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Social Capital Contribution To The Emotional Distress of The Society of Surakarta

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ABSTRACT : *Emotional distress is a health problem that is the target of health programs in Indonesia. There was an increase in cases of emotional mental disorders in 2018 as much as 6% in the age range of 15-24 years. Social capital plays an important role in quality of life and mental health. High social capital is a protective factor against poor mental health status. This study aims to determine the relationship of the contribution of social capital to emotional distress in the people of Surakarta. This type of research is descriptive analytic with a cross sectional design. The population of all Surakarta people aged 20-59 years is 365,262 people. The sample technique was stratified random sampling with a total of 296 respondents. The research instrument used a social capital questionnaire, the way of coping checklist (coping mechanism), a general self-efficacy scale questionnaire (self-efficacy), a Miller Smith Rating Scale for Stress Tolerance (stress tolerance) questionnaire and a HSCL-25 questionnaire (emotional distress). Data processing using structural equal modeling, STATA analysis program 13. Statistical test using Pearson correlation and path analysis. The results of the bivariate analysis showed that social capital significantly increased self-efficacy (r= 0, 144; p=0.012), stress tolerance (r= 0, 145; p=0.012), coping strategies (r= 0.25; p< 0.001). Social capital increased emotional distress, but not statistically significant (r= 0.014; p > 0.81). Stress tolerance (r= 0.012; p> 0.04). The increase in emotional distress was statistically significant. Self-efficacy (r= -0.105; p> 0.08) and coping strategies (r= 0.06; p> 0.31) reduced emotional distress, but were not statistically significant. The results of multivariate analysis showed that emotional distress was directly influenced by coping strategies (p=0.032) and stress tolerance (p=0.005); Indirectly, coping strategies are influenced by social capital (p=0.01), self-efficacy (p=0.01), self-efficacy is influenced by social capital (p=0.012), and stress tolerance is influenced by coping strategies (p=0.001). The conclusion is that there is an indirect effect of social capital on emotional distress through self-efficacy, stress tolerance and coping strategies.*

Keywords*: Emotional Distress, Social Capital, Coping Strategies, Stress Tolerance, Self-Efficacy*

I. Introduction

According to a 2016 World Health Organization (WHO) report, there are about 35 million people affected by depression, 60 million people affected by bipolar, 21 million people affected by schizophrenia, and 47.5 million people affected by dementia. The number of people with mental disorders in Indonesia currently is 236 million people, with the category of mild mental disorders 6% of the population and 0.17% suffering from severe mental disorders, 14.3% of whom experience pasung. It was recorded that 6% of the population aged 15-24 years experienced mental disorders (Riskesda, 2018).

The increasing prevalence of GME sufferers in Indonesia is a problem. Based on Riskesdas in 2018, there was an increase in GME in the population aged > 15 years, namely 9.8% (about 19 million people), compared to Riskesdas in 2013 of 6% (Ministry of Health, 2020).

The prevalence of mental disorders in Surakarta for psychosis is 0.9 per 1000 population, while the prevalence of depression is 0.16 per 1000 population. The composition of the population of the Surakarta area is currently the largest in the adult and productive age (19-59 years), while the age most affected by mental disorders both severe and mild is 19-44 years old, followed by 45-59 years old, of course this is must receive special attention for all of us (BPS 2017; BPS 2018).

Things that affect individual health are social determinants in which there are a number of micro, meso, exo, and macro variables. The micro level includes the individual himself, behavior and lifestyle. The meso level consists of social and community influences which include norms, values, institutions, social networks and social capital. The exo level consists of structural factors (environment, food, energy availability, workplace,

schools, access to health, employment. While the macro level consists of socio-economic, cultural and political policies as well as those related to government (Dahlgren and Whitehead, 1991).

The quality of social capital will be better if it is often used. In principle, social capital is talking about social bonds or cohesion. The central idea of social capital about social bonds is that networks are a very valuable asset, as the basis of social cohesion. In fact, good relationships to work together help people improve their quality of life (Fathy, 2019). Based on this background, this study will review the Contribution of Social Capital to the Emotional Distress of the People of Surakarta City.

Social capital according to Santoso (2020) is identified with the nature of social organizations such as trust, norms, and networks that can improve community efficiency with coordinated actions. Social capital is closely related to what is called civic virtue (moral goodness), consisting of active relationships among others, mutual trust, understanding (mutual under standing) and the value of togetherness that binds its members and communities that allow cooperative action.

