Relationship of gender differences with social support, emotional behavioral problems and self-esteem in adolescents

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Abstract

Objective: Present study was conducted to find out gender differences in the relationship between social support, emotional behavioral disturbances and self-esteem among adolescents.

Method: The sample was collected from secondary schools of Islamabad with the permission of school authorities. It consisted of 100 girls and 100 boys i.e., the total sample consisted of 200 adolescents. The age range was 11 to 18 years. The instruments used for present study were self-esteem scale, social support scale and emotional behavioral disturbance scale.

Results: All the scales including self-esteem, social support and emotional behavioral problem scales have high alpha coefficient of reliability. The subscales of social support i.e. appraisal support, belonging support, tangible support and that of emotional behavioral problem scale i.e. physical threat, social threat and personal failure also show moderate reliability. This shows that the instruments have good internal consistency. Self-esteem has a negative correlation with emotional behavioral problems, also the social support has a significant negative correlation with emotional behavioral problems. Self-esteem and Social support is positively correlated but the relation is not significant. The results also suggest that females have high emotional behavioral disturbances, high social support, and low self-esteem than males.

Conclusion: It was found that social support is negatively associated with emotional behavioral problems among adolescents and also that the self-esteem is negatively correlated with the emotional behavioral problems among the adolescents. Females have more score on social support and emotional behavioral disturbances but lower score on self-esteem scale than male adolescents.

Adolescence starts at the age of 12 and ends at the age of 18 years. It is considered that adolescence is a time when one’s struggle for exploring reasons for one’s own behavior dominates all other things and rapid changes during this phase can have an effect on self-esteem, changing gender based roles, and multifaceted relations. Researchers have tried to work out the connection between adolescent’s maltreatment and harmful behavioral and emotional maturity in adolescence. Research demonstrated that adolescent girls who had high parental security feelings had low emotional autonomy and high level of self-esteem [1].

With growing interest and expanded knowledge, child and adolescents’ psychopathology received serious attention in the last 20-30 years. Number of stressors experienced by adolescents increase rapidly during middle to late adolescence and due to these stressors most of the behavioral problems might arise in adolescence [2]. If emotional and behavioral problems remain unidentified or untreated, these may have long lasting impact on various areas of functioning of child’s life but also the families and society at large. During the critical period of childhood, a child may face many pressures; social and emotional demands may place children and adolescents at greater risk for developing some problems [3].

Emotional-behavioral Problems

An emotional and behavioral disturbance is characterized by inability to build or maintain satisfactory interpersonal relationship, inability to learn which cannot be adequately explained by intellectual, sensory or health factors, consistent inappropriate type of behavior or feelings under normal conditions, displayed pervasive mood of unhappiness or depression and displayed tendency to develop physical symptoms, pains or unreasonable fears associated with personal or school problems. Emotional Disturbance is characterized by behavioral or emotional responses in school so different from appropriate age, cultural, or ethnic norms and affect educational performance [4].

Psychodynamic model

The model was proposed by Freud [5]. The definition for the psychodynamic model considers the emotionally disturbed child to be so halted in satisfaction of his needs for safety, affection, acceptance and self-esteem that they are unable intellectually to function efficiently, cannot adapt to reasonable requirements of social regulation and conventional, or is so plagued with inner conflict, anxiety, and guilt that they are unable to perceive reality clearly or meet the ordinary demands of the environment in which they live [5].

Social support

Social support is a feedback provided via contact with similar and valued peers. Support systems help the individual mobilize his psychological resources and master his psychological, emotional burdens; they share his task; and they supply him with extra supplies of money, material, tools, skills, and cognitive guidance to improve his handling of his situation [6].

Another definition of social support holds that social support is feedback from a primary group that is health protective during times of stress. Social support can also be associated with how networking helps people cope with stressful events, which enhances psycho-social wellbeing. This support can come from many sources such as family, friends, neighbors, co-workers’ organizations etc.

