



**THE IMPACT OF PERCEIVED PARENTING STYLE, AND SELF EFFICACY ON
MENTAL HEALTH OF YOUNG ADULTS**

A thesis

Presented to Department of Professional Psychology

Bahria University, Islamabad Campus

In Partial Fulfillment

of the Requirement for the
Degree of Bachelor of Sciences
(BS) Psychology

By
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Supervisor
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JUNE, 2022

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Firstly, all praises be to **Almighty Allah** who is ever gracious, merciful and the most affectionate to all his loyal servants. Following the almighty is the **Prophet Muhammad (P.B.U.H)** who serves as the ideal role model for all of humanity irrespective of religion and enshrines within him the very best qualities of man.

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Hamna Saeed

&

Qanoot Iftikhar

Dedication

This thesis is dedicated to our friends and family who have stood with us along every step of the way in this journey. Their support has been instrumental in giving us the energy, the stamina, the will and motivation to complete this task. This thesis is also dedicated to our supervisor who remained persistent with us in the completion of this thesis. She stood by on every turn and ensured that we put in our very best of efforts.

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ABBREVIATIONS

PARQF	Parental Acceptance Rejection Questionnaire (Father)
PARQM	Parental Acceptance Rejection Questionnaire (Mother)
GSE	General Self- Efficacy
WEMWBS	Warwick-Edinburgh Mental Well-being Scales
WHO	World Health Organization
NHS	National Health Service

Abstract

The current study aimed at investigating the Impact of Perceived Parenting Styles, Self Efficacy, and Mental Health, among Young Adults. Data was collected from university students (n=300) of Islamabad and Rawalpindi of age range 18-24. Purposive and Convenient sampling were used for data collection. To measure the study variable three instruments were used i.e., the Parental Acceptance-Rejection Questionnaire (PARQ), General Self-Efficacy Scale (GSE), and Warwick-Edinburgh Mental Well-Being Scale (WEMWEBS). Results revealed a positive relationship between Perceived Parental Warmth, General Self Efficacy, and Mental Health. Further results showed a strong negative correlation of neglectful, indifferent and hostile Perceived Parenting Styles with General Self Efficacy and Mental Health. Furthermore Indifferent, neglectful perceived parenting Style of fathers and general self-efficacy significantly predicts Mental Health. Also, there was a significant difference on hostile and undifferentiated perceived parenting styles and mental health between gender. Young adults who faced violent behavior from their parents scored low on parental warmth and affection and scored high on Perceived Parental hostility/aggression, indifference/neglect, and undifferentiated/rejection Styles, young adults who reported facing violent behavior from their parents scored low on General Self-Efficacy and Mental Health. Further results revealed that warmth and affectionate Perceived Parenting Styles of fathers was higher in last born and only born, and Self-Efficacy was higher only in the first born. The study has its implications in clinical and educational settings. In addition to that, recommendations, limitations, for future research and practical implications were also discussed.

Keywords: Perceived Parenting Style, General Self-Efficacy, Mental Health, Young Adults.

CHAPTER I

INTRODUCTION

In the majority of the cases, the primary caregivers are the parents and it is highly important to focus that A child's cognitive and psychological well-being are both affected. A parent's care and attitude play a crucial role in the nurturance of a child at home. This is why an unhealthy or destructive relationship between a parent and a child has resulted in disturbed individuals (Mooney et al, 2009).

Family, as stipulated by the bio-ecological model of Bronfenbrenner, is always a key component when it comes to a child's ecosystem it plays a vital role in the child's outcome (Bronfenbrenner & Morris, 2006). In this regard, the family environment and the requisite bond between the parents and the child is crucial towards their growth and the attributes they adopt. This point is also supplemented by both theories of Vygotsky (Carr & Pike, 2012) as well as self-determination theories that a healthy, warm and supportive family has a higher chance of impacting better coping mechanisms when it comes to dealing with life stressors (Ryan & Deci, 2000). On the flip side, harsh, dismissive and crude parenting styles and environment can disrupt an otherwise healthy regulation of emotions.

Perceived parenting style, according to Baumrind, is the perception or opinion of children and adolescents regarding the parenting style of their parents. Numerous researches have been conducted globally on impact of perceived parenting style on mental health of young adults.

According to research that was conducted in the U.K. it was proved that the authoritarian parenting style has an adverse effect on the mental health of adults. Such type of parenting style

caused anxiety in young adults (Wolfradt et al., 2003). On the contrary, the authoritative parenting style indicates low level of anxiety among young adults. Such comparisons have been studied in several other studies as well. In another study, it was shown that positive parenting style that endorses warmth and affection results in much healthy individuals who are psychologically and emotionally healthy and stable. Whereas, a negative parenting style that includes rejection of parents, has resulted in poorer mental health and destructive thoughts in young adults (Peng et al., 2021).

Self-efficacy has also been given quite attention when exploring the impact of parenting style on mental health. There exist a direct relationship between perceived parenting style and self-efficacy. According to Albert Bandura, self-efficacy is an individual's personal belief in their own ability to perform behaviors that guarantee desired results and achievements (Betoret et al., 2017).

One can argue that self-efficacy is perhaps akin to an individual's ability to withstand certain situations and how they choose to exert a degree of control on their environment. A major factor on the determination of an individual's self-efficacy is the parenting style they face. In one of the research, it was concluded that each parenting style has its distinct impact on self-efficacy such as authoritarian parenting style would indicate low self-efficacy in children (Givertz & Segrin, 2012).

Authoritative parenting is categorized as a style that has a higher amount of warmth and emotional support which expectedly results in a more positive environment for the growth of a child (Carlo et al., 2007). The authoritarian parenting on the other hand is the opposite which seeks to generalize parents as strict, demanding, and controlling. Children faced with this type of

parenting style are faced with a general lack of self-efficacy (Alt, 2015). Permissive parents include higher levels of responsiveness towards their children but this is offset by the fact that they don't set a defined limit on them either.

For example, a study conducted in 2015 concluded that the authoritative parenting style has indeed had positive outcomes but there are some underlying problems associated with it (Rizvi & Najam, 2015). Besides that, a study reported in 2011, showed that children with accepting and affectionate parents induced higher self-efficacy as compared to rejecting parents that are less affectionate (Masud et., 2016).

Parenting styles depend a lot on the culture from which they derived. As an example, the general parenting style followed by Pakistani parents is that from a collectivist culture while western parenting styles are derived from an individualistic culture. Each culture values its own attributes, for example, in the western culture attributes like initiative and self-direction are valued whereas in non-western cultures attributes like conformity and obedience are valued. Western cultures often see parenting styles in collectivist cultures as authoritative whereas it is likely to be perceived as authoritarian from children raised within that culture (Stewart et al., 2000).

The notion of collectivist culture being authoritative in reference to Baumrind's perceived parenting style was challenged by Chao as it was argued that factors such as control and obedience are positive connotations for Confucian culture young adults and thus cannot be deemed as authoritarian without having regard to the cultural dynamics (Chao, 1994). This was further supported by Rohner & Pettengill that parental strictness reflected as a positive trait within parental warmth to which Asian young adults responded more favorably as opposed to the Western young adults (Rohner & Pettengill, 1985).

In the context of Pakistan there is limited research on the outcome of young adults however a generally aligned set of findings does showed lower parental warmth, higher parental rejection and increased parental over-protection are indeed associated with an increase of mental health problems in young adults (Bilal et al., 2013).

A study on 1850 college students in Pakistan found that 31% suffered from severe levels of mental health issues (Saleem et al., 2013). Thus it becomes important to shed further light on the position of mental well-being of the young adults in Pakistan. Another study conducted on Pakistani university students found that 21%-25% suffered from depression, 30%-34% suffered from anxiety and 17%-23% suffered from stress (Kumar et al., 2016).

Mental health is a fundamental part of overall health and well-being. According to WHO Depression is one of the leading causes of disability. Suicide is the fourth leading cause of death among 15-29-year-olds. People with severe mental health conditions die prematurely ,as much as two decades early, due to preventable physical conditions. (WHO, 2019).

Mental illnesses are rising alarmingly worldwide. The WHO report on global disease burden depicts leading causes of disability worldwide among which the identified conditions are: depression, alcohol use, bipolar affective disorder, schizophrenia and obsessive-compulsive disorder¹ .The fact file reveals that 45 million people worldwide, above the age of 18, suffer from schizophrenia, 340 million suffer from depressive disorders; both these disorders are responsible for 60% of all suicides. The scenario in Pakistan is equally bleak. The general profile of mental illnesses depicts a gloomy picture with 6% prevalence of depression, 1.5% schizophrenia, 1 to 2% epilepsy and 1% from Alzheimer's disease⁴ . These mental morbidities culminate in high suicide rate. A clinical study revealed high rates of depression followed by

schizophrenia and substance abuse. A nationwide study also supports this fact. Alarming increase in mental illnesses is attributed to poverty, unemployment, political instability, violence and other social evils besides the genetic and biological vulnerability. (Gadit, Amin, 2001).

Parents play a huge role in supporting a child's mental well-being. Nurturance, love and care build a strong foundation, in development of Childs social and emotional skills which are essential for a happy, healthy and fulfilled life. Children experiencing inconsistency in parenting styles were more likely to experience poor mental health and lowered life satisfaction (Dwairy, 2010).

Family offers the immediate environment and plays an important role in human development. A substantial amount of research has been done on the influence of the immediate family and wider social environment on the mental health of children and adults. Parenting practice has been suggested as a factor that profoundly impacts the psychological development and mental health status of children and adolescents. Parker (1979) found that neurotic depressive patients (a sample of age range 17–55 years) reported less parental care and greater maternal overprotection compared to the control group, while manic-depressive patients did not display this difference from the control group (Dwairy and Menshar, 2022).

A person's ability to accomplish on an individual level and handle daily tasks is influenced by mental illness. According to studies, parenting practices have a big impact on people's mental health. A study looked at how parenting practices and psychological well-being related to students' mental health. The findings demonstrated a substantial association between psychological well-being and authoritative parenting styles and mental health. Permissive

parenting styles also demonstrated a significant beneficial relationship with mental health. (khodabakhsh et al., 2014).

