

# The relationship between family functioning and self-esteem in female high school students of Isfahan, Iran, in 2013–2014

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## ABSTRACT

**Background:** One of the most critical periods of the life of a person is adolescence. During this period, individuals face many problems such as low self-esteem. Self-esteem can be influenced by many factors such as school, friends, and inner personality, but it seems that the family has a crucial role in shaping self-esteem. Therefore, the present study aimed to determine the relationship between family functioning and self-esteem in female high school students in Isfahan, Iran.

**Materials and Methods:** This descriptive correlational study was performed with multi-stage random sampling method on 237 female high school students who met the inclusion criteria of the study. The data collection tools included Bloom's Family Functioning Scale and Pop's self-esteem questionnaire. The data obtained from the questionnaires were analyzed through SPSS software.

**Results:** The results showed that the majority of the samples examined had moderate level self-esteem (48.5%) and family function (56.5%). There was a significant correlation between the dimensions of family functioning and areas of self-esteem (except for lack of independence, and public, academic, and physical self-esteem). In addition, the correlation between family aspirations and self-esteem ( $r = 0.636$ ,  $P < 0.01$ ) was higher than other variables. Moreover, across the dimensions of family functioning, a significant negative correlation was found between the lack of independence and the family self-esteem subscale.

**Conclusions:** The results of the study showed that adolescents' self-esteem is highly correlated with their family's performance. Therefore, to enhance the self-esteem of adolescents, family-centered empowerment programs should be planned and implemented by health service providers, especially nurses, in order to improve and enhance family functioning.

**Key words:** Adolescents, family, Iran, nurses, self-esteem

## INTRODUCTION

Adolescence is a period of rapid physical and emotional changes and the transition period between childhood and adulthood.<sup>[1]</sup> During this period, the person is faced with many problems and has a wide range of needs. Among these requirements, the need for self-esteem has a special place; satisfying this

need can have a positive impact on other needs. Typically, self-esteem gradually increases until adolescence, but during adolescence it often decreases.<sup>[2]</sup> In this regard, Carlson and Gjerd believe that girls, compared to boys, experience a drastic reduction in self-esteem in early adolescence.<sup>[3]</sup>

Self-esteem can be affected by many factors, such as school, friends, and internal factors; however, the family's role in shaping self-esteem seems to be fundamental. The family is one of the most important elements that play a role in shaping human character. Humans, from birth until death, grow in the family. Physical, psychological, and social evolution of a man originates in the family.<sup>[4]</sup> Family, as the most basic unit of society and traditionally the first and most important provider of health care to its members, is a unique whole and has its specific functions, structures, and needs.<sup>[5]</sup> If the family, as a social institution, performs its roles accurately, it not only provides the society with healthy and normal individuals, but also has the greatest positive impact on other social institutions such as education, the government and legal system, and the economy.<sup>[6]</sup> Several studies have

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shown that family environment, family functioning, and parental patterns affect the physical and mental health of adolescents. Silborn *et al.* have stated in this regard that the function of the family impacts the physical, social, and emotional health of the children. In fact, what happens within a family and its functions can be a key factor in building flexibility and reducing the current and future risks associated with adverse events and conditions.<sup>[7]</sup> Bahreini *et al.*, in their study on the effect of parental attachment patterns on depression and self-esteem during adolescence, concluded that low parental care and tight control patterns have a significant relationship with depression and low self-esteem in adolescent girls ( $P < 0.01$ ).<sup>[8]</sup> A study conducted by Walker and Shepherd showed that family problems can be the cause of educational and training failures, disintegration of social ties, social alienations, and alcohol and drug abuse.<sup>[9]</sup> Overall, the results of previous studies suggest that dysfunctional families are a center in which crime grows, functional families can support and nurture their children, and any incompetency in the function of the family could adversely affect the child's norms.

Despite being aware of the role of the family in building a vibrant and healthy community, due to his professional situation in the community, the researcher observed that at the beginning of secondary school education, students had experienced performance decline, feelings of inadequacy, loneliness, substance abuse, avoiding reality, and self-destructive behaviors due to low self-esteem levels. Although previous studies have emphasized on the role of family functioning and its relationship to physical and mental disorders, there is still little knowledge about the relationship between family functioning and self-esteem of adolescent girls. Community health nurses, as evaluators, trainers, guides, and referrers, are able to communicate with families and can take effective measures to improve the level of performance and meet the health-related needs of family members. Moreover, reviewing numerous researches and literature showed lack of studies related to the relationship between the variables of family functioning and self-esteem. Thus, the researcher aimed to investigate the relationship between different aspects of family functioning and the domains of self-esteem in female students. It is hoped that the results of this study can be a short step toward promoting the health of female students.

