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Application Of The Health Belief Model In Relation To Self-Control Among Patients With Type 2 Diabetes Mellitus In The Working Area Of UPTD Puskesmas Tabanan III, 2025

Ni Putu Nariasih[1], I Gusti Ayu Harini[2], Ni Luh Gede Ari Kresna Dewi[3], I Wayan Candra[4], I Nengah Sumirta[5]
I Ketut Gama[6]
[1,2,3,4,5] Poltekkes Kemenkes Denpasar, Indonesia

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ABCTRACT

Abstract: Type 2 diabetes mellitus is a chronic disease that has shown a significant increase in prevalence every year and requires long-term management. Good self-control is essential to maintain blood glucose stability and prevent complications. However, individuals' perceptions of the disease often influence their health behaviors. This study aimed to examine the relationship between the application of the Health Belief Model (HBM) and self-control among patients with type 2 diabetes mellitus in the working area of UPTD Puskesmas Tabanan III in 2025. This research employed a quantitative, analytical correlational design with a cross-sectional approach. involving 128 participants selected through purposive sampling. Data were collected using structured questionnaires. The results showed significant relationships between perceived susceptibility ($r = 0.181$; $p = 0.041$), perceived severity ($r = 0.402$; $p = 0.000$), and perceived benefits ($r = 0.132$; $p = 0.000$) with self-control ($p < 0.05$). However, no significant relationship was found between perceived barriers and self-control ($r = 0.106$; $p = 0.235$). These findings indicate that the more positive an individual's perceptions regarding susceptibility, severity, and benefits, the higher their level of self-control. Conversely, perceived barriers did not significantly influence self-control among patients with type 2 diabetes mellitus in the working area of UPTD Puskesmas Tabanan III.

Keywords: HBM, self-contri, DMTP 2

Corresponding author: putunariasih500@gmail.com

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INTRODUCTION

Diabetes mellitus is a disease that continues to increase in prevalence every year, with significant rates observed across various regions. More than 90% of all diabetes cases are type 2 diabetes mellitus (T2DM), a condition caused by a combination of two primary factors: impaired insulin secretion by pancreatic β-cells and the inability of insulin-sensitive tissues to respond appropriately to insulin [(1)]. Patients with diabetes are required to adhere to various regulations related to dietary management and blood glucose monitoring in order to maintain proper metabolic control. [(2)]. Good self-control can help patients manage blood glucose levels and prevent long-term complications. However, many patients with type 2 diabetes mellitus experience difficulties in regulating their habits and health behaviors due to low perceptions of risks and the benefits of treatment. [(3)].

The International Diabetes Federation (IDF) estimates that in 2021, approximately 537 million adults aged 20–79 years were living with diabetes worldwide, representing a 24% increase compared to the previous year [(4)]. The global prevalence of diabetes is projected to increase in line with population aging, reaching 643 million people by 2030 and 783 million by 2045 [(4)]. In Indonesia, the number of people with diabetes mellitus was estimated at approximately 19.47 million in 2021 [(5)], increasing to 19.5 million in 2022 [(4)]. The Ministry of Health reported that in 2023 the prevalence of diabetes among Indonesians aged over 15 years was 11.7%, up from 10.9% previously, with type 2 diabetes being the most common type, accounting for 50.2% of all diabetes cases [(6)]. In Bali Province, the prevalence of diabetes mellitus was relatively high, with 53,720 cases in 2021 [(7)], decreasing to 50,211 cases in 2022, and 30,856 cases in 2023, of which 52.0% were type 2 diabetes. Tabanan District had the second highest number of cases after Buleleng, with 5,525 patients in 2023 [(9)]. Based on a preliminary study conducted by the researchers, the number of type 2 diabetes mellitus patients at UPTD Puskesmas Tabanan III in 2024 was recorded at 2,253 individuals.

Control and prevention are crucial objectives in managing the impact of complications, which impose a significant burden on individuals, families, and the government [(10)]. However,

Corresponding author: putunariasih500@gmail.com

the burden experienced by patients with diabetes is considerable due to the high demands of disease management, such as diet regulation, weight control, blood glucose monitoring, and regular exercise [2]. Good self-control is essential in this context to guide individual behavior toward improving quality of life and persisting in the face of challenges throughout the management of type 2 diabetes mellitus [11]. Self-control is an individual's ability to modify behavior, manage information, and choose an action based on personal beliefs [3].