Several factors that affect social capital are: (1) economy (economic difficulties have a negative effect on cognitive social capital); (2) social and income inequality (economic inequality limits the interaction between community members) (Economou et al., 2013); (3) stigma of mental disorders or disabilities (social exclusion or avoidance of social participation) (Thuy and Berry, 2012); (4) the character of the physical environment (Bertottiet al., 2013).

The dimensions of social capital consist of: (1) cognitive social capital, (2) relational social capital, (3) structural social capital, (4) communication social capital, (5) bonding social capital, (6) bridging social capital and (7) linking social capital. Cognitive social capital is social capital related to resources that have the same vision, mission, values, perceptions and understanding which can be seen from the similarity of frequency, comfort and closeness between individuals. The cognitive dimension is related to values, attitudes and beliefs that affect trust, solidarity and reciprocity which encourage the creation of cooperation in society to achieve common goals (Nahapiet & Ghoshal, 1998; Fathy, 2019). Social relation capital is the nature and quality of relationships in a society as seen from the number of people who can be trusted, the level of trust, willingness to help others and feelings of respect (Nahapiet & Ghoshal, 1998). Structural social capital is the ability of the community to make bonds between individuals, which can be seen from the presence or absence of community participation, active participation, the extent of the network, the role of individuals in the network and the feeling of security. The structural dimension is the arrangement of the scope of organizations and community institutions at the local level that accommodates and encourages useful collective activities (Nahapiet & Ghoshal, 1998; Fathy, 2019).

Social capital of communication is the process of delivering information from one person to another which is seen from the activeness of communicating, comfort in communicating. Communication is needed to access and use social capital through exchanging information, identifying problems and solutions, and managing conflict (Hazleton & Kenan, 2000). Bonding social capital is a type of social capital with the characteristics of strong ties (the existence of social glue) in the social system which is characterized by strong ties of ties such as between family members or between members of certain ethnic groups (Woolcock, 2001; Hasbullah, 2006). Bridging social capital is a social bond that arises as a reaction to various characteristics of the group (as a result of various weaknesses around it so that it demands to build strength) (Woolcock, 2001; Hasbullah, 2006). Linking social capital is the relationship between several levels of social power and social status in society. Both bonding, bridging and linking social capital can be seen from the frequency of communication, proximity, comfort and the presence or absence of conflict between people (Woolcock, 2001; Hasbullah, 2006).

According to Hans Selye (1926) stress is a non-specific response of the body to requests. Stress in the context of behavioral science is considered as a perceived threat with consequent anxiety, discomfort, tension, emotion and difficulty in adjustment. Stress in a positive form can improve biopsychosocial health and facilitate activities because it can motivate, adapt and show reactions to the surrounding environment. However, high stress levels can cause biological, psychosocial and social problems and even harm people. Humans experience stress or perceive problems as threatening/dangerous when they do not believe they have adequate resources to overcome these obstacles. Sources of stress can be external or internal perceptions of the individual which in turn can cause anxiety, emotions and other negative feelings such as depression, pain, sadness and lead to serious psychological disorders (Shahsavarani et al, 2015).

Stress based on a response-based perspective is the response of living things to the demands of the surrounding environment. This perspective distinguishes between stressors (stimulus) and stress (response). According to Hans Selye, there are three stages of stress formation, namely the General Adaptation Syndrome (GAS) which consists of a natural reaction (fight or flight response), the use of body resources and the stage of fatigue (starting with tissue damage, disease and evacuation of body resources), where the perspective of response is mostly discussed in biological studies.