Parenting Styles and Psychosocial Adjustment Parenting styles were assessed according to Baumrind's theory (1966). This theory proposes three distinct parenting prototypes: authoritarian, permissive, and authoritative. Parents who practice the authoritarian style had been associated with negative behavioral and emotional problems in children, such as aggressiveness, resistance to authority, problems in intimate relationships, depression, low self-esteem, and difficulties in making decisions in adulthood. Children raised by permissive parents have poor social skills and low self-esteem and are often seen as selfish, dependent, irresponsible, spoiled, unruly, inconsiderate of other's needs, and antisocial. Children of authoritative parents have better self-esteem and tend to be self-reliant, self-controlled, secure, popular, and inquisitive. They exhibit fewer psychological and behavioral problems than youth with authoritarian or permissive parents (Lamborn, Mants, Steinberg, & Dornbusch, 1991).

The essence of Carl Rogers' (1961) theory is that acceptance and unconditional positive regard is the basis for mental health and that rejection is the basis for psychological disturbances. Coleman (1956) pointed out the association between rejection and children's psychopathology. Rejection may not only hurt the self-concept and undermine children's feelings of relatedness to their parents, but also result in a sense of alienation from the child's authentic self. Children learn that some parts of their selves are rejected and need to be repressed and erased from their consciousness (Winnicott, 1965).

Literature Review

A child's emotional, cognitive, and psychological development has always received a great amount of attention in the field of psychology. Various renowned psychologists such as Sigmund Freud, Erik Erikson, Piaget, and Albert Bandura have shed tremendous light upon the significance of a child's development and each of them has laid down the importance of a caregiver in a child's life. Freud's psychoanalytical stages act as a foundation for researchers to further study the importance of the role of caregivers in a child's development (Lantz & Ray, 2021).

According to a study conducted in Taiwan, monthly family income was positively correlated with authoritative parenting reported by children, but negatively correlated with parent-reported authoritarian parenting. Parents' marital status had no significant effects on children's perceptions of parenting or mental health. (Huang, 2019).

Further comparisons revealed that boys perceived their parents as more authoritarian and Chinese-culture specific parenting than girls, and mothers reported higher authoritative parenting than fathers, that child gender and parental gender had significant effects on child-perceived and parent-reported parenting, that children who perceive authoritative parenting have significantly lower psychological well-being scores, and that children who perceive authoritative parenting have significantly lower psychological well-being scores, and that children who perceive authoritative parenting have significantly lower psychological well-being scores. Parental reports on parenting were shown to be a weaker predictor of mental health symptoms than children's assessments of their parents (Huang, 2019).

Self-efficacy and mental health also have a close-knit relationship with each other. Based on a study conducted by James Andretta there is evidence to support the theory that higher levels of self-efficacy result in better well-being for adolescents (Andretta & McKay, 2020). However, a key variable in this study was emotional self-efficacy.

The term mental health needs to be understood in light of the pressure and general well-being of the child. It was reported that children with authoritative parents had relatively higher levels of psychological competence matched with lower levels of behavioral and psychological dysfunction. Children with authoritarian parents on the other hand seem to do better with conformity to adult standards but have poor self-conceptions due to less exposure and the opportunity to grow. Furthermore, children belonging to permissive parents are bestowed with higher levels of self-confidence but due to poor regulation suffer from a variety of issues which noticeably includes drug problems (Lamborn, Mounts, Steinberg, & Dornbusch, 1991).

According to Smetana (1995), authoritative parenting is associated with a number of good young adults outcomes, including greater academic achievement, enhanced competence, autonomy, and self-esteem, less deviance, and a more well-rounded peer group orientation (Smetana, 1995). Pakistani parents, according to Stewart et al. (1999), use parenting styles similar to Confucian-style parenting techniques; yet, Asian families score well on the authoritarian component since they do not link control with domineering constraint.

Another study of the Turkish population discovered a possible link between perceived parental style and family socioeconomic status. Surprisingly, children from low and high socioeconomic status families appear to have similar perceptions of their parents' parenting styles. Furthermore, young adults from low and high socioeconomic status families scored

significantly higher on child depression and state-trait anxiety inventories than young adults from middle socioeconomic status families (Anlı & Karşlı, 2010).

According to a study conducted in Japan, the older a subject was, the more authoritarian and permissive their mother and paternal parents were assessed to be. Mothers were viewed as less authoritative by the older individuals. When researchers looked at the influence of authoritative parenting on children's mental health, they discovered that authoritative maternal and paternal parenting was helpful for children's subsequent mental health regardless of respondents' gender. Regardless of the participants' gender, Japanese moms were rated as more authoritative than Japanese fathers. These findings demonstrate that Japanese fathers' authoritative styles are crucial for their children's future well-being (Uji, Sakamoto, Adachi, & Kitamura, 2013).

According to a study on Perceived Parenting Styles and Their Impact on Depressive Symptoms in young adults, teenagers who perceived their parents as authoritative had high self-efficiency and low depression scores. Gender and depressive symptoms have a statistically significant difference. According to this study, no girls have more depressive symptoms than boys (Laboviti, 2015).

The results of gender differences of birth order on perceived parenting styles in Japanese culture revealed that elder male child perceived their parents as more rejective, because of the reason that father had set higher expectations for elder males, so that he becomes a good role model and an ideal to be followed by younger siblings, hence being more demanding (Someya, Uehara, Kadowaki, Tang, & Takahashi, 2000).

And females perceived their parents to be warmer gentle and caring, elder sisters reported higher emotional warmth scores for both parents as compared to male children, this can be correlated with the belief that Japanese parents expect their female children to be more gentle, sensitive, feminine or kind. this belief may influence their parenting styles towards their female child (Someya et al., 2000).

In comparison between elder brother and elder sister perceived parenting styles, females with younger brother reported to be treated warmly, more loving and caring attitude from parents, whereas elder brother perceived parenting rearing to be more rejecting and cold (Someya et al., 2000).

Participants with more older sisters thought their parents were less caring, but those with more brothers, particularly younger brothers, thought their parents were less overprotective (Kitamura, Sugawara, Shima, Toda, 1998).

Schmitt investigated the link between gender, emotional stability, and self-efficacy in a research. Gender and self-efficacy had a strong link, according to the findings. Female college students had lower levels of emotional stability and self-efficacy than males, according to the findings (Tam, 2012).

A family's socio-economic status has a significant relation to the self-efficacy of an individual. It can be concluded that SES has the ability to influence self-efficacy. Three ways were reported in a study on how family SES can impact an individuals' self-efficacy. The first way is through the social resources that parents provide to their children. The second way was the social expectations of family members as well as other people around them and the third way was the social roles that are assigned to an individual. These three ways have been proved to

have influenced self-efficacy quite majorly. In the same research, another very enlightening factor was shed light upon and that was the father's education. It was reported that the higher the father's education, the higher the self-efficacy of the child (Han et al., 2014).

In a research conducted in 2019, it was reported that a direct association exists between parenting style and child maltreatment and they're both dependent upon a family's SES. Physical abuse in children was reported to exist in both families that belonged to higher SES and lower SES. However, there was one distinctive factor that differentiated the prevalence in the different socioeconomic statuses and that was the authoritarian parenting style. One of the major reasons behind this difference lies in the expectations that parents enforce upon their children in higher SES as compared to lower SES. Consequently, children are then forced to meet those unreasonable expectations and that consequently is one of the major causes of psychological distress as well (Lo et al., 2019).

A study in Pakistan was conducted to identify the demographic factors indicating abusive patterns in parenting among youth. The study reported that the authoritarian parenting style had a positive relation with abusive parenting and the authoritative parenting style had a negative relation. In addition to this, children that had mothers and fathers with authoritarian parenting styles faced not only physical abuse but also psychological abuse. Furthermore, authoritarian fathers were relatively more abusive than authoritarian mothers (Fariha Iram Rizvi & Najam, 2019).

Parenting Styles

Baumrind classified parenting styles into three categories: authoritative, authoritarian, and permissive. Authoritarian parents placed a greater emphasis on rules and regulations, as well

as punishment for noncompliance. Permissive parents have minimal influence over their children's conduct and enable them to make their own judgments. Authoritative parents, rather than demanding strictness and compliance, enable their children to demonstrate autonomy and provide reasons for restrictions (Baumrind, 1971).

Authoritarian children rely on authoritative persons to make decisions and are less likely to engage in self-exploratory, self-initiative, and difficult tasks. Permissive parents' children lack self-confidence, have a low tolerance for frustration, and are less persistent in their learning. Children who have authoritative parents are more likely to participate in exploratory activity, to be self-sufficient, and to be academically inclined (Baumrind, 1971).

Among young adults, authoritative parenting is linked with better academic performance, high scores on measures of work orientation, pride in successful completion of tasks, persistence, self-reliance. The authoritative parenting style has been associated with most beneficial academic records among students. (Gonzalez et al., 2002) Impact of authoritarian parenting styles on gender has mostly affected females (Baumrind, 1971; Steinberg, Elmen, & Mounts, 1989).

According to the study on Perceived parenting styles, anxiety, depersonalization, and coping behavior in young adults, there existed a positive correlation between depersonalization and trait anxiety and perceived parental psychological stress among adults, and negative correlation between Perceived parental warmth and trait anxiety, and positively associated with active coping in the young adults (Wolfradt et al., 2003).

Authoritarian, authoritative, permissive, and apathetic parenting styles emerged from a cluster analysis. Adults who thought their parents were authoritarian exhibited greater levels of

depersonalization and anxiety. Adults who thought both parents had authoritarian and permissive parenting styles scored best on active problem dealing.

According to studies, there is a link between various kinds of psychopathology in childhood and adolescence and perceived parenting style, as well as adult's reported parenting style. In terms of parenting style, there are two dimensions: Demand (control) from parents and parental response(warmth).

Authoritarian parenting is linked to high demand and poor responsiveness, liberal parenting is linked to low demand and high responsiveness, while apathetic or negligent parenting is linked to low demand and low responsiveness. (Baumrind, 1971).

According to a longitudinal research that looked into perceived parenting styles and adolescent maladjustment, the most common style was permissive parenting, while the authoritative style was the most successful type based on measures of school integration and mental wellness. young adults with authoritarian parents were also more competitive in terms of achievement and well adjusted (in terms of school misconduct, drug use, and delinquency) than those with neglectful or indulgent parents (Lamborn et al., 1991).

Prenatal warmth was linked to a favourable psychological adjustment, while control and punishment were linked to a negative psychological adjustment. Johnson,(Shulman & Collins, 1991), In comparison to adults who reported harsh, rigid parenting, teenagers who perceived a warm parenting style were less likely to suffer from depression in response to stressful life events.(Wagner, Cohen, & Brook 1996).

Research showed warmth in parenting style and a healthy relationship with parents can enhance the mental wellbeing and its component like self esteem and self efficacy of adult hence

enabling the adults to cope up with stressful life events and challenges (Cohen & Wills, 1985; Baumrind, 1991).