One approach to enhancing self-control in patients with type 2 diabetes mellitus is the application of the Health Belief Model (HBM). The HBM explains that an individual's beliefs regarding susceptibility, severity of the disease, perceived benefits of actions, and perceived barriers can influence their health behaviors. [12] Moreover, a good understanding of the HBM can assist patients in identifying and overcoming perceived obstacles in diabetes management. [13] An individual's beliefs about their health condition, referred to as the Health Belief Model, serves as a useful tool for understanding how patients' perceptions of their health may affect self-control behaviors in diabetes mellitus. [14] The HBM consists of several key components, including perceived susceptibility, perceived severity, perceived benefits, perceived self-efficacy, and perceived barriers. [15] Studies have shown that the HBM plays a crucial role in influencing the health behaviors of diabetes patients. It provides a framework for understanding how individual beliefs about health can affect actions, including self-control. [16] This study aims to examine the relationship between the application of the Health Belief Model and self-control in patients with type 2 diabetes mellitus in the UPTD Puskesmas Tabanan III Work Area, 2025

METHOD

This study employed a quantitative non-experimental design with an analytical correlational approach using a cross-sectional method. The sample consisted of 128 patients with type 2 diabetes mellitus in the UPTD Working Area of Tabanan III Community Health Center who met the inclusion and exclusion criteria. A non-probability sampling technique, specifically purposive sampling, was used. Data were collected using the Health Belief Model

Corresponding author: putunariasih500@gmail.com

Scale, which consists of 28 questionnaire items, and the Brief Self-Control Scale (BSCS), the Indonesian-adapted short version consisting of 10 items, both of which have been validated and shown to be reliable. Data analysis was conducted using the Spearman Rank statistical test.

RESULTS AND DISCUSSION

Before discussing the study results in more detail, the characteristics of the study subjects are presented first.

Table 1.

Frequency Distribution of Study Subject Characteristics Based on Age, Gender, Education Level, Occupation, and Marital Status in the Work Area of UPTD Puskesmas Tabanan III, 2025

No	Characteristics of the Study Subjects	f	(%)
1	Age		
	19-40 years (Early adulthood)	25	19.5
	41-59 years (Middle adulthood)	103	80.5
2	Gender		
	Men	43	41.4
	Women	75	58.6
3	Education Level		
	No School	5	3.9
	Primary Education	25	19.5
	Secondary Education	74	57.8
	Higher Education	24	18.8
4	Work		
	Doesn't work	15	11.7
	Trader/Farmer/Laborer”	41	32.0
	civil servant	13	10.2
	Businessman	59	46.1
5	Marital status		
	Merried	115	89.8
	Single	9	7.0
	Widow/Widower	4	3.1
	Total	128	100

Corresponding author: putunariasih500@gmail.com

Table 1 above shows that the majority of study subjects were aged 41–59 years (middle adulthood), totaling 103 individuals (80.5%). Most of the subjects had a secondary education level, totaling 74 individuals (57.8%). The majority were self-employed, totaling 59 individuals (46.1%). Most of the subjects were married, totaling 115 individuals (89.8%). the study results can be described as follows: Levels of the Health Belief Model among Patients with Type 2 Diabetes Mellitus in the Working Area of Tabanan III Community Health Center, 2025

Table 2 .
Distribution of Health Belief Model Levels among Patients with Type 2 Diabetes Mellitus in the Tabanan III Community Health Center Working Area, 2025

NO	HBM Levels	f	(%)
1	Risk Perception		
	At Risk	86	67.2
	Not at Risk	42	32.8
2	Perception of Severity		
	Severe	96	75.0
	Not Severe	32	25.0
3	Perception of Benefits		
	Beneficial	103	80.5
	Not Beneficial	25	19.5
4	Perception of Barriers		
	Presence of Barriers	83	64.8
	No Barriers	45	35.2
	Total	128	100%

able 2 shows that, out of 128 study subjects, the majority had a high perceived susceptibility, totaling 86 individuals (67.2%), while 42 individuals (32.8%) reported low perceived susceptibility. This indicates that most patients with diabetes mellitus perceive a risk or potential harm associated with their condition. This finding is consistent with the study by Muhilisa & Amira (2018) on medication adherence in patients with Diabetes Mellitus based

Corresponding author: putunariasih500@gmail.com

on the Health Belief Model at the Diabetes Center, Ternate City in 2017, which reported that the majority of respondents had high susceptibility or perceived risk, totaling 52 individuals (53.1%). The high perceived risk was attributed to patients' good understanding of the risks and complications of diabetes mellitus. However, this finding contrasts with the study by Hapsari et al. (2022), which reported that, out of 25 study subjects, 17 individuals (68%) had low perceived susceptibility. This was because the subjects considered their disease not serious and believed it did not require immediate treatment.

