

## **A Study of Social Provision, Self-Efficacy and Stress Among Adolescents**

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**Abstract:** The current study investigates the relationship between social provision, self-efficacy and additionally stress among adolescents. Participants include 100 adolescent (50 boys and 50 girls) of Higher Secondary School students who are studying in Helen Lowry School, Aizawl, Mizoram. The participants were measured using three tests – social provision scale (Cutrona and Russell, 1987), self-efficacy tests (Singh and Narain, 2014) and stress scale (Lakshmi and Narain, 2014). Results showed the tests to be trustworthy for the population i.e.,  $r=0.80$ ,  $r=0.82$  and  $r=0.81$  respectively for social provision scale, self-efficacy scale and stress scale. Gender differences was found to be significant for self-efficacy and stress but not for social provision. Analysis revealed a significant positive relationship between social provision and self-efficacy ( $0.37^{**}$ ) and significant negative relationship between self-efficacy and stress ( $-0.30^{**}$ ). Further analysis found social provision to significantly predict self-efficacy.

**Keywords:** Social provision, self-efficacy, stress, adolescence, gender

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Everyone have a sense of self and whether that sense of self is positive or negative is based on one's experiences in one's life and on how we view and see ourself, which is called as a "self concept". Self-concept is defined as an overarching idea we have about who we are—physically, emotionally, socially, spiritually, and in terms of any other aspects that make up who we are (Neill, 2005). Infact, adolescence – a period of transition from childhood to adulthood – is a crucial and critical period in one's life where one started realising the idea of who we are and our place in the world. The sensitive period of finding one's identity and a period where we start developing a sense of self – or a self-concept. Self concept is based on two very important things – self efficacy and self-esteem. One's self-concept can be affected by past experiences and one's environment. Social support, defined as an individual's perceptions of general support or specific supportive behaviors (available or enacted upon) from people in their social network, which enhances their functioning and/or may buffer them from adverse outcomes (Malecki & Demaray, 2000), is known to contribute positively in the development of a positive self-concept (Wenz-Gross & Siperstien, 1998; Cochran, 2009).

The theory of self-efficacy and its application are recently popular in the theoretical study of psychology. The concept of Self-Efficacy was proposed by a famous American psychologist named Albert Bandura in 1977. According to Albert Bandura (1982), self-efficacy is one's belief in one's ability to succeed in specific situations or accomplishing a task. One important aspect to enhance self-fficacy is said to be social support and studies have shown that a person's self-efficacy has a positive correlation with the social support they receive; that is, the more social support a person receives, the higher their self-efficacy will be. People with high self-efficacy will be more confident in their work, so they will be more likely to make extraordinary achievements in their posts.

Social Support has also been widely studied as a factor that minimizes the effects of stress, and the results are somewhat striking. Not only does social support help people feel less stressed, but it can also actually improve one's health and decrease mortality risk (Elizabeth, 2019). Perceived social support seems to be an effective moderator of the stress experienced by university students. Social support received by students are also known to assist the coping of the students who are highly stressed (Lawson & Fuehrer, 1989). For students, social support maybe derived from parents, friends, classmates and teachers (Bokhorst, Sumter & Westenberg, 2009).

Based on the theoretical foundations highlighted, the **objectives** of the present study is to

- (i) study the social provision, self-efficacy and stress of the participants
- (ii) study the relationship between social provision, self-efficacy and stress
- (iii) find out if social provision actually predict self-efficacy and stress

## I. HYPOTHESIS

Following the objectives, the following hypothesis were set forth for the conduct of the study

- (i) there will be a significant gender difference in social provision, self-efficacy and stress
- (ii) there will be a significant relationship between social provision and self-efficacy and a significant negative relationship between social provision and stress as well as negative relationship between self-efficacy and stress
- (iii) social provision will significantly predict self-efficacy and stress

## II. METHODOLOGY

### Sample:

A number of 100 (50 males and 50 females) higher secondary school students were selected as a sample for the present study. The age of the student range between 16-20 years of age. The samples are taken from Helen Lowry Higher Secondary School, Vaivakawn, Aizawl. Class XI Arts and Science students were selected for the study.