Comparison between adults who perceived their parents to be authoritarian, permissive or authoritative revealed that students who reported their parents to be authoritarian, showed less use of active coping behavior (Dusek & Danko, 1994). Hence, perceived authoritarian and controlling parenting styles can lead to psychological disturbance in adults.

Prenatal rejection and control can lead to development of anxiety in childhood (Gerlsma, Emmelkamp, & Arrindell, 1990; Furukawa, 1992; Muris & Merckelbach, 1998).

Styles of Parenting Adults' perceptions had a significant influence on their mental health. In compared to teenagers who experienced a lenient or authoritative parenting style, adults who perceived authoritarian parenting style had a greater level of depersonalisation and anxiety, and their coping technique was primarily passive (avoidant). (Gonzalez, Doan, Holbein, & Quilter 2002).

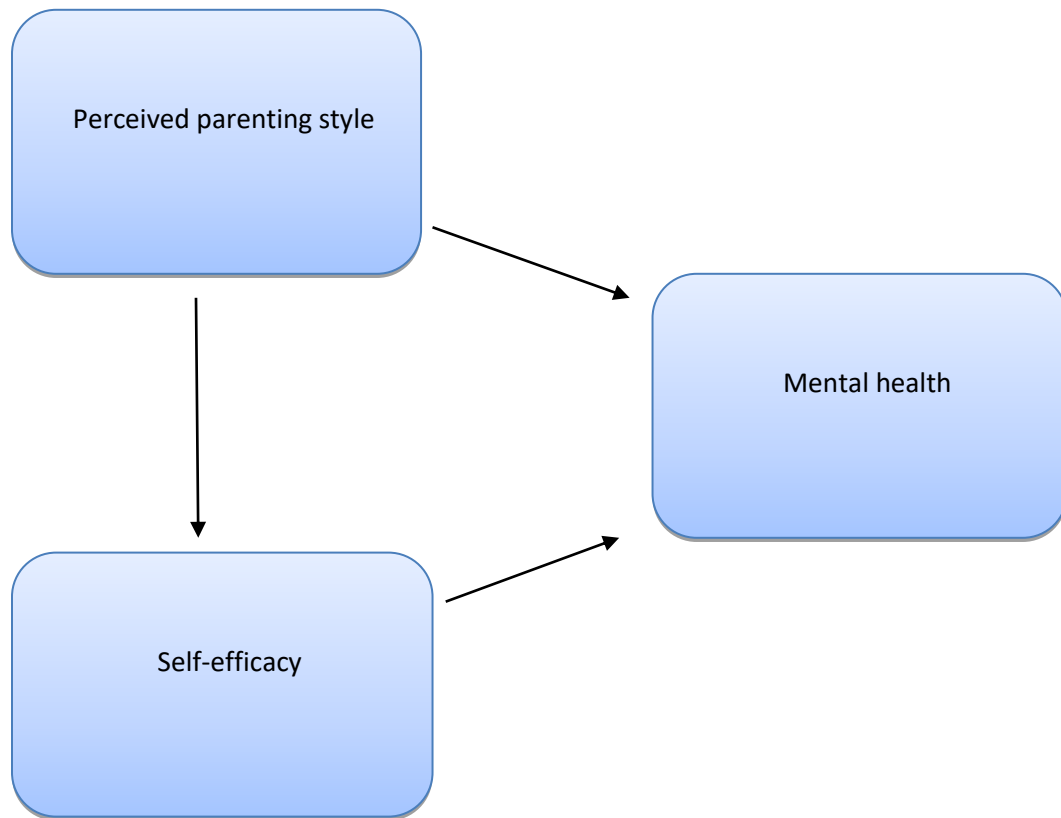
Conceptual Framework

Figure 1: Conceptual model of current study.

Theoretical Framework

Bowlby's Attachment Theory (Perceived Parenting Style)

Bowlby's theory explains the development and of personality and how that personality later helps in forming close intimate bonds, friendships and coping mechanism of an individual in its later life, the emotional bonds formed by the primary care giver at the early stage has an influence on child's emotions and intimate relations throughout the life Bowlby proposed that individuals develop four sort of attachment styles (Bowlby, 1979).

Secure Attachment

This, according to bowlby, is the healthiest form of attachment in which the individual has a positive view of himself and of others associated to him. Such people experience low anxiety. They feel liked and wanted and believe others' intentions to be good about them. Secure relationships are happy, friendly and trusting(Bowlby, 1979).

Anxious Preoccupied Attachment

These are the adults who view themselves negatively, although they have a positive image of other people that they relate to. Such people are low on avoidance but have high anxiety levels. They misunderstand others and often also experience self-doubt. They feel confident when there is a romantic partner available, but they have constant fear of abandonment so they do not feel comfortable with intimacy (Bowlby, 1979).

Dismissive Avoidant Attachment

Dismissive adults view themselves positively but hold negative view of others. They have low anxiety but are high on avoidance. They are neither comfortable with closeness, nor do they trust others' availability. They do not fear being abandoned. Older people are prone to

downplay the importance of relationships while focusing on self-reliance and independence (Bowlby, 1979).

Fearful Avoidant Attachment

Fearful avoidant people have a negative view of themselves as well as others. They are highly anxious. They have high dependence on their romantic partners. They seek constant affirmation, reassurance and approval from their partner. To avoid rejection and loss, they may also create avoidance in the relationship (Bowlby, 1979).

Albert Bandura's Theory of Self-Efficacy

Self-efficacy refers to an individual's belief in his or her capacity to execute behaviors necessary to produce specific performance attainments (Bandura, 1977). Self-efficacy is generally defined as one's assessment of own self-worth (Lightfoot & Cole, 2009). Self-efficacy is also seen as a personality trait in how much a person regards him over a period of time, having a strong sense of self-efficacy leads to the belief that they can accomplish difficult tasks, they consider it as a challenge, not a threat that should be avoided (Bandura, 1944).

According to Bandura people who have a strong sense of self-efficacy set very demanding and challenging tasks and are highly devoted to achieving those goals, despite having any doubts or risk of failure they still put in all their efforts to make it possible and successful, they exhibit a confident and optimistic approach towards stress full and threatening circumstances and exert their full control over the situation, this kind of attitude reduces the stress and lowers the risk of depression.

Conversely, people with low self-efficacy have an attitude of suspicion and doubt themselves, they think they are not capable enough to accomplish difficult tasks, hence avoiding

difficult situations, avoidance of difficult situation is based on their own perception of failure and personal weakness and hence stopping them from taking initiative and being successful and leading to stress and risk of depression (Bandura, 1944). According to Bandura self-efficacy is influenced by 4 factors;

Mastery Experience

Mastery experience is when a person tries something new and it gives successful results that are where a person has a sense of mastery, mastery experiences boost the person's sense of self-efficacy, and they gain confidence in taking initiatives (Bandura, 1944).

Vicarious Experience

Observing successful and failed life events of others (models), who are similar to us, impacts person's self-efficacy, but it also depends on how well a person can relate to the model, the greater the association with the model the greater the influence, a person can achieve through observed behavior. Successful accomplishment of a task by observation of a role model will boost the self-efficacy (Bandura, 1944).

Verbal persuasion

Verbal support by others boosts the motivation and confidence of a person hence increasing the person's self-efficacy, when people are persuaded verbally they are more likely to perform that task, a person starts believing in their abilities and strengths (Bandura, 1944).

Emotional And Physiological States

A person's self-Efficacy is influenced by their emotional, bodily, and psychological well-being. Self-efficacy will be tough to sustain for someone suffering from sadness or anxiety. A healthy person can readily increase his self-efficacy (Bandura, 1944).

However, Bandura states, "it is not the sheer intensity of emotional and physical reactions that is important but rather how they are perceived and interpreted". Thus, if a person learns to manage anxiety and enhance mood when experiencing challenging situations, individuals can boost their sense of self-efficacy (Bandura, 1944).

Psychological Well Being

Ryff (1989) developed a model for measuring psychological well being. This model comprises of six sub divisions: autonomy, environmental mastery, positive relations with others and purpose in life, personal growth and self-acceptance. Through these attributes, an individual takes decisions on its own without the interference of any other person or agencies one works with (Akram, 2019). This model focuses on attaining high level of psychological well-being in these six dimension and also helps the individual in understanding and achieving self-actualization (Ryan & Deci, 2001). The higher the scores in these six dimension the more the person is psychologically well.

The capacity to make decisions and exert control over one's surroundings, as well as one's independence, freedom, and emancipation, are all examples of autonomy. Self-determination and independence, as well as the ability to reject cultural restraints and self-regulate behaviour, are all indicators of higher autonomy. Individuals who have a low level of autonomy. On the other side, they are worried about other people's expectations and judgments; they rely on other people's judgments to make critical decisions; and they conform to society pressures to think and act in certain ways (Ryff, 1989).

Environmental mastery refers to a person's sense of mastery and ability to regulate the environment, make effective use of available options, and choose or create conditions that are acceptable for their own needs and ideals. Those with low environmental mastery find it difficult

to handle everyday affairs and are unaware of adjacent opportunities, resulting in a loss of control over the outside world.

Positive relationships are the sentiments that allow people to feel loved, form closer friendships, and adopt socially appropriate identities. Those who have strong positive relationships have a sense of reaching their potential, perceive improvements in their self and behaviour through time, and are evolving in ways that show increased self-awareness and efficacy (Ryff, 1989).

Meaningful (purpose in) refers to life objectives and a sense of direction. People who have a sense of purpose in life believe that their present and past lives have meaning and that they are aware of their goals and aspirations in life. The sensation of continuous progress is referred to as personal growth. A person who has experienced a lot of personal growth views himself as evolving and expanding, as well as being open to new experiences and reaching his or her potential. In comparison to individuals who have a poor sense of personal development.

Self-acceptance is another crucial aspect of happiness. Self-acceptance, according to this approach, is a good attitude toward oneself. An individual can recognise and embrace numerous sides of themselves, including good and poor attributes, and has a favourable outlook on their former lives (Ryff, 1989).

It is essential to keep up adjust in the majority of the regions of well being. Here are the six dimensions of psychological well being that is used to perceive how well a person is getting along interacting socially, verbal communication, thoughts, dreams, play, weeping, smiling and ego defense mechanisms all contribute their role in the regulation of emotions, same as efferent reaction from peripheral autonomic action and the musculoskeletal structure (Larsen, Brand, Bermond, & Hijman, 2003).