Notoatmodjo stated that for an individual to take action to treat or prevent a disease, they must perceive themselves as being susceptible to that disease [17]. "It is logical that if an individual perceives themselves to be at risk of a disease, they are more likely to take preventive actions. Conversely, if a person believes they are not at risk or perceives a low susceptibility, unhealthy behaviors are more likely to occur. Perceived susceptibility serves as a self-evaluation of the risk of a disease, acting as a strong motivator for an individual to modify their behavior [17].

Table 2 shows that, out of 128 study subjects, the majority had a high perceived severity, totaling 96 individuals (75.0%), while 32 individuals (25.0%) perceived low severity. Perceived severity refers to an individual's subjective evaluation of the seriousness of their health problem and the consequences of that problem. The perceived seriousness includes beliefs about whether the disease itself threatens life or may cause disability, as well as the broader impact of the disease on social role functioning.

This study aligns with the research conducted by Muhilisa (2018) on medication adherence in patients with Diabetes Mellitus based on the Health Belief Model at the Diabetes Center, Ternate City in 2017. The study showed that out of 98 subjects, the majority had a high perceived severity, totaling 57 individuals (58.2%). Conversely, this study does not align with the research by Hapsari (2022), which reported that, based on perceived severity among 25 study subjects, the majority—23 individuals (92.0%)—had low perceived severity. This was attributed to the fact that most subjects had only elementary education, resulting in limited

Corresponding author: putunariasih500@gmail.com

knowledge. An individual will take action to protect themselves if they perceive their condition as serious. The level of perceived severity of a disease causes individuals to believe that the consequences of this severity pose a threat to their life. [17] .

Table 2 shows that, out of 128 study subjects, the majority had a high perceived benefit, totaling 103 individuals (80.5%), while 25 individuals (19.5%) perceived no benefit. Perceived benefit refers to an individual's belief that changing their behavior for the better can reduce the risk of disease. This finding is consistent with the study by Aini (2023), which reported that the majority of 100 study subjects had a high perceived severity, with 75 individuals (75.0%) demonstrating high perceived benefit. Health-related behaviors are also influenced by the perceived advantages of taking specific actions. Another study consistent with these findings is by Attamimy (2017), which reported that, out of 100 study subjects, 97 individuals (97%) had a high perceived benefit.

Perceived benefits occur when an individual believes in the efficacy of an action that is thought to reduce the risk of disease. If an individual believes that performing early detection of diabetes mellitus, regularly monitoring blood glucose, and following medical recommendations will reduce their susceptibility to or complications from the disease, they are more likely to consistently engage in behaviors to control their blood glucose.

Table 2 shows that, out of 128 study subjects, the majority had a high perceived barrier, totaling 83 individuals (64.8%), while 45 individuals (35.2%) reported no perceived barriers. This finding aligns with the study by Aini (2023), which reported that, out of 100 study subjects, 71 individuals (71%) had a high perceived benefit. The perceived barriers represent potential negative aspects of health actions, indicating the need for efforts to overcome these obstacles. However, this finding contrasts with the study by Hapsari (2024), which reported that, out of 25 study subjects, 21 individuals (84%) had low perceived barriers, as most of them were farm laborers and were unable to perform regular health checks.

Perceived barriers refer to an individual's beliefs regarding the obstacles encountered when adopting a particular behavior. A person will weigh the benefits and consequences of

Corresponding author: putunariasih500@gmail.com

behavior change, considering the perceived effectiveness of the action as well as the perception that the action may be costly, harmful (causing negative side effects), unpleasant (painful, difficult, or disruptive), uncomfortable, time-consuming, and so forth [17].

