

## Predictive Relationship among Perceived Parental Efficacy, Bullying Victimization and Depressive Symptoms in Adolescents

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### Abstract

Adolescence is a distinct stage of the developmental life cycle in humans (Elliot & Feldman, 1990; Spear 2000). It reflects many changes physically, socially, emotionally and cognitively. Studies defined adolescent's period from age 10 to 18 years (Curtis, 2015). The role of parenting in this age has a vigorous impact on their mental health and to deal with the challenges of bullying in their life (Jaworska, 2015). Therefore, the present study was conducted to understand the relationship of parental efficacy with bullying victimization and depressive symptoms in adolescents.

The study investigated parental efficacy among a stratified random sample of N=309 school children (Boys=153 and Girl=159)) with the age range of 12 to 18 years (M=14.06) (SD=4.41) participated in the study. The study results revealed that emotional bullying is the positive predictor of depressive symptoms in adolescents. On the contrary, gender of boys, students of class 10th and awareness of parents is the negative predictor against depressive symptoms. Implications of this study from the perspective of adolescents are discussed.

**Keywords:** adolescents, perceived parental efficacy, bullying victimization, depressive symptoms, emotional bullying

Adolescents are the individuals who pass through the road of maturity of a different level with having past experiences and progressing to adulthood (Christie, & Viner, 2005). Glance of past and future influencing the individual current level of biological maturity, psychological or emotional shifts and social context especially school environment (Jaworska, & MacQueen, 2015). The phase of adolescence starts from 10 to 19 years of age. The adolescent is the stage of rapid change and growing phase as they faced major changes in hormones, emotional shift and also the interpersonal influence of peers and age mates (Van LoonCreemers, Vogelaar, Saab, Miers, Westenberg, & Asscher, 2019).

In societies, especially Asian countries, Family is the major influencer of the adolescent for the social activities and learning (Tian, Liu, & Shan, 2018). Family elders most importantly parents influence the children, they respected and valued in the family based on their superiority and life experiences (Pong, Johnston, & Chen, 2010). Whereas, the parents are responsible for their lifestyle choices and freedom of their decisions (Dhami, & Sheikh, 2000). Parents with authoritarian parenting style had a more positive impact on both genders and those adolescents who were given the freedom of choice and support, monitored their activity that were protective against destructive behaviours (Hoskins, 2014). Positive parenting is always a source of support for adjustment in society for children to deal with psychosocial issues. The emotional warmth and support by their parents had more psychological adjustment to more fit in society, to protect from the violent behaviour, and caused high self-esteem,

lower rate of anxiety and depression (Jaureguizar, Bernaras, Bully, & Garaigordobil, 2018). Parents' inclination for children betterment, communication between parents and children, and keep on check on their actions reduce the risky behaviour of delinquency, and also minimize the drug abuse. The older adolescent involved in more of these risky behaviours when parents used to enforce more rule on them (Fagan, Van Horn, Antaramian, & Hawkins, 2011).

Parental efficacy is parenting in which parents perform their duties towards children well, observe their actions and perform their parental responsibility effectively. The parent's involvement in their children activities helps them to well-adjusted in different circumstances, peer influences and also enhance their academic abilities (Shumow, & Lomax, 2002). The parent involvement and interest toward children likes or dislikes to have realistic expectation for the children achievement can reduce the impact of socioeconomic status on them (Guo, Lv, Zhou, Liu, Liu, Jiang, & Luo, 2018). Parents who performed their duties with competence and showed more interest in their children academic activities enhanced their competence and self-efficacy in studies and also instigated skill building (Lynch, 2002). Parents and also peers had also influence on the decision making of the adolescent and inspired the adolescent's power of decision making and prosocial behaviour (Goodrich, & Mangleburg, 2010). The support, warmth and care given by the parents to their children was negatively associated with depression, risk-taking behaviour and internalizing problem including aggression and losing control (Liu, Wang, & Tian, 2019). Moreover, children become more socially mature, have self-control, accept the challenges and motivated in studies than strict or neglected parental attitude toward adolescents (Matejevic, Jovanovic, & Lazarevic, 2014). On the contrary, Adolescent externalizing and rule breaking behaviour caused parental distress and lower efficacy that influence their marital satisfaction (Moore, & Buehler, 2011). Excessive control or over-involvement and monitoring on the adolescents may hinder their independence and trigger the distress in adolescents (Emerson, Ogielka, & Rowse, 2019). The parents with low warmth, care and acceptance impact the individual social imposition negatively as poor school performance, an adjustment in school, and- self-esteem that enhance the bullying victimization (Martínez, Murgui, Garcia, & Garcia, 2018).