Problem statement

The study tends to explore and expand our understanding of how perceived parenting styles and self-efficacy combined have an impact on the mental health of young adults. It is believed that certain parenting styles have a negative effect on the upbringing of children. It not only impacts their self-efficacy but also plays a vital role in deteriorating their mental health. The study will be beneficial for parents to better understand their child-rearing practices, study will also increase the knowledge of young adults regarding the significance of mental health, and psychology students for research purposes. And there is a need for more exploration of perceived parenting, self-efficacy and mental health.

Significance and Rationale of the Study

According to the World Health Organization, there has been a significant rise in mental health conditions among young people over the past decade. There has been a 13% increase in the rate of mental health conditions (WHO, 2022). Unfortunately, around 20% of the affected population is the young adults and children with suicide one of the leading factors of death in individuals that fall under the age bracket of 15-29. Mental health not only impacts an individual internally but it also has a huge impact on the effected individual's work, school, social, and family life (WHO, 2021).

It is important to highlight that anxiety and depression are the most prevalent mental health conditions that exist amongst the young population. Adolescence and young adults are very critical stages in an individual's life. That is because this is the time when an individual learns how to manage stress and the role of parents and peers is extremely crucial. It can be said that familial relationships, as well as relationships with friends during this stage, can either make you or break you.

Many researchers have explored the causes of deteriorating mental health among young adults, however, there is still very little research conducted on the impact of parents and their behavior towards children that might be the leading cause of poor mental health. In addition to this, it is important to explore self-efficacy alongside parenting style because both variables go hand in hand. Self-esteem has always been greatly associated with deteriorated mental health but in very few cases have self-efficacy has been discussed as the cause. This study aims to explore

the relationship between all three variables and will discuss if parenting styles and self-efficacy directly impact the mental health of young adults or not.

All the previous researches point towards the fact that there is an excessive need to explore these variables more in different cultures and societies. The current research study is highly crucial in today's world due to the drastic rise in the rate of mental health among young adults. Such research will be beneficial for parents as well as mental health practitioners to identify the leading cause of the issue at hand. This will enable mental health practitioners to focus on these variables during their therapy sessions.

More researches need to be carried out for understanding the relationship between these variables and serve as a guide to parents and help them understand how the way they behave or attend to their child, reflecting on their style of parenting and realizing how they may have a lasting impression on their children, which will in turn effect their well-being, mental health, as well as the perception of the parenting they received.

The current study will allow other researchers globally to shift their attention to a topic as crucial as this and extend their professional expertise in the field of research. As there isn't enough prior research in Pakistan and globally that explores the correlation of all three variables, the current study will fill that required research gap.

Research Objectives

1. To investigate the relationship between perceived parenting style, self-efficacy and mental health.
2. To investigate the impact of perceived parenting style and self-efficacy on the mental health of young adults.
3. To see the difference of different demographic variables across perceived parenting style, self-efficacy and mental health amongst young adults.

Research Question

How does Perceived Parenting Style and General Self Efficacy affect the Mental Health of young adults?

Research Hypotheses

1. There will be a relationship between Perceived Parenting Style, Self- Efficacy and Mental Health among young adults.
2. Perceived Parenting Style and Self- Efficacy will predict Mental Health of young adults.
3. There will be a difference in Perceived Parenting Style, Self- Efficacy and Mental Health among males and females.
4. There will be a difference in Perceived Parenting Style, Self -Efficacy and Mental Health among those who experienced violent behavior.
5. There will be a difference in Perceived Parenting Style, Self- Efficacy and Mental Health of young adults according to their birth order.

CHAPTER II**METHOD****Research Design**

The study was a quantitative approach using correlational research design.

Participants

The study comprised of both male and female participants (n=300). The age range 18-24 was selected. Data was collected from twin cities i.e., Rawalpindi and Islamabad . A convenient sampling was used for collecting data.

Inclusion Criteria

The participants selected for this research study were both male and female falling within the definition of young adults as outlined by the World Health Organization (WHO) within the age bracket of 18 to 24 years of age.

Exclusion Criteria

Individuals below the age of 18 and above the age of 24 were excluded. Young adults with single parent or divorced were also not included in this research. Furthermore, young adults with any of the parent deceased was also not chosen for this study. This study has also ruled out young adults with any diagnosed mental illness.

Informed Consent Form

Before the surveys were handed out to the participants they were briefly informed about the purpose of the study. In addition to this, they were informed about the confidentiality and

anonymity of their identities during the research. The participants were also informed regarding their free-will to withdraw from participating at any stage. A form was then handed out to the participants which allowed their consent to be recorded as official participants of the research.

Measures

Demographic Information Form

Alongside the ‘Informed consent’ form the participants were also provided with a demographic sheet which consisted of their age, gender and socioeconomic status, birth order, parents education, and abusive experiences.

Parental Acceptance-Rejection Questionnaire-PARQ (Rohner, 2005)

The scale that was used for measuring perceived parenting style was the ‘Parental Acceptance-Rejection Questionnaire (PARQ) which was devised by Rohner, Saavedra and Granum in 1980. There are total four versions of the PARQ scale namely; Early childhood PARQ, Child PARQ, Adult PARQ, Parent PARQ (Rohner, 2005). The version that was used for this study was the ‘Adult PARQ’.

In the current study, revised version of the scale is used in the form of a self-report questionnaire. It reflects a child's existing perception and an adult's recollection of his/her parental rejection or acceptance in their early childhood (rohner & ali, 2020).

The ‘Adult PARQ’ consisted of 24 items which is the short version of the questionnaire. There are two separate forms for the mother and father, however, all the items are similar for both the forms. Eight items (1, 3,9,12, 17, 19, 22, 24) lie in the warmth/affection scale, six (4, 6, 10, 14, 18, 20) in the hostility/aggression, six (2, 7, 11, 13, 15, 23) in the indifference/neglect

scales , and four (5, 8, 16, 21) in the undifferentiated rejection scale (Rohner & Khaleque, 2005).

This is a 4- point Likert scale that ranges from "almost always true" to "almost never true". After reverse scoring of item 13 of the hostility/aggression subscale, the sum is taken of all of the items in the PARQ scale to measure acceptance and rejection. If an individual scores '24' then that represents highest acceptance. On the contrary a score of 96 represents highest rejection. The reliability of the PARQ scale is 0.98.

General Self - efficacy scale-GSE (Jerusalem.M & Schwarzer.R, 1979)

General Self- efficacy scale was developed by Matthias Jerusalem and Ralf Schwarzer in 1979. The scale consisted of 10 items that assessed an individual's self-belief or capabilities to manage and tackle situations that were negative or stressful. Currently, the scale can be found in 32 different languages. In the current study the English version of the scale was used.

The internal reliability of the general self-efficacy scale is between .76 to .90(Schwarzer & Jerusalem, n.d.). Total score in this scale was calculated by adding up the score of all items to achieve a final sum. The range provided for the GSE is between 10 and 40. A high score will indicate that the individual has high self-efficacy and a lower score indicated low self-efficacy (Schwarzer, 2014).

Warwick-Edinburgh Mental Wellbeing Scale-WEMWBS (Brown & Mohamed, 2008)

This scale was developed in 2007 by a panel of renowned researchers that worked at the universities of Warwick and Edinburgh which was funded by the NHS health, Scotland. It has

been used in numerous researchers for the measurement of mental well-being in the general population.

The scale comprised of 14 items with five response categories (Brown & Mohamed, 2008). In addition to this, WEMWBS exists in over 24 languages and in the current study the English version of the 14 items scale will be used. This scale can be used on age group 16 and above (Tennant et al., 2007).

The WEMWBS had proved to be quite reliable with its Cronbach's alpha score which was 0.89. The scoring metric is a Likert scale which was a straightforward one. In order to calculate the total score, each item was scored within the range of 1-5. After that, the score for each item was summed up. 14 was the minimum score and 70 was the maximum score. A higher score on the scale indicates a higher level of psychological well-being and low score represents lower levels of psychological well-being.

Operational definitions

Perceived Parenting Style

Perceived parenting style has been defined as "the four fold classification of parenting behavior imparts an important understanding of the efforts put in by parents to equate the collective requirements of nurturance and limit-setting that is a need for children" (Baumrind, 1991). However, perceived parenting style has been operationally defined in this current study as the perception of children regarding the style of parental behavior in their upbringing.

Self-Efficacy

According to Albert Bandura self efficacy refers to "an individual's belief in his or her capacity to execute behaviors necessary to produce specific performance attainments" (Carey & Forsyth, 2009). In the current study this variable has been operationally defined as the strength of an individual's belief in his or her own ability to respond to unfamiliar or difficult situations and deal with any accompanying difficulties or failures.

Mental Health

World health organization had laid down the global definition of mental health as "mental health refers to a condition of well-being wherein a person recognizes his or her own potential, is able to cope with everyday stressors, works productively, and contributes to their community" (WHO, 2018). In the current study mental health operationally is defined as an individual's social, emotional and psychological well-being that acts as predictors for life satisfaction and relationships.

Procedure

The permission to conduct research was first taken from the competent authorities of Bahria University Islamabad. Upon attaining approvals, emails were then sent to the authors of the scales selected in order to seek their permission for use. When conducting the questionnaire survey, participants were ensured about the confidentiality, and the anonymity of their identities. The purpose of the study was briefly explained to them before handing them the questionnaires. In addition to this, they were also informed that they can withdraw from the study at any point.

Ethical Consideration

In the current study, certain ethical considerations were taken into account. In order to use the scales to measure the variables selected for research, permission was be taken from the authors. In addition to this, the participants were informed about the research purpose and their consent was taken into consideration before giving them the questionnaires. Besides that, the participants were also provided with the option to withdraw from the study on their free will. Furthermore, the study also went through the ethical committee of the Psychology department of 'Bahria University Islamabad' to evaluate if the study was in accordance to the ethical codes of research.

CHAPTER III**RESULTS**

After collection of data statistical package for social sciences (SPSS-IBM version 26) was used to conduct statistical analysis. The sample size was calculated using G* power. Descriptive statistics were used to compute frequency, mean and percentages for socio demographic variables. Person product moment correlation coefficient (Pearson's correlation) was used to measure the strength of relationship between variables. Multiple regression was used to measure the casual relationship between variables. Man Whitney test was used to measure the difference between two groups. Kruskal Wallis test was used to measure difference between more than two groups.