Symptoms of stress can be seen from behavioral and physical symptoms, namely: (1) behavioral symptoms include lack of enthusiasm, nail biting, sadness, irresponsibility; (2) physical symptoms such as

headaches, shortness of breath, lack of energy, palpitations, sweating and others appear, (3) cognitive symptoms such as easy forgetting, difficulty concentrating, having excessive fear and worry so that they think irrationally; (4) emotional symptoms such as mood swings, low self-esteem, loss of control (Ministry of Health, 2020)
Wahl (2010) explains that social capital is indirectly related to mental health. As a form of coping, social capital relates to social networks, providing a buffer against stress by providing good social support. High trust and morality can reduce exposure to chronic stress so that it improves mental status for the better

II. Results and Discussion

The study was conducted in the Surakarta City area (Sub-districts of Laweyan, Serengan, Pasar Kliwon, Jebres, and Banjarsari) which was conducted from May 2020 to July 2020. Sampling was done by stratified random sampling with a total of 270 people. The inclusion criteria were residents of the city of Solo, aged 20-59 years and not illiterate. Data analysis used Pearson correlation test and multiple linear test.
Measurements used a social capital questionnaire, the MSRS-ST questionnaire on stress tolerance, The Way of Coping Checklist questionnaire for coping mechanisms, the General Self Efficacy Scale questionnaire for self-efficacy and the HSCL-25 questionnaire for emotional distress.

Table 1. Characteristics of Research Subjects

Demographic Categories		Amount	Percentage
Gender	Male	96	32.4 %
	Female	200	67.6%
	Amount	296	100%
Age	20-27	146	49.3%
	28-35	41	13.9%
	36-43	46	15.5%
	44-51	32	10.8%
	52-59	31	10.5%
	Amount	296	100%
Education	Did not finish elementary school	2	0.7%
	Primary school	2	0.7%
	First high school	5	1.7%
	High school	90	30.4%
	Diploma/bachelor	36	12.1%
	Bachelor degree	156	52.7%
	postgraduate (S2)	4	1.4%
	Doctoral (S3)	1	0.3%
	Amount	296	100%
Work	Government employees	25	8.4%
	Army/Police	1	0.3%
	Private sector employee	56	18.9%
	Self-employed	60	20.3%
	Doesn't work	44	14.9%
	Student	66	22.3%
	Etc	44	14.9%
	Amount	296	100%
Religion	Moslem	247	83.5%
	Christian Protestant	24	8.1%
	Catholic	25	8.4%
	Hindoo	0	0 %
	Budha	0	0 %
	Konghucu	0	0 %
	etc	0	0 %
	Amount	296	100 %
Marital status	Not married yet	154	52%

	Married	131	44.3%
	Widow/widower	11	3.7%
	Amount	296	100 %
Income	No income	98	33,1%
	< 3 million per month	124	41,9%
	3 - 5 million per month	55	18,6%
	> 5 million per month	19	6,4%
	Amount	296	

Table 1, it is known that the respondent category is female, 200 people (67.6%), age 20-27 years, 146 people (49.3%), 156 undergraduate education (52.7%), self-employed 60 people (20.3%) and 66 students (22.3 %), Islam 247 people (83.5 %). Married status is not married 154 people (52%) and income is less than 3 million per month as many as 124 people (41.9%).

Table 2 Analysis of Social Capital Variables, Coping Strategies, Stress Tolerance, Self-Efficacy and Emotional Distress

Variabel	n	Mean	SD	Min.	Maks.
Coping strategy	296	56.13	9.27	0	79
stress tolerance	296	53.23	13.10	74	136
self-efficacy	296	54.07	8.26	20	71
Emotional distress	296	20.60	5.72	10	49
Coping strategy	296	60.79	19.01	25	100

Table 2 shows that the average social capital score is 56 (Mean = 56.13; SD = 9.27). The average coping strategy score was 53 (Mean= 53.23; SD= 13.10). The average stress tolerance score was 54 (Mean= 54.07; SD= 8.26). The average self-efficacy score was 20 (Mean= 20.60; SD= 5.72). The mean score of emotional distress was 60 (Mean= 60.79; SD= 19.01).

Table 3. Correlation of Social Capital on Coping Strategies, Stress Tolerance and Self-Efficacy

No	Variable	R	*p value*
1	Coping Strategy	0,25	< 0,001
2	Stress tolerance	0,145	0,012
3	Self Efficacy	0,144	0,012

Table 3. statistically shows that social capital significantly increases self-efficacy (r= 0.144; p=0.012), stress tolerance (r= 0.145; p=0.012), and coping strategies (r= 0.25; p<0.001)

Table 4 Correlation of Social Capital, Coping Strategies, Stress Tolerance and Self-Efficacy Against Emotional Distress

No	Variable	R	*p value*
1	Social Capital	0,014	0,81
2	Self Efficacy	-,105	0.08
3	Stress tolerance	0,12	0,04
4	Coping Strategy	-0,060	0.31

Table 4 shows that social capital increases emotional distress with a weak degree of relationship, but it is not statistically significant (r= 0.014; p> 0.81). Stress tolerance (r= 0.012; p> 0.04) increased emotional distress and was statistically significant with a weak relationship. Self-efficacy (r= -0.105; p> 0.08) and coping strategies (r= 0.06; p> 0.31) reduced emotional distress, but were not statistically significant and both showed a very weak degree of relationship.