Bullying is an act that individual purposely, aggressively and continually intended to harm others on the basis of dominance to gain power and control on others (Hellström, Persson, & Hagquist, 2015). Verbal, relational (emotional) and physical bullying are three types of bullying. Cyberbullying is a new term introduced. The finding reported that 11 to 14 years age is at the highest of bullying. The boys more physically bullied and girls showed the more indirect (emotional) type of bullying. The verbal bullying is equally common in both boys and girls (Smith, 2016). Relational bullying is an indirect kind of bullying because bullies sometimes not aware of the bully who victimized them through rumours and gossips or it can also be done through cyber resources (Shetgiri, 2013; Silva, Pereira, Mendonça, Nunes, & de Oliveira, 2013). The adolescent faced the bullying experienced the adverse outcomes in terms of psychosocial, emotional, behavioural and psychosomatic complaints. The parental attitude helped to tackle the problem through communication to enhance the confidence and resilience in adolescents (Elledge, Smith, Kilpatrick, McClain, & Moore, 2018). The adolescent with bullying victimization had harmful consequences on their mental health as they become vulnerable to low self-esteem, low satisfaction, poor academic performance, posttraumatic stress disorder and self-harming behaviour or suicide. The children become the victims not only at school but also at home Chan, & Wong, (2015).

The depressive symptoms do not occur directly because of bullying victimization. The quality of parent and child relation is also a predisposing factor of the problem (Malm, & Henrich, 2019). The bullying behaviour reinforced by the outside forces especially the peers played a major role to enhance it. As the victim of bullying also vulnerable to become the bully in later life (Zych, Viejo, Vila, & Farrington, 2019). Bullying had not only short-term outcomes but also influenced the long-term psychological wellbeing adversely. As adolescent health, interpersonal relation, self-mutilating, suicide, job satisfaction, depression and academic activities in later ages (Wolke, & Lereya, 2015; Moore, Norman, Suetani, Thomas, Sly, & Scott, 2017). According to the World Health Organization (WHO), the depression is exceeding like a virus and it leads to suicidal attempts. The ratio of suicide is from age 15 to 29 that is the second largest cause of death (World Health Organization, 2017). Another finding reported that 11 to 14 years age is at highest risk of bullying. (Smith, 2016). The prevalence rate of the bullying victimization in girls 94% and in boys 85% that were students of middle school (Naveed, Waqas, Aedma, Afzaal, T., & Majeed, 2019).

The biological, psychological and social factors are the root cause of depressive symptoms included parental neglecting attitude, family conflicts, peer victimization and lower socio economic status (Wartberg, Kriston, & Thomasius, 2018; Magklara, Bellos, Niakas, Stylianidis, Kolaitis, Mavreas, & Skapinakis, 2015). The mental health and wellbeing are a major determinant of any nation. In Pakistan, different factors contribute to the well-being. Parental encouraging behaviour has a positive influence on adolescents' mental health more satisfactory (Khalid, Qadir, Chan, & Schwannauer, 2018). The children faced the somatic symptoms displayed in shouting, or crying and the girls experience the depressive symptoms in puberty more (Mullen, 2018). The depressive symptoms manifest in form of excessive sleep or too less sleep, weight gain or reduction in weight, unable to pay enough attention on a task, feeling of guilt, tiredness, and low energy, frequent thoughts of death, suicidal ideation or suicide attempts. It impacts the individual social, personal, mental and behavioural functioning in a negative manner (Bernaras, Jaureguizar, & Garaigordobil, 2019). When the parents are less involved and unaware of the adolescent's activity then they involved in peer and friendships compensatory to release their tension (Cleveland, Feinberg, Osgood, & Moody, 2012). The parent-child communication enhances the bonding between them. It is a protective factor to deal with mental health issue (depression) parent provided their children support in difficult situation (Liem, Cavell, & Lustig, 2010). The above-mentioned findings helped to find the connection in the perceived parental efficacy. The essence of the study laid the foundation that the perceived parental efficacy is the protective factor against the bullying target and depressive symptoms.