Self-Control in Patients with Type 2 Diabetes Mellitus in the Working Area of Puskesmas Tabanan III, 2025

Table 3.
Self-Control Among Patients with Type 2 Diabetes Mellitus in the Working Area of UPTD Puskesmas Tabanan III, 2025

Self-Control Level	f	(%)
Tall	57	44.5
Currently	55	43.0
Low	16	12.5
Amount	128	100%

Table 3 shows that, of the 128 respondents, the distribution of self-control levels was predominantly in the high category, with 57 respondents (44.5%), followed by 55 respondents (43.0%) with moderate self-control, and 16 respondents (12.5%) with low self-control.

This statement is in line with the study conducted by Tsani (2020), which reported that the level of self-control among patients with diabetes mellitus was generally high, with a prevalence of 35.8%. This was attributed to factors such as age, as well as both internal and external motivation, where patients demonstrated awareness of the importance of maintaining their health independently, including adherence to medication and recommended dietary practices. Similarly, Khuluqiyah and Satwika (2024) also emphasized that one of the internal factors influencing self-control is age. This study is also consistent with the findings of Rachmania et al. (2024) on Self-Control and Self-Management Skills (SCSMk) in patients with diabetes mellitus. The results showed that most respondents (73%) had self-control and self-management abilities in the 'moderate' category, while 12% were in the 'good' category and

Corresponding author: putunariasih500@gmail.com

15% in the 'poor' category. This indicates that many patients were able to observe, monitor, and regulate their own behaviors in the process of diabetes management, such as adhering to treatment instructions and maintaining a healthy lifestyle.

These findings differ from the study conducted by Veronica (2021), which reported that the majority of respondents had low levels of self-control, with 30 respondents (57.7%) categorized as such. This was attributed to several factors, including increasing age, as well as feelings of laziness and boredom in adhering to type 2 diabetes management. These results indicate that patients' self-regulation remains inadequate, and if this condition persists, patient non-adherence to blood glucose control in type 2 diabetes mellitus will likely worsen

In patients with diabetes mellitus, a high level of self-control plays an important role in maintaining blood glucose stability and reducing daily negative emotional fluctuations that may interfere with disease management [(20)]. Several factors that may influence the level of self-control include age, pubertal status, social support (such as from family), psychological stress, and recurrent negative emotional experiences. [(21)] . Therefore, psychosocial interventions focusing on enhancing emotional regulation and problem-solving skills are essential to support patients' self-control in the long term.

Application Of The Health Belief Model In Relationship To Self-Control Among Patients With Type 2 Diabetes Mellitus In The Working Area Of UPTD Puskesmas Tabanan III, 2025

Table 4.

Results of Spearman's Rank Correlation Analysis on the Relationship Between the Health Belief Model and Self-Control Among Patients with Type 2 Diabetes Mellitus in the Working Area of UPTD Puskesmas Tabanan III, 2025

Correlation	***n***	***p***	***r***
Risk Perception Self Control	128	0.041	0.181
Perception of Severity Self Control	128	0,000	0.402
Perceived Benefits	128	0,000	0.132

Corresponding author: putunariasih500@gmail.com

Self Control			
Perception of Barriers Self Control	128	0.235	0.106

Based on the bivariate analysis using Spearman's Rank correlation, the significance value was 0.041 ($p < 0.05$) with $r = 0.108$ for perceived susceptibility, 0.000 ($p < 0.05$) with $r = 0.402$ for perceived severity, and 0.000 ($p < 0.05$) with $r = 0.132$ for perceived benefits. This indicates that perceived susceptibility, perceived severity, and perceived benefits were significantly associated with self-control. Meanwhile, the significance value for perceived barriers was 0.235 ($p > 0.05$) with $r = 0.106$, showing that there was no significant relationship between perceived barriers and self-control among patients with type 2 diabetes mellitus in the working area of UPTD Puskesmas Tabanan III.

This statement is consistent with the findings of Tsani (2020), who investigated the relationship between the Health Belief Model and self-control among diabetes mellitus patients enrolled in the Prolanis program at UPTD Puskesmas Pesantren 1, Kediri. The study reported a significant positive relationship between the Health Belief Model and self-control, indicating that the higher the HBM score, the higher the level of self-control in patients with diabetes mellitus.