Table 1*Descriptive statistics of participants. (n=300)*

Characteristics	n	%	M	SD
Age			20.99	1.67
18-24	300	100		
Gender				
Men	140	46.7		
Women	160	53.3		
Birth order				
First born	82	27.3		
Middle born	129	43.0		
Last born	81	27.0		
Only born	8	2.7		
Mother education				
Illiterate	11	3.7		
Matric pass	34	11.3		
Intermediate pass	70	23.3		
Undergraduate	132	44.0		
Postgraduate	53	17.7		
Father education				
Illiterate	1	3		

Matric pass	7	2.3		
Intermediate pass	67	22.3		
Undergraduate	146	48.7		
Postgraduate	79	26.3		
Monthly income			212128.3191	81530
Have you ever experienced any violent behavior from your parents				
Yes	107	35.7		
no	193	64.3		

Table 1 shows descriptive statistics of participants. Adults with age range of 18-24 are 100% (n=300), the male adults who participated in study are 46.7% (n=140), as compare to female adults who are 53.3% (n=160). Participants who are first born are 27.3% (n=82), participants who are middle born are 43.0% (n=129), participants who are last born are 27% (n=81), participants who are only born are 2.7% (n=8). Participants whose mother were illiterate are 3.7% (n=11), participants whose mother are matric pass are 11.3% (n=34), participants whose mother are intermediate pass are 23.3%(n=70), participants whose mother are graduated are 44% (n=132), participants whose mother are postgraduate are 17.7% (n=53). Participants whose father were illiterate are 3% (n=1), participants whose father are matric pass are 2.3% (n=7), participants whose father are intermediate pass are 22.3%(n=67), participants whose father are graduated are 48.7% (n=146), participants whose father are postgraduate are 26.3% (n=79). Participants who experienced violent behavior from parents are 35.7% (n=107), participants who did not experience any violent behavior from their parents are 64.3% (n=193).

Table 2*Psychometric properties of study variables. (n=300)*

Scale	No of items	M	SD	Range	Cronbach's α
PARQF	24	12.22	7.29	2-41	.61
PARQF_WA	8	24.70	5.13	10-32	.79
PARQF_HA	6	10.17	4.03	6-22	.80
PARQF_IN	6	10.94	3.46	6-22	.66
PARQF_UR	4	6.42	2.44	4-13	.61
PARQM	24	13.91	7.98	3-53	.64
PARQM_WA	8	25.81	5.41	11-32	.83
PARQM_HA	6	10.95	4.40	6-24	.79
PARQM_IN	6	10.40	4.08	6-24	.76
PARQM_UR	4	6.74	3.03	4-16	.76
GSE	10	29.01	6.08	11-40	.85
WEMWBS	14	46.28	10.58	14-70	.87

PARQ=Parental acceptance rejection questionnaire, WA=warmth/affection, HA=hostility/aggression, IN=indifference/neglect, UR=undifferentiated rejection. GSE=general self efficacy scale. WEMWBS=Warwick-Edinburgh mental well-being scale.

Table 2 shows psychometric properties of scales utilized in the study. The cronbach's alpha value for PARQF is .61. The cronbach's alpha for the sub scales of PARQF ranges from .61 to .80 respectively. The cronbach's alpha value for PARQM is .64 . The cronbach's alpha for the

sub scales of PARQM ranges from .76 to .83 respectively. The cronbach's alpha value for GSE is .85(>.80). The cronbach's alpha value for WEMWBS is .87(>.80).

Table 3

Pearson product moment correlation among Multidimensional Scale of Perceived Parenting Style, General Self Efficacy and Mental Health. (n=300)

	M	SD	1	2	3	4	5	6	7	8	9	10	11	12
PARQF	12.22	7.29	–	.10	.73**	.59**	.71**	.56**	-.07	.44**	.41**	.40**	-.21**	-.17**
PARQF_WA	24.70	5.13		–	-.44**	-.47**	-.37**	-.08	.50**	-.28**	-.32**	-.27**	.19**	.20**
PARQF_HA	10.16	4.02			–	.52**	.73**	.45**	-.30**	.52**	.46**	.46**	-.25**	-.19**
PARQF_IN	10.93	3.46				–	.50**	.43**	-.34**	.45**	.53**	.35**	-.30**	-.31**
PARQF_UR	6.41	2.44					–	.42**	-.26**	.41**	.40**	.45**	-.22**	-.19**
PAQRM	13.90	7.97						–	-.14*	.80**	.71**	.76**	-.24**	-.10
PARQM_WA	25.81	5.41							–	-.52**	-.63**	-.55**	.26**	.22**
PARQM_HA	10.95	4.39								–	.66**	.71**	-.31**	-.17**
PARQM_IN	10.40	4.08									–	.71**	-.31**	-.21**
PARQM_UR	6.74	3.03										–	-.25**	-.15*
GSE	29.01	6.08											–	.47**
WEMWEBS	46.27	10.57												–

Note.* $p < 0.05$, ** $p < 0.01$

PARQ=Parental acceptance rejection questionnaire, WA=warmth/affection, HA=hostility/aggression, IN=indifference/neglect, UR=undifferentiated rejection. GSE=general self efficacy scale. WEMWBS=Warwick-Edinburgh mental well-being scale.

Table 3 shows correlations between scores of scales and their sub scales. PARQF is significantly positively correlated with, PARQF_HA($r=.73, p<0.01$), PARQF_IN($r=.61, p<0.01$), PARQF_UR($r=.71, p<0.01$) PARQM_HA ($r=.56, p<0.01$), PARQM_IN($r=.44, p<0.01$), PARQM_UR($r=.41, p<0.01$), PARQF is significantly negatively correlated with GSE($r=-.21, p<0.01$), WEMWEBS($r=-.17, p<0.01$). PARQF_WA is significantly negatively correlated with PARQF_HA($r=-.44, p<0.01$), PARQF_IN($r=-.47, p<0.01$), PARQF_UR($r=-.37, p<0.01$). PARQF_HA is significantly positively correlated with PARQF_IN($r=.52, p<0.01$), PARQF_UR($r=.73, p<0.01$), PARQM_WA ($r=.45, p<0.01$), PARQM_HA ($r=.52, p<0.01$), PARQM_IN($r=.46, p<0.01$), PARQM_UR($r=.46, p<0.01$), PARQF_HA is significantly negatively correlated with PARQM_WA ($r=-.30, p<0.01$), GSE($r=-.25, p<0.01$), WEMWEBS($r=-.19, p<0.01$). PARQF_IN is significantly positively correlated with, PARQF_UR($r=.50, p<0.01$) PARQM ($r=.43, p<0.01$) PARQM_HA ($r=.45, p<0.01$), PARQM_IN($r=.53, p<0.01$), PARQM_UR($r=.35, p<0.01$). PARQF_IN is significantly negatively correlated with, PARQM_WA ($r=-.34, p<0.01$), GSE($r=-.30, p<0.01$), WEMWEBS($r=-.31, p<0.01$). PARQF_UR is significantly positively correlated with, PARQM ($r=.42, p<0.01$), PARQM_HA ($r=.41, p<0.01$), PARQM_IN($r=.40, p<0.01$), PARQM_UR($r=.45, p<0.01$). PARQF_UR is significantly negatively correlated with PARQM_WA ($r=-.26, p<0.01$), GSE($r=-.22, p<0.01$), WEMWEBS($r=-.19, p<0.01$). PAQRM is significantly positively correlated with, PARQM_HA ($r=.80, p<0.01$), PARQM_IN($r=.71, p<0.01$), PARQM_UR($r=.76, p<0.01$). PAQRM is significantly negatively correlated with PARQM_WA ($r=-.14, p<0.05$), GSE($r=-.24, p<0.01$), WEMWEBS($r=-.10, p<0.01$). PARQM_WA is significantly positively correlated with, GSE($r=.26, p<0.01$), WEMWEBS($r=-.22, p<0.01$). PARQM_WA is significantly negatively correlated with,

PARQM_HA ($r=-.52, p<0.01$), PARQM_IN($r=-.63, p<0.01$), PARQM_UR($r=-.55, p<0.01$). PARQM_HA is significantly positively correlated with, PARQM_IN($r=.66, p<0.01$), PARQM_UR($r=.71, p<0.01$). PARQM_HA is significantly negatively correlated with, GSE($r=-.31, p<0.01$), WEMWEBS($r=-.17, p<0.01$). PARQM_IN is significantly positively correlated with, PARQM_UR($r=.71, p<0.01$). PARQM_IN is significantly negatively correlated with, GSE($r=-.31, p<0.01$), WEMWEBS($r=-.21, p<0.01$). PARQM_UR is significantly negatively correlated with, GSE($r=-.25, p<0.01$), WEMWEBS($r=-.15, p<0.05$). GSE is significantly positively correlated with, WEMWEBS($r=.47, p<0.01$).

Table 4

Multiple linear regression Analysis to predict Mental Health by Perceived Parenting Styles and Self Efficacy (n=300).

Predictors	<i>B</i>	SE	β	<i>p</i>	95% CI
Constants	22.54	6.30		.00	[10.13,34.94]
PARQF_WA	.01	.13	.00	.90	[-.25,.28]
PAQRF_HA	-.02	.21	-.00	.92	[-.44,-.40]
PARQF_IN	-.56	.21	-.18	.00	[-.98,-.15]
PARQF_UR	-.10	.33	-.02	.75	[-.07,.50]
PARQM_WA	.21	.14	.10	.14	[-.07,.50]
PARQM_HA	.19	.19	.07	.32	[-.19,.57]
PARQM_IN	.03	.22	.01	.86	[-.40,.48]
PARQM_UR	.15	.28	.04	.59	[-.41,.72]
GSE	.73	.09	.42	.00	[.55,.92]

R= .51, R²= 0.27, $\Delta R^2=0.27$, F= 11.88, $p=.00$ Note: PARQ=Parental Acceptance Rejection Questionnaire, WA=warmth/affection, HA=hostility/aggression, IN=indifference/neglect, UR=undifferentiated rejection. GSE=General Self Efficacy scale. WEMWBS=Warwick-Edinburgh Mental Well-being scale, CI=confidence interval.

Table 4 shows impact of perceived parenting style and general self efficacy on mental health of young adults, The R² value of 0.27 reveals that predictors explained 27% variance in the outcome variable with $F =11.88$, $p<.00$. The findings reveal that PARQF-IN and GSE significantly predict mental health.

Table 5

Independent sample t-test showing difference between male and female on Perceived Parenting Style, Self-Efficacy and Mental Health (n=300).