### **Rationale of the Study**

The adolescent experienced physiological, hormonal changes that bring the psychosocial influences. The perceived parental efficacy is the major determinant on the mental health of adolescent. According to the literature review, there was little evidence find out for perceived parental efficacy that made the study novel. Hence, bullying is another critical issue in the school surrounding that made the children environment unhealthy and had disastrous consequence not only faced the individual single hand but also the people in society. The most prevalent problem which is needed to address is depressive symptoms in adolescents because of different circumstances faced by them. The reports distinguished that depression is prevailing and will become the second larger cause of mental health issue which exemplify that it needed to eradicate as soon as possible before developing it into a disorder. The adolescents are more vulnerable to psychological illness and it must be considered alarming in Pakistani culture. The rationale of this study is that parental efficacy must be highlighted in order to protect the children psychological illness and also make them socially compatible, confident against bullying and made them mentally healthy as well to eliminate the depression like symptoms.

### **Main Hypotheses**

- Perceived Positive Parental Efficacy is negatively associated with bullying victimization and depressive Symptoms in Adolescents.
- Perceived parental efficacy, emotional, verbal and physical bullying and demographic variable (gender) is the significant predictor of depressive symptoms in adolescents.
- Adolescents girls are more likely to experience the depressive symptoms, emotional and verbal bullying as compare to adolescents' boys.

### **Method**

#### **Participants**

Stratified random sampling was selected in this study which is the random sampling techniques. The stratas are the group of representative samples that helped to obtain the target population data properly (Elfil, & Negida, 2017). The target population was selected from the Government schools of boys and girls. The adolescents from grade 8<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> were selected. The age range of the students were 12-18 years. Total of 309 samples were selected for the collection of data. The stratified sample technique was used in the study. Further 309 population was divided into two strata of boys and girls. The 2 girls' Government schools were selected for the data collection. The strata of girls consisted of 156. The classes of 8<sup>th</sup> 9<sup>th</sup> and 10<sup>th</sup> was divided into 3 strata's. After the collection of data, the two boys' schools were selected for the data collection on the basis of permission granted for study. The boys' total sample was 153. The data was discarded as there were some wrong responses in the Performa's

and unfilled information and total 11 Performa's discarded to make the research refine. In these research techniques, the boys and girls of 8<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> from age 12 to 18 were added and the participant above or below 12 to 18 age were excluded from the study or adolescents/participants from the private school sector. Moreover, the participants those both parents were alive were added in the study as they demographic Performa and Perceived Parental Efficacy scale have the detail regarding parents and compulsory to mention in the Performa.

## Measures

**Perceived parental efficacy for adolescents.** The scale consists of 35 Items that consists of three factors included F1 Freedom of Choice, F2 Care or Nurturance, and F3 Awareness. The indigenous scale was developed by Sana Fatima and Ayesha Jabeen. The scale had of 4 points Likert scored 0-3 on the option of "Not at all, Rarely, Often and a lot". The scale had .82 reliability that showed the high internal consistency of items (Fatima & Jabeen, 2017).

**Bullying victimization scale for adolescents.** The indigenous cultural appropriate measure was utilized in the study. The scale consists of 32 items that included 3 factors of emotional bullying, verbal and physical bullying. The Urdu version scale was developed by Siham Amjad and Sadia Saleem. The age range of this scale is 12-18 years of age. The scale was scored 0-3 and the scoring options were "not at all (0), sometimes (1), often (2) and a lot (3). The scale had .091 Cronbach alpha value that showed the higher internal consistency and reliability of scale (Amjad & Saleem, 2014).

**Self -reported depressive symptomatology in adolescents.** The test was developed by Sadia Saleem, Tooba Khalid and Zahid Mahmood in 2014. The test is consisting of 27 items that measure 4 factors included Sadness, Indecisiveness, Irritability, And Psychosomatics among adolescents. It was also indigenous scale for age 12 to 18 years for adolescents used according to the culture context. The 4-point Likert scale was used score 0-3 and the options were Not at all, rarely, sometimes, and often for responses. The scale has quite high test-retest reliability  $r=.89$  (Saleem, Khalid and Mahmood, 2014).