Types of social support. There are four common functions of social support. Emotional support is the offering of empathy, concern, affection, love, trust, acceptance, intimacy, encouragement, or caring. It is the warmth and nurturance provided by sources of social support. Providing emotional support can let the individual know that he or she is valued. It is also referred to as “esteem support” or “appraisal support.” Tangible support is the provision of financial assistance, material goods, or services. Also called instrumental support, this form of social support encompasses the concrete, direct ways people assist others. Informational support is the provision of advice, guidance, suggestions, or useful information to someone. This type of information has the potential to help others problem-solve. Companionship support is the type of support that gives someone a sense of social belonging (and is also called belonging). This can be seen as the presence of companions to engage in shared social activities.

Social learning theory. In social learning theory, Bandura [7] states that behavior is learned from the environment through the process of observational learning. The social environment is the context in which people observe new behavior and evaluate the implications directly or vicariously of new behavior. Social learning theory also talks about the reinforcement. Reinforcement can be external or internal and can be positive or negative. Another important term coined by social learning theory is identification. Identification is different to imitation as it may involve a number of behaviors being adopted whereas imitation usually involves copying a single behavior.

Diffusion of Innovation Theory. It is expressed by Rogers [8] in his publication “Diffusion of Innovations”. It proposed that data communication and information flow within groups that share common characteristics that act as characteristics of change agent. According to this theory earlier adopting individual tend not to be different in age, but to have more years of education, higher social status and upward social mobility, be in larger organization, have greater empathy, less dogmatism, a greater ability to deal with abstraction, greater rationality, greater intelligence, greater ability to cope with uncertainty and risk, higher aspirations, more contact with other people greater explore to both mass media and interpersonal communications channels and engage in more active information seeking.

Relationship between emotional-behavioral disturbances and social support

Zimet, Dahlem, Zimet, and Farley [9] reported a significant negative relationship of perceived support from the friends to depression. They found that Chinese adolescents with elevated depressive symptoms and behavioral problems were found to suffer from low self-competence and depleted social support, which in turn can lead to isolation, substance abuse, somatic complaints and suicidal ideation.

Self-esteem

Self-esteem incorporates all the ideas we have about ourselves and what we think others think of us. It reflects a person’s overall evaluation or appraisal of his or her own self-worth. Our earliest experiences are internalized; they become part of who we are and how we interact with others. These early patterns set the stage for all the things we have to deal with for the rest of our lives. Therefore, we can recognize the importance of laying down the foundations and the structures to develop a healthy...
self-esteem, to enable us to move through life with a fluidity and ease. Self-esteem is the personal judgement of worthiness that is expressed in the attitudes the individual holds towards himself [10].

**Relationship between emotional-behavioral disturbances and self-esteem**

A study [11] showed a significant relationship between internalizing problems (such as anxiousness, withdrawal, feeling of rejection and somatic problems) and low self-esteem. The role of personal and familiar factors in emotional behavioral problems was highlighted. This also supported both of our hypothesis that were accepted on the basis of the results shown by correlation.

**Gender differences in emotional-behavioral disturbances**

Zimet, Dahlem, Zimet, and Farley [9] found that men reported fewer emotional behavioral disturbances than women. In a study conducted by National institute of mental health, it had been concluded that females are much more likely than males to develop anxiety and eating disorder due to emotional disturbances than males [12].

**Gender differences in social support**

According to the research conducted by [13], males perceived significantly higher social support from friends than females whereas support from significant others was higher in females. Taylor suggested that females have a natural tendency to turn to the social group in times of stress. She appropriately called this pattern the “tend and befriend response” to stress by females [14]. Gender Differences in Self-esteem

A robust finding to emerge from this literature is a significant gender gap such that males tend to report higher levels of self-esteem than females do. There is a significant gender gap such that males tend to report higher levels of self-esteem than females do. This gender gap emerges in adolescence [15].

**Rationale of the study**

Very few systematic studies have been carried out in Pakistan to address this crucial and important issue of the relation between social support, self-esteem and emotional-behavioral problems and the related possible gender differences among adolescents.