Variables	Male		Female		<i>t</i> (298)	<i>p</i>	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
PARQF	13.32	8.17	11.25	6.2	2.47	.00	0.28
PARQF_WA	24.27	5.10	25.07	5.14	-1.34	.99	0.15
PARQF_HA	11.07	4.10	9.37	3.79	3.71	.04	0.43
PARQF_IN	11.05	3.72	10.83	3.23	.52	.34	0.06
PARQF_UR	6.92	2.59	5.96	2.21	3.46	.08	0.39
PARQM	14.19	8.28	13.65	7.7	.58	.73	0.06
PARQM_WA	25.80	5.5	25.81	5.34	-.01	.49	0.00
PARQM_HA	11.20	4.48	10.72	4.13	.94	.66	0.11
PARQM_IN	10.27	4.13	10.51	4.04	-.52	.60	0.05
PARQM_UR	6.90	3.10	6.59	2.96	.89	.57	0.10
GSE	29.40	6.86	28.66	5.30	1.03	.00	0.12
WEMWEBS	48.65	10.77	44.19	9.98	3.72	.08	0.42

Table 5 shows difference between males and females on Perceived Parenting Style, Self-Efficacy and Mental Health with. There is a significant difference between male and female on PARQF with $t(298)=2.47$, $p<0.05$. Findings show that males exhibit higher scores on PARQF ($M=13.32$, $SD=8.17$) as compare to females ($M=11.25$, $SD=6.2$). The value of cohen's *d* is 0.28

which indicates medium effect size. There is a significant difference between male and female on PARQF_HA with $t(298)=3.71, p<0.05$. Findings show that males exhibit higher scores on PARQF_HA ($M=11.07, SD=4.10$) as compare to females ($M=9.37, SD=3.79$). The value of cohen's d is 0.43 which indicates medium effect size. There is a significant difference between male and female on GSE with $t(354)=1.03, p<0.05$. Findings show that males exhibit higher scores on GSE($M=29.40, SD=6.86$) as compare to females ($M=28.66, SD=5.30$). The value of cohen's d is 0.12 which indicates small effect size.

Table 6

Mann Whitney U Test showing difference between young adults on categories of Violent behavior on Perceived Parenting Style, General Self Efficacy, and Mental Health (n=300).

Variables		n	Mean Ranks	U	p
PARQF_TOTAL	yes	107	172.05	8019.50	.01
	no	193	138.55		
PARQF_WA	yes	107	107.19	5691.00	.00
	no	193	174.51		
PARQF_HA	yes	107	197.84	5260.50	.00
	no	193	124.26		
PARQF_IN	Yes	107	181.28	7032.00	.00
	no	193	133.44		
PARQF_UR	yes	107	185.93	6535.00	.00
	no	193	130.86		
PARQM_TOTAL	yes	107	192.64	5817.00	.00
	no	193	127.14		
PARQM_WA	yes	107	116.98	6739.00	.00
	no	193	169.08		
PARQM_HA	yes	107	195.74	5485.00	.00
	no	193	125.42		
PARQM_IN	yes	107	188.95	6211.00	.00
	no	193	129.18		

	yes	107	191.50		
PARQM_UR	no	193	127.77	5938.500	.00
	yes	107	126.36		
GSE	no	193	163.89	7742.00	.00
	yes	107	129.65		
WEMWEBS	no	193	162.06	8095.00	.02

Table 6 shows that PARQF is higher in adults who responded yes (M=172.05), as compare to adults who responded no (M=138.55), U= 8019.50 and P= .01. PARQF_WA is higher in adults who responded no (M=174.51), as compare to adults who responded yes (M=107.19), U=5691.00 and P=.00. PARQF_HA is higher in adults who responded yes (M=197.84), as compare to adults who responded no (M=124.26), U=5260.50 and P= .00. PARQF_IN is higher in adults who responded yes (M=181.28), as compare to adults who responded no (M=133.44), U=7032.00 and P= .00. PARQF_UR is higher in adults who responded yes (M=185.93), as compare to adults who responded no (M=130.86), U=6535.00 and P= .00. PARQM is higher in adults who responded yes (M=192.64), as compare to adults who responded no (M=127.14), U= 5817.00 and P= .00. PARQF_WA is higher in adults who responded no (M=169.08), as compare to adults who responded yes (M=116.98), U=6739.00 and P= .00. PARQM_HA is higher in adults who responded yes (M=195.74), as compare to adults who responded no (M=125.42), U=5485.00 and P= .00. PARQM_IN is higher in adults who responded yes (M=188.95), as compare to adults who responded no (M=129.18), U=6211.00 and P=.00. PARQM_UR is higher in adults who responded yes (M=191.50), as compare to adults who responded no (M=127.77), U=5938.500 and P= .00. GSE is higher in adults who responded no (M=163.89), as compare to adults who responded yes (M=126.36),

U=7742.00 and P= .00. WEMWEBS is higher in adults who responded no (M=162.06), as compare to adults who responded yes (M=129.65), U=8095.00 and P= .02.

Table 7

Kruskal Wallis test showing difference between birth order on Perceived Parenting Style, General Self Efficacy, and Mental Health. (n=300)

Variables	Birth order	n	Mean rank	K	p
PARQF	First born	82	12	3.45	.32
	Middle born	129	10		
	Last born	81	11		
	Only born	8	10		
	First born	82	27	7.78	.05
	Middle born	129	25		
	Last born	81	30		
	Only born	8	30		
PARQF_WA	Only born	8	9	4.407	.22
	First born	82	10		
	Middle born	129	9		
	Last born	81	9		
PARQF_HA	Only born	8	7	2.45	.47
	First born	82	10		
	Middle born	129	12		
	Last born	81	10		
PARQF_IN	Only born	8	8	2.18	.53
	First born	82	6		
	Middle born	129	6		
PARQF_UR	Last born	81	6		

	Only born	8	3		
PARQM	First born	82	12		
	Middle born	129	11	7.2	.06
	Last born	81	11		
	Only born	8	10		
	First born	82	28		
	Middle born	129	27	3.97	.26
	Last born	81	25		
PARQM_WA	Only born	8	28		
	First born	82	13		
	Middle born	129	12	3.35	.34
	Last born	81	11		
PARQM_HA	Only born	8	10		
	First born	82	8		
	Middle born	129	10	1.4	.69
	Last born	81	8		
PARQM_IN	Only born	8	7		
	First born	82	6		
	Middle born	129	6	3.47	.32
	Last born	81	5		
PARQM_UR	Only born	8	5		
GSE	First born	82	30	9.2	.02

	Middle born	129	28		
	Last born	81	29		
	Only born	8	28		
	First born	82	5		
WEMWEBS	Middle born	129	4.5	12.45	.06
	Last born	81	5		
	Only born	8	4		

Table 7 shows PARQF_WA is higher only in last born (M=30) and only born (M=30), as compare to first born and middle born. GSE is higher in first born (M=30) as compare to middle born, last born and only born.

CHAPTER IV

DISCUSSION

The current study was conducted to investigate the Impact of Perceived Parenting Styles and Self Efficacy on the Mental Health of young adults. Three instruments were used to measure the variables of the current study. The parental acceptance-rejection questionnaire (PARQ) was developed by Preston Rohner (2005). It consists of four scales: warmth/affection, hostility/aggression, indifference/neglect, and undifferentiated rejection. The General`-Self efficacy Scale (GSE) developed by Matthias Jerusalem and Ralf Schwarzer (1970) was used to measure self-efficacy. Warwick-Edinburgh Mental Health scale (WEMWBS) developed by researchers that worked at the universities of Warwick and Edinburgh (2007) was utilized to evaluate the mental health of the young adults.

To determine the psychometric properties of the scales, Cronbach's alpha was evaluated. The reliability of the PARQ scale was 0.98 (Preston Rohner 2005). In the present study, the reliability of PARQF was .61, and the reliability of PARQM was .64. The reliability of warmth/affection, hostility/aggression, indifference/neglect, undifferentiated rejection, subscales of PARQF was .79, .80, .66, .61. The reliability of warmth/affection, hostility/aggression, indifference/neglect, undifferentiated rejection, subscales of PARQM was .82, .79, .76, .75.

The reliability of the General Self Efficacy scale ranged from .76 to .79 (Jerusalem and Schwarzer, 1970). In the present study, the reliability of GSE was .85. The reliability of the WEMWBS Warwick-Edinburgh Mental Health scale was .89, In the present study, the reliability of WEMWBS was .87. . The reason behind low reliability of PARQF and PARQM could be due to cultural difference. Pakistan's culture is more towards conservatism due to which parental strictness and hostility is often perceived as obedience. As a result of this, children are

expected to bare aggressive and neglectful parenting because obedience is considered a sign of respect.

According to the first hypothesis, there exists a relationship between perceived parenting style, self-efficacy, and mental health among young adults. Current findings showed that fathers warmth and affection and mothers warmth and affection positively correlate with self-efficacy and mental health of young adults. On the contrary, neglectful and unresponsive behavior from fathers and mother both showed an adverse impact on the self-efficacy and mental health of young adults.

The results of the study were in line with the previous literature which also found a significant relationship between, parenting styles and self-efficacy and mental health (Furnham, A., Cheng, 2000). It was found that the authoritative parenting style which was considered as warm and responsive indicated a higher rate of self-efficacy in young adults. Whereas, self-efficacy in individuals who experienced authoritarian and neglectful parenting styles had low self-efficacy (Masud et al., 2015). It is important to note that neglectful and authoritarian parenting styles are considered negative parenting styles because such parents are unresponsive, overly strict, and cold (Spraitz, 2011).

In addition, perceived parenting style and mental health was strongly linked in previous research which proved that neglectful parenting style had a direct impact on the psychological well-being of individuals which lead to deterioration of mental health by causing different mental health illnesses such as anxiety and depression. Karen Horney has emphasized heavily the concept of "basic hostility" which develops in children as a result of lack of affection and warmth from parents and consequently, this develops anxiety in children (Connell, 1980). A

positive parenting style that includes acceptance and warmth as important factors helped individuals cope with external as well as internal stressors (Williams et al., 2012).

The second hypothesis was perceived parenting style and self-efficacy will predict the mental health of young adults. Results showed that perceived indifferent/neglectful parenting styles of father and general self- efficacy significantly predict mental health. The current findings were in line with the previous literature which also concluded that fathers who were very responsive and affectionate towards their children reflected a positive impact on their mental health as compared to neglectful and unresponsive fathers (Pena, 2021). In addition to this, such children even reported having lesser chances of having any mental illness such as depression and anxiety.

Studies concluded that higher self efficacy in individuals positively impact mental health as compared to lower self-efficacy (Bavojdan et al., 2011). Albert Bandura's concept of self-efficacy emphasised on its role in regulating emotions (Bandura, 1997). Problem solving skills and management is extended to all sorts of situations including emotional and stressful. That is why a person with higher self-efficacy is able to replace their negative thinking patterns by rationalizing. As a result, an individual is able to develop resistance and coping strategies to deal with such situations.