**Demographic information sheet.** A Performa related to the participant information was used that comprised of the participant's age, gender, class, no of sibling, institution (government), family system, Parents education and occupation.

## Procedure

Initially, the permission was granted from the institution of Clinical Psychology University of management and technology, Lahore. The school's authorities were ensured their privacy, the informed consent was taken from the institution and participants for their willingness to attend the study. The participants were instructed about the research and gave them the right to withdraw from the research whenever they wanted to leave the research. In the end, the participants were debriefed about research importance and their role in the research. The participants were express gratitude and appreciated their participation.

The permission letter was shown to the authority to ensure them the research is merely for educational purpose. Two government girls and two boys' school were selected for the data selection. The stratified random sampling was used to collect the data and made 3 strata's that was constituted of each group of 8<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> class boys. The informed consent was taken from the participant then the data collection was proceeded. The instruction was given to the participant in Urdu about the protocol to fill it carefully. The adolescents also describe about the items of scale in case of difficulty to understand the meaning. The data was collected from one strata at a time. Average total of 50 was used by the participants to fill the protocol. Total 20 to 25 minutes were given to administer the tool.

## Results

Table 1

*Inter-Factor Correlation, Perceived Parental Efficacy Scale (PE), Bullying Victimization (BV), and Depressive Symptoms (DS) of Adolescent (N= 309).*

Factors	PE_F1	PE_F2	PE_F3	BV_F1	BV_F2	BV_F3	DS_F1	DS_F2	DS_F3	DS_F4
PE_F1Freedom of Choice	---	.46***	.31**	-.49***	-.34***	-.43***	.001	.02	.01	.06
PE_F2Care/Nurturance	---	---	.41***	-.091	-.052	-.073	-0.06	-.08	-.07	-.009
PE_F3	---	---	---	-.17**	-.13*	-.15**	-.14**	-.18***	-.19***	-.10
BV_F1Emotional Bullying	---	---	---	---	.87***	.75***	.43***	.27**	.40***	.38***
BV_F2Verbal Bullying	---	---	---	---	---	.71***	.35***	.23**	.36***	.32***
BV_F3Physical Bullying	---	---	---	---	---	---	.36***	.20*	.34***	.34***
DS_F1 Sadness	---	---	---	---	---	---	---	.60***	.60***	.57***
DS_F2Indecisiveness	---	---	---	---	---	---	---	---	.54***	.50***
DS_F3Irritation	---	---	---	---	---	---	---	---	---	.55***
DS_F4Somatic	---	---	---	---	---	---	---	---	---	---
Mean	24.14	25.15	20.66	4.97	5.08	2.79	6.19	8.18	5.76	7.80
SD	4.07	3.62	3.64	5.25	5.85	3.15	4.50	3.96	3.50	3.85

Note: PE= Perceived Parental Efficacy. BV= Bullying Victimization. DS= Depressive Symptoms. \* $p<0.05$ . \*\* $p<0.01$  \*\*\* $p<0.001$ .

The table 1 showed the correlation of variables. The factor 1 of perceived parental efficacy is Freedom of Choice and it showed the positive correlation with the other two factors Care/Nurturance and Awareness of Perceived Parental Efficacy. The Freedom of Choice had negative correlation with all three variables of Bullying Victimization Emotional, Verbal and Physical Bullying factors. It had the non-significant relationship with Sadness and Irritability and no significant relation was found with Indecisiveness and Somatic symptoms.

Freedom of choice is positively correlated with the Care/ Nurturance and Awareness Factors of Perceived Parental Efficacy which depict that adolescent who get the freedom of choice and provided Care and Parents aware of their children activity enhance the Positive perception about their Parental Efficacy.

The Care/Nurturance factor was highly positively correlated with Awareness factors. It showed that more children provided with Care, the more Parent has awareness about their children. The Care/Nurturance had negative correlation with the all factors of Bullying Victimization and Depressive Symptoms. The more parents provided them care and brought them up, it protects their children from emotional, verbal and physical bullying and keep them protect them from depressive symptoms.