Table 5. Pathway Analysis of Social Capital Contribution to Emotional Distress

Independent variable		Dependent Variable	Koefisien	CI 95%		p
				Lower limit	Upper limit	
Direct effect						
Emotional distress	←	Coping strategies	-0.20	-0.38	-0.02	0.032
	←	Stress tolerance	0.41	0.12	0.69	0.005
Indirect effect						
Coping strategies	←	Sosial Capital	0.25	0.12	0.38	<0.001
	←	Self efficacy	1.21	0.99	1.42	<0.001
Self efficacy	←	Sosial Capital	0.10	0.02	0.16	0.012
Stress tolerance	←	Coping strategies	0.26	0.20	0.33	<0.001
n-observations= 296						
Log likelihood= -5432.771						
p<0.001						

Table 5 shows that emotional distress is directly influenced by coping strategies and stress tolerance where: (a) Coping strategies directly reduce the log odd (possibility) of emotional distress by 0.20 units and are statistically significant (b= -0.20; 95% CI= -0.38to -0.02; p= 0.032); (b) Stress tolerance directly reduces the log odds (possibility) of emotional distress by 0.41 units, and is statistically significant (b= -0.41; 95% CI= 0.12 to 0.69; p= 0.005).Toleransi stress adalah suatu fenomena seseorang yang mengalami kesulitan mengatasi stres, sementara orang lain, mudah mengatasi stres.

What makes it different is the level of a person's endurance in dealing with stressors, whether physical, psychological or psychosocial (Welle & Graf, 2011). Stress tolerance is an intermediary variable that is directly related to emotional distress, several studies state that stress tolerance is a risk factor for psychopathology and underlies the occurrence of anxiety, depression and other psychological disorders (Wemm & Wulfert, 2017; Vielleux et al., 2018; Carpenter et al. , 2019).

In this study, all respondents used problem-based coping strategies. The author argues that this phenomenon occurs because the research was conducted in an urban area, which requires residents to move quickly and be able to adapt to the environment. Problem-centered coping mechanisms are (1) attempts to change the situation or resolve the problem aggressively by describing the level of anger and risk taking (confrontation). (2) individuals try to withdraw from the environment or avoid problems (isolation). (3) change the situation carefully, ask for help from close family and peers or cooperate with them (compromise). While the coping mechanisms that are centered on emotions are as follows: (1) rejecting the problem by saying it did not happen to him (denial). (2) using reasons that can be accepted by reason and accepted by others to cover up their inability (rationalization). (3) highlighting good qualities to cover up incompetence (compensation), (4) forgetting unpleasant things and remembering only pleasant things (repression). (5) express or channel feelings, talents or abilities with a positive attitude (sublimation). (6) imitating the ways of thinking, ideas and behavior of others (identification). (7) the attitude of someone who goes back in time or behaves like a child (regression). (8) blaming or venting the blame on others (projection) (Stuart and Sundeen, 1991).

Everyone who still has control and has the resources to solve problems tends to use problem-centered coping strategies. The individual will have good planning, seek the help of others, it may even be against the applicable rules and take great risks. If the problem cannot be controlled properly, the individual will use emotional coping strategies such as accepting the situation, always being grateful for the situation, praying, expecting help, not caring, getting angry, sleeping all day and even destroying himself such as drinking alcohol, drugs, withdrawing. themselves from association.

Coping strategies are also determined by self-efficacy. According to Albert Bandura (1997) self-efficacy is part of social cognitive theory, namely a theory derived from the social learning process, so that humans will adapt to the preferred factors from their environment while trying to change the disliked factors. Human behavior is complex and depends on the causal structure that influences each other between behavioral, cognitive and environmental motivational factors. Individuals first seek and interpret related information obtained, so that he becomes a contributor to his own motivation, behavior and development.

