healthy range despite challenges.

Fairness & Consistency in Discipline	Self-Competence	A just and transparent disciplinary process teaches adolescents accountability and self-efficacy. This is reflected in RSES indicators that measure confidence in one's abilities.
Narrative Reframing	Self-Liking	The direct intervention of replacing the "abandoned" narrative with "chosen child" effectively challenges core negative beliefs and potentially increases scores on items measuring self-worth.

Source: Research Results, 2026.

Theoretical Implications

The findings of this study reinforce the relevance of Social Support Theory in explaining how caregiver communication contributes to the development of adolescent self-esteem within residential care settings. The four communication strategies identified in this study—proactive and empathetic communication, community building, fair and consistent discipline, and narrative reframing—closely correspond to the four dimensions of social support: emotional, instrumental, informational, and appraisal support. These forms of support collectively strengthen adolescents' self-liking and self-competence, which are central dimensions of self-esteem.

More specifically, proactive and empathetic communication reflects emotional support by helping adolescents feel heard, understood, and valued. Community-building practices and alumni networks represent instrumental support by providing both practical assistance and long-term relational resources. Fair and consistent disciplinary practices function as informational support by helping adolescents understand expectations, consequences, and appropriate behavioural standards. Meanwhile, narrative reframing serves as appraisal support by encouraging adolescents to reinterpret negative experiences and develop more positive self-evaluations. Taken together, these findings demonstrate that supportive caregiver communication operates as a psychosocial mechanism that promotes adolescent psychological well-being and healthy self-esteem development.

The study also extends the application of Social Support Theory to the context of Indonesian Islamic-based residential care institutions, an area that remains relatively underexplored in communication research. The findings suggest that social support is not merely delivered through formal caregiving structures but is continuously constructed through everyday communicative interactions between caregivers and adolescents. In this way, communication becomes a central mechanism through which social support is experienced, interpreted, and internalised by adolescents.

Although Social Support Theory provides the primary explanatory framework, several findings may also be interpreted through complementary theoretical perspectives. For example, narrative reframing reflects principles of Symbolic Interactionism, proactive communication resonates with Communication Accommodation Theory, and fair disciplinary practices align with the concept of self-efficacy. However, these perspectives are best understood as supplementary interpretations that enrich, rather than replace, the central explanatory role of Social Support Theory.

CONCLUSION

This study concludes that adolescents living at the MCC KH. Mas Mansyur Orphanage demonstrates generally healthy levels of self-esteem, which are closely shaped by caregivers' intentional and multidimensional communication strategies. The four identified strategies—proactive communication, community building, fair and consistent discipline, and narrative reframing—function synergistically as forms of social support that strengthen both self-liking and self-competence among adolescents. The integration of quantitative and qualitative findings indicates that supportive caregiver communication plays a significant role as a psychosocial mechanism in fostering adolescents' psychological well-being within residential care settings.

However, this study is limited by its relatively small and context-specific sample, which restricts the generalizability of the findings. In addition, the cross-sectional design does not allow for causal inference regarding the development of self-esteem over time. The measurement instrument used (Rosenberg Self-Esteem Scale) was not specifically validated for adolescents in orphanage settings, which may limit contextual precision. Despite these limitations, the findings still provide meaningful descriptive insights into the role of communication in institutional care environments.

Practically, the results highlight that caregiver communication should be understood as a strategic psychosocial intervention rather than merely an exchange of information. Strengthening caregiver capacity in active listening, empathetic engagement, conflict mediation, and positive narrative reframing may further enhance adolescent well-being. The development of structured support systems such as alumni networks and emotional literacy programs may also contribute to more sustainable psychosocial support for adolescents in care.

Future research is encouraged to employ longitudinal designs to capture developmental changes in self-esteem over time, expand the study to multiple orphanage settings to improve generalizability, and develop context-specific instruments that better capture self-esteem among adolescents in institutional care.

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