Awareness factor was negatively correlated with all three factors of bullying victimization, emotional, verbal and physical bullying. Awareness was also significantly negative correlated with depressive symptoms factors of indecisiveness, and highly correlated with indecisiveness and Irritation factors. There was no significant relationship was found with somatic factor and awareness. The Awareness factors also depict the highly negative correlation with Emotional, Verbal, and Physical Bullying Victimization and with all Depressive Symptoms (Sadness, Irritability, Indecisiveness and Somatic symptoms). The awareness of parents is protective against bullying and depressive symptoms in adolescents.

Emotional bullying had a significant highly positive correlation of other factors of Verbal and Physical Bullying Victimization. The more the adolescents experience emotional bullying, the more they become the victims of verbal and physical bullying victimization. The Emotional Bullying Victimization also had the significant positive relationship with Sadness, Indecisiveness, Irritability and Somatic that depict the tendency of inducing depressive symptoms in adolescents in case of emotional bullying victimization. The Bullying Victimization Verbal factor also had the significant positive correlation with the Physical bullying and also the other factors of Depressive Symptoms, Sadness, Indecisiveness, Irritability and Somatic. The factor of depressive symptoms Sadness had a highly significant positive relation with other three factors Indecisiveness, Irritability and Somatic which showed the stronger link in all four factors.

Table 2  
*Hierarchal Regression Analysis of Predictors of Depressive Symptoms in Adolescents (N=309)*

Model	SEB	B	t	p<
<b>Step I (R= .309, <math>\Delta R^2</math>=-.095)</b>				
Gender	1.48	.22	3.99	.001***
Class	1.06	-.13	-2.01	.04*
<b>Step II (R= .375, <math>\Delta R^2</math>=-.141)</b>				
Awareness	.22	-.22	-3.57	.001***
<b>Step III (R= .571, <math>\Delta R^2</math>=-.326)</b>				
Gender	1.31	.27	5.26	.001***
Awareness PE_3	.20	-.145	-2.58	.01**
Emotional BV_1	.27	.408	3.74	.001**

Note: only significant results are presented in Step 1, Steps II, and Step III. Note: Step 1,  $F(7,300) = 4.50$ , \*\*\* $p < 0.001$ , Step II,  $F(10,297) = 4.85$ , \*\*\* $p < 0.001$ , Step, III  $F(13,294) = 10.92$  \*\*\* $p < 0.001$

The above table of regression depicted some of the significant predictor of depressive symptoms. In step I, gender is the positive predictor of depressive symptoms and class is the significant negative predictor of depressive symptoms. It indicates that boys express more depressive and adolescents from grade 10 showed lesser depressive symptoms as compare to other two class category (8<sup>th</sup> and 9<sup>th</sup>). In step II, awareness factors are the negative predictor of depressive symptoms in adolescents because parents' awareness toward their children reduce the risk of depressive symptoms. In step III, emotional bullying victimization is the significant positive predictor

of depressive symptoms. Thus, the adolescent who victimised the emotional bullying experience more depressive symptoms.

To sum up the result, it is indicated that studying in class 10<sup>th</sup>, adolescents who perceived more awareness of parents about their children, is negatively associated with depressive symptoms in adolescents. In the contrary, being a male adolescents and experienced emotional bullying cause them to experienced depressive symptoms.

### **Discussion**

The study examined the predictive relationship in Parental Efficacy by the Adolescents Perception, Bullying Victimization and Depressive Symptoms. The stratified random sampling technique was used to gather data from Government schools of both boys and girls from Sialkot district. The data was collected from 309 adolescents by using three scales along with demographic Performa.

The study examined the connection of variable of measures with key demographic variables. There was a significant connection was found between variables. To find out the relationship and predictor of varying variables was identified through using correlation and regression. The first finding of result of the study depicts the freedom of choice given by the parent to adolescents is protective against the bullying victimization and depressive symptoms. The parents are the major determinant in Pakistani culture as the adolescents are dependent on them for the needs, money, choices and even for decisions. The parents provided them enough independence and support are healthy for the adolescent against the stressors and psychological illness to enhance the satisfaction. Support provided to the children reduce the bullying and ultimately the depressive symptoms lower down. The support provided increased the confidence and also enhance academy efficiency in adolescents that support our finding (Khan, Taghdisi, & Nourijelyani, 2015; Naveed, Waqas, Aedma, Afzaal, & Majeed, 2019). The Parents knowledge about the children problem and need for the psychiatric illness ultimately is the protection against the problems. The awareness of children needs and the problems is favourably important for children (Majeed, Mumtaz, Arooj, & Afzal, 2018). The result is supporting as the awareness of parents is protective against bullying victimization and depressive symptoms.