Individuals who have high self-efficacy about their abilities will be more optimistic, strive to involve themselves with others and can ignore negative feedback than individuals who have low self-confidence. The individual can also predict something and see the situation at hand as a place to realize ideas to achieve his goals. He is able to motivate himself, form beliefs and directed actions, choose activities and social environment

according to his circumstances. Self-efficacy can be increased by practicing situation control, using successful people as models, social persuasion, and reducing stress reactions to certain situations (Bandura and Cervone 1983; Bandura, 2005; Bandura, 2012; Rustika, 2014).

People with low self-efficacy tend to behave (1) avoid challenging tasks, (2) feel difficult situations and tasks beyond their capabilities, (3) focus on failure and negative outcomes, (4) quickly lose confidence when experiencing failure (Bandura, 1977; Ivancevich et al, 2007; Robbins and Judge, 2013; Lianto, 2019). Low self-efficacy causes stress, anxiety and avoidance behavior, especially activities that can worsen the situation because they feel unable to manage risky aspects. People who have good physical condition have good self-efficacy so that their stress levels are low. (Bandura, 1977; Jex et al 2001; McDuogall and Kang 2003). Efficacy also affects the level of well-being (Suhu and Rath, 2003).

Social capital is formed through a process that is influenced by the individual, other people, the social environment, values, agreed norms and the principle of usefulness, where social capital that is widely adopted is cognitive, relational and structural social capital which is influenced by economic factors, length of stay in the community. the environment, work, feelings of shame due to societal stigma and the ability to meet societal standards.

If individuals have the same socioeconomic status as their environment, it will not cause problems, usually people who have low socioeconomic status will limit their interaction with their surroundings, especially those whose economy is higher than themselves. Poverty reduces self-confidence. Low-income people consider rich people to be exploitative and untrustworthy so that there is social interaction between community members (Economou, 2013)

Length of stay also forms a person's trust in his environment because the longer the individual stays, the more often he interacts with people and the surrounding environment, the more he will validate his sense of trust. Work also affects interactions with people, where when he works outside, the individual rarely interacts with people and the surrounding environment, on the contrary if he works around the house then he will often interact with people and their environment.

The stigma of people also greatly affects the individual, individuals who have mental disorders will withdraw so that they interfere with self-esteem and affect their stress tolerance so as to form certain coping. If he has good self-esteem, then he will have low stress tolerance and form good coping and the individual will be able to manage his emotional distress well.

A person who is able to meet community standards such as getting married according to the average age of his married environment, can meet the needs of his family and be able to adapt to his environment, then he has the confidence to carry out social interactions. If someone is not able to meet these standards then he will be gossiped about and avoid social interaction. According to Beerma and Van Kleff (2012), gossip has a function as a moral control of society. Through gossip, the individual learns what is acceptable or not by society, so the individual must be careful in his behavior. In the social dimension, gossip has the purpose of transmitting information and strengthening social bonds.

The social bonds formed in society are influenced by the role of influential figures and role models such as RT, ustadzah, kiai, lurah, and others. People who have figures in the community can be mobilizers and empower the community, can be elders to solve a problem because there is an element of public trust in community leaders. Social ties affect social capital, where the stronger the element of trust, the stronger the role of social capital in society (Usman, 2018).

Another factor that influences social ties is community motivation. There are individuals who actively participate in community activities to avoid life problems, they use sublimation coping mechanisms, namely changing unacceptable impulses into socially acceptable ones (Vaillan, 2011).

Besides showing a positive side, social capital also has a negative side. Social inequality can occur when the distribution of social capital is not evenly distributed. Social capital groups that are too strong can suppress weak social capital groups because they have great social control so that they limit the space for thinking and acting. Negative behavior can also be influenced by social capital called the behavioral-social contagion phenomenon (Field, 2018; Alcorta et al., 2020). The negative effects of social capital are more common in communities with strong bounding social capital, but weak bridging social capital. Weak bridging social capital will result in social dominance.

III. Conclusion

There is an indirect effect of social capital on emotional distress through self-efficacy, stress tolerance and coping strategies.

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Conflict of Interest
All authors confirm there are no conflicts of interest related to this manuscript.

Author's Contribution
All authors in this review contributed equally. All authors prepared, drafted, structured research, critically read and revised manuscripts and gave final approval for publication.

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