The third hypothesis was that there will be a difference in perceived parenting style, self-efficacy, and mental health among males and females. Males perceived more hostility/aggression from fathers and scored high on general self efficacy as compared to females. Results of a study revealed that female young adults perceived their fathers as more warm and responsive (Permissive and Authoritative) as compared to male young adults. Males on the other hand were

more affectionate towards their mothers as compared to fathers. These results can also be supported by Freud's Psychodynamic perspective (Shafique, 2008).

According to Freud, boys naturally perceive their fathers as their competitors. Similarly, daughters feel more protected and safe around their fathers as compared to mothers. This could be further supported by previous research which revealed that fathers show more support to females than males. In addition, fathers have a closer relationship with their daughters whereas, mothers have a stronger relationship with their sons (Craig, Barber, Thomas, 1986).

This has also been proved by behavioral neuroscience which states that fathers react quicker to a daughter crying as compared to their sons. That's due to a female's delicate and vulnerable image in general. Due to this, fathers are more protective and they feel the need to respond to their daughter's emotions more (Mascaro et al., 2022).

Current study indicated that males scored higher on general self-efficacy across gender. This is supported by previous literature as well which reported higher self-efficacy in males as compared to females (Tam et al., 2012). This could be due to the gender roles and patriarchal societal roles in conservative societies like Pakistans. In a male dominating society, more opportunities are provided to males where they can improve their problem-solving skills as compared to females. This notion can be further explained by another research that indicated higher self-efficacy in males as compared to females (Akram&Ghazanfar, 2014). Where else, no significant results were reported for mental health among male and females.

The fourth hypothesis stated that there will be a difference in perceived parenting style, self-efficacy, and mental health of young adults if they experienced categories of violent behavior from parents. According to the results of the study, participants who faced violent behavior from their parents scored low on parental warmth and affectation and scored high on

parental hostility/aggression, indifference/neglect, and undifferentiated/rejection. Young adults who reported facing violent behavior from their parents scored low on general self-efficacy and mental health.

In a research conducted in Hong Kong, abuse was evaluated among parents with different parenting styles. The result revealed that the authoritative parenting style resulted in positive outcomes. Children who experienced negative parenting such as neglectful and authoritarian parenting styles reported to have experienced different types of abuse including emotional and physical. Another study concluded that parents who have suffered some sort of abuse or neglect from their parents result in child maltreatment (Haskett et al., 1995).

It was proposed that in Asian cultures, the strictness and control associated with authoritarian parenting are translated as affection, and a good upbringing (Cheung, 1987). Another study concluded that obedience is a valuable trait in most Pakistani children's strict Islamic upbringing, and thus attitudes of tight control, authority, and even aggression have become more normalized, possibly resulting in less impact on adults when they believe their upbringing is a common cultural practice. In addition to this, evidence revealed that authoritarian parenting in a culture that expects obedience to authority was not as harmful to an adolescent's mental well-being as it was in the west with a more free society (Dwairy & Acholi, 2006).

The fifth hypothesis was that there will be a significant difference in perceived parenting style, self-efficacy, and mental health of young adults according to their birth order, the results revealed that the warmth and affectionate perceived parenting style of father was higher in the last born and only born. A study conducted in Japan showed similar findings that elder children reported perceived parenting style as more rejecting than others, and elder children perceived parenting style as more caring and demonstrated more warmth than others (Someya et al., 2001).

This could be due to immense pressure to only meet the expectations of their parents but they are also strictly forced to abide by the rules. The oldest siblings are brought up to become role models for their younger siblings which cast a huge responsibility upon them and often affects their mental health as well.

On the contrary, the youngest or the only born are usually met with a warmer and overprotective parenting style. Furthermore, the only child in the family receives a very similar treatment to the last born. Parents are softer and warmer towards them which may positively impact their mental health but it makes them quite dependent not only on family members but even outside the family (Adler, 1927).

However, Self-efficacy was reported to be higher in the firstborn. Previous research also revealed that the firstborn had a higher level of self-efficacy as compared to the middle or last born (Fatima & Ashraf, 2018). That could be because the oldest child is constantly placed in situations where they have to independently manage and work without the support of anyone. In addition, they are expected to have goals that they must meet. In this whole process of goal achievement and having no one to rely on, their self-efficacy increases. The last born, on the other hand, have their older siblings to depend upon and they are met with the love and care of not just their parents but also their older siblings which in return normally doesn't put them in tough situations.

There was no significant difference between firstborn, middle born, last born, and only born on mental health. A study concluded that the last born have the lowest risk of facing any psychological distress or illnesses (Fukuya et al., 2021). That could be due to differential treatment of parents towards them and the emotional support that they receive from them as well as their older siblings. Consequently, this provides them with a sense of security and they feel

protected. In contrast to this, researches revealed that the middle child experiences the least intimacy with their parents which causes higher probability of them to be psychologically distressed (Kidwell, 1982).

Conclusion

The present study was conducted in order to bring important variables of perceived parenting styles, general self-efficacy, and mental health to highlight and analyze the role of parents among young adults. The findings of the present study revealed that parental support significantly enhances psychological well-being. When evaluated separately it was revealed that parental support significantly affects psychological well-being and general self-efficacy. Therefore, all their variables are correlated with each other.

Limitations

The current study aimed to evaluate the relationship between Perceived parenting style, Self-efficacy, and Mental Health in young adults. There are always some outcomes that act as limitations in research and so this study entails several limitations as well. One of the most prominent limitations would be the selection of participants. The participants chosen were knowledgeable students who could understand the research. Non- university students were not taken into account which could have provided a broader range of data. What many perceive to be controlling and over-protective in the West might be accepted as a positive parental trait in traditionally conservative societies. In Pakistan, over protectiveness is not perceived harshly or negatively by children. In conclusion, parenting style differs from culture to culture because what might be accepted in one culture might not be accepted in another. Furthermore, it is important to define what comes into the ambit of 'violent behavior'. In traditional societies, yelling and beating children in their childhood is one of the most common ways to discipline them and such ways are highly accepted in these societies. This calls into question whether the responses we collected included such violent practices or not. Some participants might have answered negatively to this question as it is considered normal practice in Pakistan.

Practical Implications

The current study entails several useful practical implications that can benefit not only mental health practitioners but also parents and their children. The findings of the study confirmed that there is an impact of perceived parenting style on the self-efficacy as well as the mental health of young adults. This will greatly help parents identify whether the type of parenting style they adopt is positively impacting their children's self-efficacy and mental health or vice versa. Such insight will help parents alter their negative patterns of parenting that have been adversely impacting their children. As mental health is a very stigmatized topic in Pakistan, researchers can utilize the results of this study and further work upon them to not only spread more awareness but also to fill the research gap that may exist. In addition to this, the research will also be helpful in the education sector. Teachers and trainers can seek help from this and design curriculum and training programs that will provide equal opportunities to all students irrespective of their gender to improve their self-efficacy. Furthermore, students will be able to understand the concept and importance of mental health and self-efficacy which will benefit them in various aspects of life. One of the major implication of this research extends to mental health practitioners and clinicians who can create therapeutic plans and training according to the findings. This will help clinical psychologists have a deeper understanding of the underlying cause of various mental health issues in young adults.

Future Recommendations

Future Research can continue to explore these variables with more participants. A comparison can be drawn between Rural and Urban populations so that results can be generalized to a larger population. Also, the research only included young adults future studies can also include individuals of other age ranges too. Based on this research further interventions and therapeutic plans can be applied to improve the mental health and general self-efficacy of young adults. It will help parents gain insight into their parenting styles and how they can impact the mental health of their children. It will not only help parents but also upcoming psychologists and mental health practitioners in establishing strategies and therapy plans. They can hold different campaigns to spread awareness about the importance of a child's mental health and preach to parents about the positive parenting styles they should adopt. Furthermore, researchers can conduct qualitative and longitudinal research to evaluate whether there is going to be a transition in perception of perceived parenting style over time. In addition, It is important to determine parents' emotional health and evaluate the reason behind the maltreatment of their children.

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ANNEXURES

ANNEXURE A
EMAIL PERMISSION FOR SCALES

(no subject) Inbox x



Hamna saeed

Mon, Jan 17, 9:53 AM ☆

I Hamna Saeed- a student of BS Psychology from the Department of Professional Psychology, Bahria University, Islamabad, Pakistan. I along with my classmate is a



Schwarzer, Ralf <ralf.schwarzer@fu-berlin.de>

Mon, Jan 17, 10:00 AM ★ ↶ ⋮

to me, health@zedat.fu-berlin.de ▾

<http://www.psyc.de/WORDPRESS/wordpress/requests/>

Prof. Dr. Ralf Schwarzer

Freie Universität Berlin, Psychology

Habelschwerdter Allee 45

14195 Berlin, Germany

Email | ralf.schwarzer@fu-berlin.de

WEB | <http://my.psyc.de>

ORCID | <http://orcid.org/0000-0002-0069-3826>

Twitter | <https://twitter.com/schwarzer1>

Google Scholar | <https://scholar.google.de/citations?user=w2M4eIUAAAAJ&hl=en>

From: Hamna saeed <hamna2798@gmail.com>

Sent: Monday, January 17, 2022 6:53:25 PM

To: health@zedat.fu-berlin.de

Subject:

(no subject) Inbox x



Hamna saeed

Mon, Jan 17, 9:46 AM ★

I Hamna Saeed- a student of BS Psychology from the Department of Professional Psychology, Bahria University, Islamabad, Pakistan. I along with my classmate is a



Stewart-Brown, Sarah <Sarah.Stewart-Brown@warwick.ac.uk>

Tue, Jan 18, 3:42 AM ☆ ↶ ⋮

to Resource, me ▾

Many thanks for your enquiry regarding the use of WEMWBS. Further information on the research behind the scale and how to use it is available on our website <https://warwick.ac.uk/wemwbs>

WEMWBS is protected by copyright. Those wishing to use WEMWBS can obtain a licence to do so. Please go to <https://warwick.ac.uk/wemwbs/using> for information on the type of licence you will require and details on how to apply.

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Any further enquiries can be directed to wemwbs@warwick.ac.uk

With Best Wishes

Sarah Stewart-Brown

Emeritus Professor of Public Health

New research on (S)WEMWBS

RE: request for PARQ SF Inbox x



Rohner, Ronald P. <r.rohner@uconn.edu>

Wed, Jan 19, 8:01 AM



to me, mussaffa ▾

Hello Hamna,

We are happy to have you and your classmate use the PARQ for your study of perceived parenting style. Since you are a Bachelor degree student there is no payment of copyright license fee required. I have attached the Urdu translations of the measures, along with some other files you will find useful for data analysis and interpretation of scores.