The study conducted by Bibi and Purawati (2024) also demonstrated a relationship between the Health Belief Model and medication adherence among patients with diabetes mellitus. The higher the Health Belief Model score, the greater the adherence of patients in taking their medications. Both studies highlight the important role of the Health Belief Model in influencing health behaviors among diabetes patients. The HBM provides a useful framework for understanding how individuals' health beliefs can shape their actions, including self-control.

This study contrasts with the findings of Andraini et al. (2022), which showed that among the six components of the Health Belief Model examined, only perceived severity had a significant relationship with medication adherence ($p < 0.05$), with 52% of respondents

Corresponding author: putunariasih500@gmail.com

categorized as having good perceived severity. Meanwhile, other components such as perceived susceptibility (56% good category), perceived benefits (64% good category), perceived barriers (60% low category), as well as self-efficacy and cues to action, did not demonstrate significant relationships with adherence ($p > 0.05$). These findings suggest that medication adherence was more strongly influenced by patients' awareness of the severity of the disease, whereas other components of the Health Belief Model did not play a significant role in shaping adherence behavior

The implications of this study indicate that the more positive an individual's perception of risk, disease severity, and the benefits of preventive actions, and the fewer barriers perceived, the greater their ability to control health-related behaviors. This finding suggests that accurate perceptions of health conditions can motivate patients to be more disciplined in adopting healthy lifestyles, such as maintaining dietary patterns, exercising regularly, adhering to medical treatment, and attending routine health check-ups.

Accordingly, the application of the Health Belief Model (HBM) in health education or counseling can assist patients in building greater awareness and responsibility for their condition, enhancing self-efficacy, and overcoming both psychological and practical barriers in diabetes management. These implications also provide guidance for healthcare professionals, particularly nurses, to develop structured educational interventions based on HBM components in order to improve patients' overall quality of life and reduce the risk of long-term complications associated with type 2 diabetes mellitus.

CONCLUSION

The findings of this study indicate that most patients with type 2 diabetes mellitus in the working area of UPTD Puskesmas Tabanan III had high levels of perceived susceptibility, perceived severity, perceived benefits, perceived barriers, and self-control. The application of the Health Belief Model showed a significant relationship between individuals' perceptions of susceptibility, severity, and benefits with self-control. However, perceived barriers were not

Corresponding author: putunariasih500@gmail.com

significantly associated with self-control among patients with type 2 diabetes mellitus in the working area of UPTD Puskesmas Tabanan III.

CONFLICT OF INTEREST

This research was not contained any conflict of interest from anywhere.

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REFERENCES

1. Galicia-garcia U, Benito-vicente A, Jebari S, Larrea-sebal A (2020). *Pathophysiology of Type 2 Diabetes Mellitus. Int J Mol Sci.* ;1–34. Available from: https://www.mdpi.com/journal/ijms/special_issue_flyer_pdf_v2/Diabetes_Metabolic m.
2. Safitri IN (2016). *Compliance of Type II Diabetes Mellitus Patients Reviewed from the Locus of Control* . Integr Clim Prot Cult Herit Asp Policy Dev Plans Free Hanseatic City Hamburg. ;26(4):1–37. Available from https://ejournal.umm.ac.id/index.php/jipt/article/view/1583
3. Noor S, Misdawati M (2024). *The Relationship between Self-Control of Blood Sugar and Type II Diabetes Mellitus Control Behavior in the Elderly at Kurau Community Health Center, Tanah Laut Regency* . Department of Health, Midwifery and Nursing. ;15(1):145–58. Available from https://ojs.dinamikakesehatan.unism.ac.id/index.php/dksm/article/view/923
4. IDF (2021). IDF Diabetes Atlas. Vol. 102, *Diabetes Research and Clinical Practice* e. 147–148 p. Available from https://www.clinicalkey.es/#!/browse/toc/1-s2.0 S0168822713X00130/null/journalIssue Accessed on (February 23, 2025)
5. Ministry of Health of the Republic of Indonesia (2022). *Indonesian Health Profile 2021.* Pusdatin.Kemenkes.Go.Id. Ministry of Health of the Republic of Indonesia.
6. Ministry of Health of the Republic of Indonesia (2023). *Indonesian Health Survey 2023.* Minist Heal. ;1–68. Available from https://www.badankebijakan.kemkes.go.id/hasil-ski-2023/ Accessed on (January 19, 2025).
7. Bali Provincial Health Office (2022). *Bali Provincial Health Profile 2021.* Sustain.;11(1):1–14. Available from: https://diskes.baliprov.go.id/profil-kesehatan-provinsi-bali/. Accessed on (January 20, 2025).
8. Bali Provincial Health Office (2022). *Bali Health Profile 2022.* Bali Provincial Health Office. Available from: https://diskes.baliprov.go.id/profil-kesehatan-provinsi-bali/. Accessed on (January 20, 2025).
9. Bali Provincial Health Office (2024). *Bali Provincial Health Profile* 2023. Bali Prov