The aim of the present study is to find out relationship of social support with emotional behavioral problems and self-esteem along with the gender differences among the adolescents. It also highlights the important definitions of emotional-behavioral problems, self-esteem and the social support. In past many researches, studies and surveys are done to determine the role of society on the emotional-behavioral disturbances and self-esteem of both children and adolescents. But the core focus of the present research is to find out the relationship of gender differences with social support, self-esteem and emotion-behavioral problems in adolescents and how all these variables are interrelated with one another.

**Methods**

**Objectives**

First objective of this study is to find out relationship between emotional behavioral disturbances, social support, and self-esteem among adolescents.

Second objective of this study is to explore gender differences in emotional behavioral disturbances, social support, and self-esteem among adolescents.

**Hypothesis**

Social support is negatively correlated with emotional-behavioral disturbances among adolescents.

Social support is positively correlated with self-esteem among adolescents.

Self-esteem is negatively correlated with emotional-behavioral disturbances among adolescents.

Females have high emotional behavioral disturbances, high social support, and low self-esteem than males.

**Sample**

To find out relation of self-esteem, social support and emotional problems among male and female adolescent’s overall sample was collected from secondary schools of Islamabad with the permission of school authorities. It consisted of 100 girls and 100 boys i.e., the total sample consisted of 200 adolescents. The age range was 11 to 18 years. Participants provided demographic information including gender, age, family system and income of family.

**Instruments**

Self-esteem Scale. This scale was first developed by Rosenberg [16]. 10 items are answered on a four-point scale ranging from strongly agree to strongly disagree. Test-retest correlations are typically in the range of 0.82 to 0.88 and Cronbach's alpha for various samples are in the range of 0.77 to 0.88. Items 2, 5, 6, 8, and 9 are reverse-scored.

Social Support Scale. This is 12-items measure of perceptions of social support developed by Cohen et al. [17]. This questionnaire has three different subscales designed to measure three dimensions of perceived social support including appraisal Support, belonging Support, and tangible Support. Each dimension is measured by 4 items on a 4-point scale ranging from “Definitely True” to “Definitely False”. Items 1, 2, 7, 8, 11, 12 are reverse scored. Items 2, 4, 6, 11 make up the Appraisal Support Subscale; Items 1, 5, 7, 9 make up the Belonging Support Subscale; and Items, 3, 8, 10, 12 make up the Tangible Support subscale.

Emotional Behavioral Disturbance Scale. This scale was first developed by Schniering & Rapee, [18]. Each subscale is scored by summing up the relevant responses (from 0 and 4). There are 40 items in the scale. EBD scale is comprised of three parts, i.e.; Physical Threat (items 4, 7, 9, 12, 16, 20, 24, 33, 36, 39); Social Threat (items 1, 6, 8, 14, 18, 21, 25, 29, 31, 32); and Personal Failure (items 2, 3, 5, 10, 11, 13, 15, 17, 19, 22, 23, 26, 27, 28, 30, 34, 35, 37, 38 and 40).

**Operational definitions**

Self-esteem. Self-esteem reflects a person’s overall subjective emotional evaluation of his or her own worth. It is a judgment of oneself as well as an attitude toward the self. For the present study, higher scores on Rosenberg Self-esteem Scale represent higher levels of self-esteem.

Social Support. Social support is the perception and actuality that one is cared for, has assistance available from other people, and that one is part of a supportive social network. In the pres-
ent research, high scores on Social Support Scale represent high social support while low scores will show the low social support among adolescents.

Emotional-Behavioral Disturbances. An emotional and behavioral disturbance is an emotional disability characterized by an inability to build or maintain satisfactory interpersonal relationships with peers and/or teachers. For the present study, high scores on EBD scale indicates high level of emotional and behavioral disturbances and vice versa.