## III. MEASURES

The following tools were used to achieve the objectives:

- (i) **Social Provision Scale:** The Social Provision Scale was developed by Cutrona and Russell in the year 1987. It consists of 24 items and provides six subscales. It takes about 10 minutes to complete the response. All the statements are to be answered in term of strongly disagree, disagree, agree and strongly agree. The original version of the scale uses Likert response format, although others format are sometimes used (Cutrona, 1986). The SPS has internal consistency and good test-retest reliability (Cutrona and Russell, 1987). Total consistency reliability for the Social Provision Scales is Excellent ( $\alpha.93$ ).
- (ii) **Self-Efficacy Scale:** The Self-Efficacy Scale was developed by Dr. Arun Kumar Singh and Dr. Shruti Narain in the year 2014 and it consists of 20 questions. There are five responses "Strongly Agree", "Agree", "Neutral", "Disagree" and "Strongly Disagree". The Self-Efficacy Scale measures four sub-scales i.e., "Self-Confidence", "Efficacy Expectation", "Positive Attitude" and "Outcome Expectation". This scale is meant for Adolescents of the age range 12 years and above. The scale generally takes about 10 to 15 minutes for completion. There are 16 positive items and 4 negative items. The scoring of positive items of the Scale was done by giving a score of 5,4,3,2 or 1 for Strongly Agree, Agree, Neutral, Disagree and Strongly Disagree respectively and negative items were scored as 1,2,3,4, and 5 respectively. Higher the score, higher the self-efficacy level.
- (iii) **Stress Scale:** The Stress Scale developed by Dr. Vijaya Lakshmi and Dr. Shruti Narain consists of 40 questions. There are only two responses "Yes" or "No", the subject will put a tick mark in his preferred answer. The Stress Scale measures four sub-scales i.e., "Pressure", "Physical Stress", "Anxiety" and "Frustration". This scale is meant for Adolescents in the age range of 12 to 24 years. There is no fixed time limit as such. However, it generally takes about 10 to 15 minutes. The question of Stress Scales has Negative and Positive items, there are only two negative items.

## IV. PROCEDURE

Before starting the test a brief self introduction was made, and the purpose of the test to be conducted was explained. The need and importance of the consent form were clearly explained to the participants and after everything was understood they participants were asked to sign in the consent form. Since the demographic profile can be a bit confusing and to avoid waste of time, it was clearly explained to them. The instructions were again clearly explained to the participants. The test was carried out with the help of two teachers. Subjects were asked not to hesitate to ask any question if they have any.

## V. RESULTS AND DISCUSSION

Subject-wise scores on the items of the scale of social provision, self-efficacy and stress were employed for the whole samples to ascertain the levels of social support and its relation to self-efficacy and stress. The Mean and Standard Deviation and item-total coefficient of correlation (as an index of internal consistency and item validity) was ascertained for the scales of the behavioral measures (Cronbach Alpha's) as shown in Table 1. The reliabilities of the three behavioral measures are quite satisfactory which indicated that the three scales - social provision, self-efficacy and stress are a good measure within the target population.

Table 1 also shows the mean comparison of male and female on the behavioral measures (social provision, self-efficacy and stress). The mean comparison indicated higher social provision in males (M = 70.1) than in females (M = 69.6), higher self-efficacy among males (M = 75.5) compared to females (M = 67.7) and higher stress in females (M = 23.3) than males (M = 19.4). Result of gender differences on social provision, self efficacy and stress are shown in Table 2.

**Table 1:** Mean and standard Deviation and Reliability Indices (Cronbach’s Alpha) for the tests

Scales	Statistics	Male	Female	Total	Reliability coefficients
Social Provision	Mean	70.1	69.6	69.8	.80
	Std. Dev	10.1	10.3	10.2	
Self Efficacy	Mean	75.5	67.7	71.6	.82
	Std. Dev	8.3	7.5	8.8	
Stress	Mean	19.4	23.3	21.3	.81
	Std. Dev	6.5	6.5	6.7	

Results of ANOVA for independent samples reveal significant gender differences on self-efficacy ( $p < .01$ ;  $\eta^2 = .20$ ) and stress ( $p < .05$ ;  $\eta^2 = .08$ ) and not on social provision ( $p > .05$ ;  $\eta^2 = .001$ ) i.e males have higher self-efficacy with more stress experienced by female. The non-significant gender difference on social provision emerged to be consistent with studies done by Sailo et al., (2019), Sailo (2007) and Jones et al., (1982). Studies done by Sailo et al (2019) on Mizo adolescents also found males and females to be more or less equal on social provision. Contrary to our result, a study done by Ralte (2019) on the same population revealed no significant gender difference on stress.