Corresponding author: putunariasih500@gmail.com

Heal Serv.;1–367. Available from: https://diskes.baliprov.go.id/profil-kesehatan-provinsi-bali/. Accessed on (January 20, 2025).

10. Wahyuni H, Mustafavi F (2025). *Efforts to Solve Type 2 Diabetes Mellitus Problems in a 64-Year-Old Male Patient at the Kuta Makmur Community Health Center, North Aceh Regency.* ;3(4):34–43.
11. Veronica VP (2021). *The Relationship Between Blood Sugar Self-Control and Type II Diabetes Mellitus Control Behavior in the Elderly* . Media Husada J Nurs Sci. ;2(3):115–31. Available from https://mhjns.widyagamahusada.ac.id/index.php/mhjns/article/view/61
12. Nuari NA, Damayanti D (2024). *Health Coaching Intervention Based on Health Belief Model on Diet Compliance and Blood Sugar Levels of Diabetes Mellitus Patients* . ;6(2):51–8. Available from https://www.researchgate.net/publication/370633238_Health_Coaching_Pada_Pasien_Diabetes_Mellitus.
13. Salsabilla S, Erlina L, Hamzah A, Rohyadi Y (2024). *The Role of Health Locus of Control in Improving the Quality of Life of Type 2 Diabetes Mellitus Patients* . J Indonesian Nursing Florence Nightingale. ;4(1):57–65. Available from https://jurnal.polkesban.ac.id/index.php/jkifn/article/view/2170
14. Nuzula IF, Asmaningrum N, Afandi AT (2023). *Predictors of Behavior in Maintaining Blood Glucose Levels in Diabetes Mellitus Patients* : Health Perception Based on the Health Belief Model. Bali Med J. ;10(2):150–61. Available from https://doi.org/10.36376/bmj.v10i2.265
15. Fitriani Y, Pristianty L, Hermansyah A (2019). Adopting Health Belief Model Theory to Analyze the Compliance of Type 2 Diabetes Mellitus Patients When Using Insulin Injection. Pharm J Indones. ;16(02):167–77. Available from https://jurnalnasional.ump.ac.id/index.php/PHARMACY/article/view/5427
16. Bibi RE, Purwanti OS (2024). *Health belief model with medication adherence in diabetes mellitus patients* . ;18(6):749–55. Available from https://ejurnal.malahayati.ac.id/index.php/hjk/article/view/338.
17. Putri NCHP, Rahmawati, Maftukhin A (2024). *Overview of the Implementation of the HBM (Health Belief Model) Theory in the Fracture Handling Behavior of the Mbah Jajar Sukosewu Fracture* . Scientific Journal of Health. ;4(1):5–13.
18. Tsani F (2020). *The Relationship between Health Belief Model and Self-Control in Diabetes Mellitus Patients Under the Prolansis Program at the Pesantren 1 Health Center, Kediri City* . Kaos GL Derg.;8(75):147–54. Available from https://etheses.iainkediri.ac.id/3448/
19. Khuluqiyah B, Satwika YW. (2024) *The Relationship of Self Control with FoMO in Middle Teenagers Social Media Active Users* . Character J Psychol Researcher;11(02):1049–66. Available from https://ejournal.unesa.ac.id/index.php/character/article/view/60300

Corresponding author: putunariasih500@gmail.com

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4408 (Online)
https://ejournal.poltekkes-denpasar.ac.id/index.php/icmahs

2 0. Duckworth AL, Kim B, Tsukayama E (2023). Life stress impairs self-control in early adolescence. Front Psychol. ;3(JAN).

Corresponding author: putunariasih500@gmail.com