Procedure

Sample was approached with the permission of school authorities and with the consent of adolescent’s themselves. Firstly they were informed about the nature and purpose of the study. Other ethics were also taken into account i.e. adolescents were assured of confidentiality and privacy. They also had the right to withdraw from the research at any time. The research began by giving the participants a brief introduction and the necessary instructions to fill the questionnaire.

Results

Table 1 shows descriptive statistics for all the variables involved in the present study i.e. self-esteem, social support and emotional behavioral problems. Mean (M) indicates the average score of each instrument for the present sample (N=200). Standard Deviation (S.D) indicates the deviations in the scores for each instrument. Self-esteem scale was used to assess the level of self-esteem among adolescents. Social support scale was used to assess social support among adolescents. Appraisal support, belonging support and tangible support are the sub-scales of social support scale. Emotional behavioral problem scale was used to assess emotional behavioral problems among adolescents. Physical threat, social threat and personal failure are the sub scale of this scale.

Table 2 shows that all the scale including self-esteem, social support and emotional behavioral problem scales have high alpha coefficient of reliability. The subscales of social support i.e. appraisal support, belonging support, tangible support and that of emotional behavioral problem scale i.e. physical threat, social threat and personal failure also show moderate reliability. This shows that the instruments have good internal consistency.

Table 3 shows that self-esteem has a negative correlation with emotional behavioral problems, also the social support has a significant negative correlation with emotional behavioral problems. Self-esteem and Social support is positively correlated but the relation is not significant.

Table 4 shows that EBD, Social Support and Self-Esteem are all significantly affected by gender as p<0.05. This supports the hypothesis 4, i.e. ‘Females have high emotional behavioral disturbances, high social support, and low self-esteem than males’.

Discussion

The purpose of present study is to find the relationship between self-esteem, social support and behavioral disturbances among adolescents and how these three variables are interrelated. The instruments of the study showed appropriate internal consistency.

Table 3 shows that there is a negative correlation among social support and emotional behavioral problems. This supports first hypothesis that “social support is negatively correlated with emotional problems among adolescents” and the results are supported by the previous research, adding more evidence in this discipline such as Roth and Cohen [19] addressed several coping strategic regarding emotional appraisal, problem solving and seeking social support. They found a significant negative correlation between the coping strategic and the emotional behavioral problems.

Table 3 also shows that there is a negative correlation between self-esteem and the emotional behavioral problems, supporting our hypothesis that “self-esteem is negatively correlated with emotional behavioral problems among adolescents” and the research findings are supported by the previous research evidencing the discipline [20]. The findings show that low self-esteem has been shown to be correlated with a number of negative outcomes, such as depression and other emotional behavioral problems among the teenagers.

Table 4 show the gender difference in Social Support, EBD and Self-esteem. Females have more score on Social Support and Emotional Behavioral Disturbances but lower score on self-esteem scale than male adolescents. This supports our hypothesis that ‘Females have high emotional behavioral disturbances and low self-esteem than males’. Research has found that men reported fewer emotional behavioral disturbances than women [9].

Limitations and suggestions

The limitations of the study may include its small sample size. For further studies larger sample should be taken so that the results become generalized.

Purposive and convenience sampling techniques were used for the selections of sample for more generalized results, random sampling may be used.

Implications of present study

This study has developed insight regarding the impact of self-esteem support on emotional behavioral problems among adolescents.

Tables

| Table 1: Descriptive Statistics for all variables in N=200. |
|-----------------|-----|-----|
| **Scales**      | **M** | **SD** |
| Self-esteem     | 17.6 | 4.28 |
| Appraisal support | 8.5  | 2.81 |
| Belonging support | 7.13 | 2.64 |
| Tangible support | 8.14 | 2.6  |
| Social support  | 23.77 | 5.98 |
| Physical threat | 8.46  | 6.47 |
| Social threat   | 8.19  | 6.55 |
| Personal failure | 21.81 | 10.07 |
| Emotional-Behavioral Problems | 38.37 | 20.96 |
Table 2: Alpha Co-efficient for all Instruments (N=200).