**Table 2:** Table showing Gender differences on Social Provision, Self Efficacy and Stress

Scales	F-ratio	Sig	Partial eta squared	Mean difference
Social Provision	.70	.79	.001	.54
Self Efficacy	24.41	.000	.20	7.8
Stress	9.11	.003	.08	-3.9

In a study on Self-efficacy in female and male undergraduate engineering students, Burgel et al (2010) reveal some significant differences by gender. With the exception of academic self-efficacy, which is significantly higher among males, every other significant difference favors the female population. Women were found to have higher career self-efficacy and benefit far more from mentorship. They also exceed the scores of their male counterparts in five support dimensions: they report receiving more support from professional clubs and associations, they say they are more involved in campus life, they take more advantage of living/learning communities, and they report that they not only receive more support from their friends but that their friends really matter to them. Most other studies on self-efficacy have found no significant gender difference between males and female (Salwa & Sawari, 2013; Tenaw, 2013; Abdullah et al. 2006).

**Table 3:** Table Showing Relationship of the Social Provision, Self Efficacy and Stress

	Social Provision	Stress
Self Efficacy	0 .37**	- 0.30**
Stress	- 0.19	-

\*\* $p < .01$ , \*  $p < .05$

Result (Table 3) shows the relationship between the three behavioral measures. Results manifested a significant positive correlation between social provision and self efficacy ( $r = 0.37$ ), and a significant negative correlation between self-Efficacy and stress ( $r = - 0.30$ ). Meanwhile, the relationship between social provision and stress is weakly negative and non-significant ( $r = - 0.19$ ). Research evidence indicates a significant negative relationship between social support and psychological disorders including depression and stress (Alimoradi et al, 2014). Another research results indicated that there exists a significant negative relationship between teachers self efficacy and stress. The size of this correlation indicates that the higher the teachers’ self- efficacy, the less likely they were to experience stress in their profession (Vaezi & Fallah, 2011). The result of the relationship between the scales gives the idea that as more and more provision is received, the self-efficacy of the individual will increase while as the self-efficacy decreases, more stress will be experienced. Kiajamali et al (2017) stated that there is indeed positive and significant correlation between social support and self-efficacy and that

perceived self-efficacy had a greater role than perceived social support in explaining health-promoting behaviors.

**Table 4:** Regression Analyses with Social Provision as predictor and Self Efficacy and Stress as the Criterion

Model	Predictor	R <sup>2</sup>	B	T	p
Model - 1	Social Provision	.137	.32	3.9	.00
Model - 2	Social Provision	.036	-.12	-1.9	.06

Results of model – 1 of simple linear regression (Table 4) indicate significant predictability of self efficacy from social provision while model 2 showed non-significant predictability of stress from social provision. The analysis revealed that 13.7 % ( $t = 3.9$ ,  $p < .01$ ) of variance in Self Efficacy can be explained by social provision; while although non-significant, social provision explained 3.6% ( $t = -1.9$ ,  $p > .05$ ) of stress. The significant predictability of self-efficacy from social provision found corroborative evidence from studies done by Adler-Constantinescu et al (2012). The result of their regression analysis emphasized that school experience and perceived social support from significant others predicted teenagers' perceived self-efficacy. Similar result was obtained by Fitzgerald et al. (2012), Mercer et al. (2011) and Surjadi et al. (2011).

Social provision and positive evaluation like self-esteem and self-efficacy, of oneself have been highlighted as one of the most important resources that increase successful adaptation and could help an individual cope with varying life challenges during adolescence (Saunders et al., 2004 & Bandura et al, 1999). Social support has been linked with overall well-being (Young, 2006) and most people turn to social resources in an effort to contain stressful life events (Krause, 2004). Shahed et al (2016) in studying visually impaired also found social support to be positively related with self-efficacy. According to another research findings by Wilberg et al (1999), social support received from family as well as significant others serves as a supportive pillar enabling an individual to explore the world and perceive the obstacles of life as controllable and manageable.

## VI. GENERAL CONCLUSION

Based on the findings, it can be said that as self-efficacy is one of the pillars of self-concept and positive self-concept leads to better mental health and vice versa; enhancement of social provision plays a crucial factor as it could actually lead to increased self-efficacy among adolescents. In a general population too, one important factor that demonstrates a protective role on mental health issues is self-efficacy (Sullivan et al, 2013). Secondly, one's belief in one's ability to succeed might in fact counteract stress. In other word, a person with high believe in themselves will be better prepared to tackle stressors in life. However, suggestions for future research on the same topic would be increasing the number of participants to find out whether similar or better and significant result are obtained. In sum, it can be said that social support as literature suggests is extremely important and also that self-efficacy can be improved by promoting and providing more support to individuals.

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