The girls suffer more from depressive symptoms as compare to boys as it is a phase of adolescence and sexual maturity that made them susceptible to the depressive symptoms. The early phase of their pubertal changes and lower capacity to deal with the changes made them susceptible to the depressive symptoms (Khalid, Qadir, Chan, & Schwannauer, 2018). So, it was also assessed the significant predictor observed in the study. Although, the interpersonal links with the adolescent is as high social self-perception is consistent with the sense of satisfaction and enhance the competency for relationship with other and helped to control the depressive more competently (Riaz Ahmad, Yasien, & Ahmad, 2014).

The bullying victimization leads to depressive symptoms in an individual that the adolescents felt themselves rejected by peers and also feeling of embarrassment induce the psychosocial disturbances such as upsetting the relationship with family, performance in school which declined the individual in multiple ways (Naveed, Waqas, Memon, Jabeen, & Sheikh, 2019). Another result also revealed that the boys experienced bullying victimization than the adolescent's girls. The boys expressed their emotion more openly as to reduce their level of frustration. The adolescent who found themselves physical lean or thin become the target of other as they have negative percept about their physical appearance and unable to cope with the situation (Carey, Wilkinson, Ranjit, Mandell, & Hoelscher, 2018). However, research finding validate the finding of study that parental efficacy is protective against bullying victimization and depressive symptoms and girls experienced more depressive symptoms than boys. The boys are more susceptible to bullying victimization because of various issues they faced while interacting in the society.

### **Limitation and Recommendation**

The permission for collecting the data in government school for boys was quite difficult as the authority showed reluctance and did not allow for the collection of data as they had some concerns for female researcher to collect the data from boys or they asked to let them to collect the data and later hand it over to the trainee. The data was collected from the school where the permission was granted to collect the data by self. During the write up, there was a difficulty to find the perceived parental efficacy by adolescents and no study was found and the parental self-efficacy was the data present though it made the study unique to link the relation with other variables.

The finding of the study could not be generalized to population because of having small sample. The parents and the teacher perspective must be added to enhance the understanding of parents and reduce the psychological issues of adolescents. In future, Parent perception must be added about the adolescent efficacy to understand the communication level between them. For future researcher, the comparison of both working and non-working mother would be unique and also helpful to understand the mental health of children and also promote the preventive and intervention strategy for children mental health

### Implication

The research finding helps to promote mental health and prevention strategies among the adolescents that are the future and nation builder of any nation. The main objective of this study to highlight the factors that were the protective against the psychological problems and prevent them to convert in psychological disorder. The mental health services provider to the family-focused therapy and counselling to promote a healthy home environment and support in family for each other. Moreover, the counselling services promote in the school and academic institution to promote health-related services to tackle everyday problems of the adolescents and to eradicate the issue in the initial level of their academic career. The main focus is to promote the positive characteristics and self-regulation among the adolescents to deal with the mental health issues and problems related to the emotional, familial, societal and personal area. The group therapy techniques would be effective to engage in the society successfully to deal the issues independently and more efficiently. The research inferences help to deal with these problems by identifying the underlying problem the adolescents faced. The various workshop, seminars and webinars could be organized for the awareness and psychoeducation about the depressive symptoms to resolve the personal issues. The preventive strategies would be provided not only the adolescents in school, but also psychoeducated the teachers to deal the bullying and to aware the parents about the importance of their support to the children about their wellbeing.

### Conclusion

It is concluded that perceived parental efficacy is negatively associated with bullying victimization and depressive symptoms. The bullying victimization is positively interrelated with depressive symptoms. Furthermore, gender is found significant predictor of depressive symptoms and awareness of parents is significantly negative predictor of depressive symptoms. Additionally, emotional bullying is the significant positive predictor of depressive symptoms in adolescents.

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