<table>
<thead>
<tr>
<th>Scales</th>
<th>Subscales</th>
<th>No. of items</th>
<th>alpha</th>
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</thead>
<tbody>
<tr>
<td>Self-esteem</td>
<td></td>
<td>10</td>
<td>0.6</td>
</tr>
<tr>
<td>Social Support</td>
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<td>12</td>
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<td>Appraisal support</td>
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<tr>
<td>Belongingness support</td>
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<td>0.42</td>
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<tr>
<td>Tangible support</td>
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<td>4</td>
<td>0.4</td>
</tr>
<tr>
<td>Emotional Behavioral Problems</td>
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<td>40</td>
<td>0.9</td>
</tr>
<tr>
<td>Physical threat</td>
<td></td>
<td>10</td>
<td>0.77</td>
</tr>
<tr>
<td>Social threat</td>
<td></td>
<td>10</td>
<td>0.82</td>
</tr>
<tr>
<td>Personal failure</td>
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<td>20</td>
<td>0.76</td>
</tr>
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</table>

Table 3: Inter-scale correlations between the study variables (N=200).

<table>
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<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 SE</td>
<td>-</td>
<td>0.10</td>
<td>0.14</td>
<td>0.11</td>
<td>0.15**</td>
<td>-0.14</td>
<td>-0.17**</td>
<td>-0.21**</td>
<td>-0.16**</td>
</tr>
<tr>
<td>2 ASS</td>
<td>-</td>
<td>-</td>
<td>0.38**</td>
<td>0.038**</td>
<td>0.80**</td>
<td>-0.20**</td>
<td>-0.26**</td>
<td>-0.20**</td>
<td>-0.23**</td>
</tr>
<tr>
<td>3 BSS</td>
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<td>-</td>
<td>-</td>
<td>0.22**</td>
<td>0.72**</td>
<td>-0.16**</td>
<td>-0.24**</td>
<td>-0.17**</td>
<td>-0.23**</td>
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<tr>
<td>4 TSS</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0.71**</td>
<td>-0.19**</td>
<td>-0.21**</td>
<td>-0.16**</td>
<td>-0.20**</td>
</tr>
<tr>
<td>5 SST</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-0.25**</td>
<td>-0.32**</td>
<td>-0.24**</td>
<td>-0.29**</td>
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<tr>
<td>6 PT</td>
<td>-</td>
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<td>-</td>
<td>-0.65**</td>
<td>0.73**</td>
<td>-0.86**</td>
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<td>7 ST</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-0.79**</td>
<td>-0.89**</td>
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<tr>
<td>8 PF</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-0.95**</td>
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<tr>
<td>9 EBD</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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</table>

Table 4: Inter-scale correlations between the study variables (N=200).

<table>
<thead>
<tr>
<th>Variables</th>
<th>M</th>
<th>SD</th>
<th>Males N=100</th>
<th>Males SD</th>
<th>Females N=100</th>
<th>Females SD</th>
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</thead>
<tbody>
<tr>
<td>Social Support</td>
<td>30</td>
<td>4.5</td>
<td>33</td>
<td>4.93</td>
<td>-4.507 (198)</td>
<td>0.292</td>
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<tr>
<td>Emotional Behavioral</td>
<td>45</td>
<td>27</td>
<td>47</td>
<td>17</td>
<td>-0.402 (197)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Disturbances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Esteem</td>
<td>41</td>
<td>8.5</td>
<td>36</td>
<td>9.5</td>
<td>-0.387 (198)</td>
<td>0.04</td>
<td></td>
</tr>
</tbody>
</table>

Conclusion

It was found that social support is negatively associated with emotional behavioral problems among adolescents and also that the self-esteem is negatively correlated with the emotional behavioral problems among the adolescents. Females have more score on social support and emotional behavioral disturbances but lower score on self-esteem scale than male adolescents.

References

8. Rogers EM. ‘Diffusion of Innovations’ The Free Press, New York,