After collecting data from respondents, to score the measures, go to <http://parscore6.appspot.com> and using a Gmail account (we are hosted on the Google cloud), register your project. Answer all questions in affirmative. You will then be ready to score. **USE THE HELP VIDEO FOR EASY USE OF THE PROGRAM.** Use the following protocol to enter item scores:

Numerical Scoring. Record the numerical score for each response as follows:

Almost Always True	Sometimes True	Rarely True	Almost Never True
4	3	2	1

The scoring program does all reverse-scoring for you, as well as computes for missing data. This email grants permission to use the measures in person or online. International copyright law forbids release of these measures to any third party.

We would appreciate receiving a copy of your thesis when it is completed, either an English abstract or entire manuscript in English or Turkish. We will archive it in the Rohner Center and enter it in the online bibliography.

Warm regards,

Nancy

Nancy D. Rohner
Rohner Research Publications

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ANNEXURE B
INFORMED CONSENT FORM

Informed Consent Form

This research “The Impact of Perceived Parenting Style and Self-Efficacy on the Mental Health of young adults” is carried out by the students of BS Psychology at Bahria University, Islamabad Campus. Your participation in this research is voluntary and you may withdraw at any point without facing any penalty. All information collected will be used only for the research purpose. It will be kept confidential. Please provide the required demographic information and your honest responses on the attached questionnaires. This process would take no longer than 5-10 minutes.

The research will complete within next 2-3 months. If you are interested in the outcomes of the research, you can contact us at:

Email: qanootiftikhar9@gmail.com

hamna2798@gmail.com

I hereby provide my consent to be the part of the study.

Signature

Thank you for your interest and participation.

ANNEXURE C
DEMOGRAPHIC INFORMATION FORM

DEMOGRAPHIC INFORMATION FORM

Please proceed further with the questionnaire only if both your parents are alive and not divorced

Have you been diagnosed with any Mental Illness? i) Yes ii) No

1. **Age** _____

2. **Gender:**

 i) Male ii) Female

3. **Birth order**

- First child

- Middle child

- Last child

- Only born

4. **Education:**

Mother's Education _____

Father's Education _____

5. **Monthly Income (Rs):** _____

6. **Have you ever experienced any violent behavior from your parents?**

 i) Yes ii) No

ANNEXURE D
PARENTAL ACCEPTANCE REJECTION QUESTIONIRE (PARQ)

QUESTIONNAIRE NO.1 – PART (A) - FATHER

The following pages contain a number of statements describing the way fathers sometimes act toward their children. Read each statement carefully and think how well it describes the way your father treated you when you were about 7-12 years old. Work quickly. Give your first impression and move on to the next item. Do not dwell on any item.

Four boxes are drawn after each sentence. If the statement is *basically* true about the way your father treated you, ask yourself “Was it almost *always* true?” or “Was it only *sometimes* true?” If you think your father almost always treated you that way ,put an X in the box ALMOST ALWAYS TRUE ;if the statement was sometimes true about the way your father treated you then mark SOMETIMES TRUE. If you feel the statement is basically *untrue* about the way your father treated you then ask yourself, “Is it *rarely* true?” or “Is it almost *never* true?” If it is rarely true about the way your father treated you put an X in the box RARELY TRUE; if you feel the statement is almost never true then mark ALMOST NEVERTRUE.

Remember, there is no right or wrong answer to any statement, so be as honest as you can. Respond to each statement the way you feel your father really was rather than the way you might have liked him to be. For example, if in your memory he almost always hugged and kissed you when you were good, you should mark the item as follows:

MY FATHER	TRUE OF MY FATHER		NOT TRUE OF MY FATHER	
	<i>Almost Always True</i>	<i>Sometimes True</i>	<i>Rarely True</i>	<i>Almost Never True</i>

1.	Said nice things about me	4	3	2	1
2.	Paid no attention to me	4	3	2	1
3.	Made it easy for me to tell him things that are important to me	4	3	2	1
4.	Hit me, even when I did not deserve it	4	3	2	1
5.	Saw me as a big nuisance	4	3	2	1
6.	Punished me severely when he was angry	4	3	2	1
7.	Was too busy to answer my questions	4	3	2	1
8.	Seemed to dislike me	4	3	2	1
9.	Was really interested in what I did	4	3	2	1
10.	Said many unkind things to me	4	3	2	1
11.	Paid no attention when I asked for help	4	3	2	1

12.	Made me feel wanted and needed	4	3	2	1
13.	Paid a lot of attention to me	4	3	2	1
14.	Went out of his way to hurt my feelings	4	3	2	1
15.	Forgot important things I thought he should remember	4	3	2	1
16.	Made me feel unloved if I misbehaved	4	3	2	1
17.	Made me feel what I did was important	4	3	2	1
18.	Frightened or threatened me when I did something wrong	4	3	2	1
19.	Cared about what I thought, and liked me to talk about it	4	3	2	1
20.	Felt other children were better than I was no matter what I did	4	3	2	1

21.	Let me know I was not wanted	4	3	2	1
22.	Let me know he loved me	4	3	2	1
23.	Paid no attention to me as long as I did nothing to bother him	4	3	2	1
24.	Treated me gently with kindness	4	3	2	1

QUESTIONNAIRE NO.1 – PART (B) - MOTHER

The following pages contain a number of statements describing the way mothers sometimes act toward their children. Read each statement carefully and think how well it describes the way your mother treated you when you were about 7-12 years old. Work quickly. Give your first impression and move on to the next item. Do not dwell on any item.

Four boxes are drawn after each sentence. If the statement is *basically* true about the way your mother treated you, ask yourself “Was it almost *always* true?” or “Was it only *sometimes* true?” If you think your mother almost always treated you that way, put an X in the box ALMOST ALWAYS TRUE; if the statement was sometimes true about the way your mother treated you then mark SOMETIMES TRUE. If you feel the statement is basically *untrue* about the way your father treated you then ask yourself, “Is it *rarely* true?” or “Is it almost *never* true?” If it is rarely true about the way your mother treated you put an X in the

box RARELY TRUE; if you feel the statement is almost never true then mark ALMOST NEVERTRUE.

Remember, there is no right or wrong answer to any statement, so be as honest as you can. Respond to each statement the way you feel your mother really was rather than the way you might have liked her to be. For example, if in your memory she almost always hugged and kissed you when you were good, you should mark the item as follows:

MY MOTHER		TRUE OF MY MOTHER		NOT TRUE OF MY MOTHER	
		<i>Almost Always True</i>	<i>Sometimes True</i>	<i>Rarely True</i>	<i>Almost Never True</i>
1.	Said nice things about me	4	3	2	1
2.	Paid no attention to me	4	3	2	1
3.	Made it easy for me to tell her things that are important to me	4	3	2	1
4.	Hit me, even when I did not deserve it	4	3	2	1
5.	Saw me as a big nuisance	4	3	2	1
6.	Punished me severely when she was angry	4	3	2	1
7.	Was too busy to answer my questions	4	3	2	1

8.	Seemed to dislike me	4	3	2	1
9.	Was really interested in what I did	4	3	2	1
10.	Said many unkind things to me	4	3	2	1
11.	Paid no attention when I asked for help	4	3	2	1
12.	Made me feel wanted and needed	4	3	2	1
13.	Paid a lot of attention to me	4	3	2	1
14.	Went out of his way to hurt my feelings	4	3	2	1
15.	Forgot important things I thought she should remember	4	3	2	1
16.	Made me feel unloved if I misbehaved	4	3	2	1
17.	Made me feel what I did was important	4	3	2	1
18.	Frightened or threatened me when I did something wrong	4	3	2	1
19.	Cared about what I thought, and liked me to talk about it	4	3	2	1
20.	Felt other children were better than I was no matter what I did	4	3	2	1

21.	Let me know I was not wanted	4	3	2	1
22.	Let me know she loved me	4	3	2	1
23.	Paid no attention to me as long as I did nothing to bother her	4	3	2	1
24.	Treated me gently with kindness	4	3	2	1

ANNEXURE E
GENERAL SELF-EFFICACY SCALE

QUESTIONNAIRE NO.2

		Not at all true	Hardly true	Moderately true	Exactly true
1	I can always manage to solve difficult problems if I try hard enough	1	2	3	4
2	If someone opposes me, I can find the means and ways to get what I want	1	2	3	4
3	It is easy for me to stick to my aims and accomplish my goals.	1	2	3	4
4	I am confident that I could deal efficiently with unexpected events.	1	2	3	4
5	Thanks to my resourcefulness, I know how to handle unforeseen situations.	1	2	3	4
6	I can solve most problems if I invest the necessary effort.	1	2	3	4
7	I can remain calm when facing difficulties because I can rely on my coping abilities.	1	2	3	4
8	When I am confronted with a problem, I can usually find several solutions.	1	2	3	4
9	If I am in trouble, I can usually think of a solution	1	2	3	4
10	I can usually handle whatever comes my way.	1	2	3	4

ANNEXURE E

WARWICK-EDINBURGH MENTAL WELLBEING SCALE (WEMWBS)

QUESTIONNAIRE NO.3

		None of the time	rarely	Some of the time	often	All of the time
1.	I've been feeling optimistic about the future	1	2	3	4	5
2.	I've been feeling useful	1	2	3	4	5
3.	I've been feeling relaxed	1	2	3	4	5
4.	I've been feeling interested in other people	1	2	3	4	5
5.	I've had energy to spare	1	2	3	4	5
6.	I've been dealing with problems well	1	2	3	4	5
7.	I've been thinking clearly	1	2	3	4	5
8.	I've been feeling good about myself	1	2	3	4	5
9.	I've been feeling close to other people	1	2	3	4	5
10.	I've been feeling confident	1	2	3	4	5
11.	I've been able to make up my own mind about things	1	2	3	4	5
12.	I've been feeling loved	1	2	3	4	5
13.	I've been interested in new things	1	2	3	4	5
14.	I've been feeling cheerful	1	2	3	4	5

Below are some statements about feelings and thoughts. Please select the answer that best describes your experience of each over the last 2 weeks

ANNEXURE G
PLAGIRISM REPORT

Perceived parenting style

ORIGINALITY REPORT



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Perceived parenting style

GRADEMARK REPORT

FINAL GRADE

GENERAL COMMENTS