## MATERIALS AND METHODS

This was a descriptive correlational study. The statistical population consisted of female students from the high schools of Isfahan, Iran, studying in the years 2013–2014. Written permission was obtained from the research deputy of Isfahan University of Medical Sciences, Deputy of Health,

and the Department of Education of Isfahan. In the present study, multi-stage random sampling method was used. During the first stage, a list of public high schools for girls from the six districts of the city was prepared, and then, by stratified random sampling method, six female high schools were chosen (one high school from each district). Then, by a simple and systematic random sampling, proportional to the population of each school, 237 female students, who met the inclusion criteria (lack of physical or mental health records, not facing new a crisis, living with parents, willing to participate, minimum age of 15 years, and average grade of 16 and above), were selected from first, second, and third classes of Sharif Vaghefi, Behesht Ayein, Tarbiyat, Kardanpour, Maktabi, and Ameneh secondary schools. Family functioning and self-esteem questionnaires were given to the subjects and they responded to the questions in the presence of the researcher. It should be noted that the subjects were aware of the plan of the study, the confidentiality of the information, and the aim of the project. The average time required for completing the questionnaires was 60 min. Furthermore, due to the long duration of time required for each questionnaire, during the time between filling up the two questionnaires, refreshments were provided for the subjects in order to prevent them from getting tired.

Data collection tools in this study were as follows:

### Bloom's family functioning scale

This scale was developed by Bloom *et al.* in 1985 to evaluate performance within the family.<sup>[10]</sup> This scale consists of 75 questions and descriptive phrases about family features that Bloom has classified into 15 areas, which are significant and independent of each other, by factor analysis. These areas include correlations, expression of emotions, conflicts, cultural activities and trends, active-recreational orientation, religious trends, organization, socialization, source of control, aspirations, dissociation, liberalism, lack of provisions, dictatorship, and loss of independence. Each question consisted of five options which are strongly agree, agree, no comment, disagree, and strongly disagree, and each area had five questions. The questions were scored in a range of 1–5. Thus, the questionnaire had a total score of 75–375, and each of the 15 aspects had a score range of 5–25. After analyzing the questionnaire, the function of the family, based on the total scores, was classified into three groups of unfavorable (75–174), moderate (175–274), and favorable (275–375). The content validity of the family functioning test was approved by a group of professionals and family counselors. In the study by Karami *et al.*, the reliability coefficient of the questionnaire using Cronbach's alpha was found to be 0.87.<sup>[11]</sup> In the present study, by using the same method, it was calculated as 91%.

**Pope *et al.*'s standardized measure of self-esteem**

This scale was made by Pope *et al.* in 1989 in the United States. It consists of six scales of public, academic, physical, social, and family self-esteem, and contains 60 questions.<sup>[12]</sup> The answers of each aspect of the questions were scored as 0, 1, and 2, the range of the obtained scores in each aspect was 0–20, and the total self-esteem score was 0–100. To categorize the scores in each area, scores 0–10 were considered as unfavorable, 10–15 as moderate, and 15–20 as favorable, and a total self-esteem score of 0–50 was considered as unfavorable, 50–75 as moderate, and 75–100 as favorable. To determine validity, the content validity method was used. In the research by Akolechy and Mehri, Cronbach's alpha of this scale was 94% and in the present study, 92% was obtained using the same method.<sup>[13]</sup>

To analyze the data, descriptive statistics (mean and standard deviation) and inferential statistics (Pearson correlation and linear regression analysis) were used. Statistical analysis was performed using SPSS for Windows (version 20; IBM SPSS Statistics, Chicago, IL, USA) and considering the significance level of  $P < 0.05$ .

**FINDINGS**

Results showed that most of the subjects' mothers were housewives (86.1%) and their fathers had private jobs (54.9%). The education level of most of the parents was diploma. In addition, 47.3% of the subjects were the first children in their family. The results showed that the majority of participants (56.5%) had an average family performance. The mean score obtained from the family function was  $265.75 \pm 29.46$ . Among the dimensions of family functioning, the highest mean was related to correlation ( $20.54 \pm 3.25$ ) and the lowest was related to lack of independence ( $14.55 \pm 2.84$ ) [Table 1].

As indicated in Table 2, public self-esteem of the students was 42.6%, academic self-esteem 15.2%, physical self-esteem 42.6%, family self-esteem 38.4%, and social self-esteem 33.8%, all of which were desirable. The total self-esteem of the study population was moderate (48.5%). Among the areas of self-esteem, the lowest score obtained by the study population was related to education ( $11.39 \pm 4.10$ ) and the highest score was related to the physical dimension ( $14.34 \pm 3.75$ ). The mean total score of self-esteem of the study subjects was  $67.58 \pm 15.55$ . According to Table 3, Pearson correlation test showed a significant relationship between family functioning and self-esteem areas (except lack of independence, and public, academic, and physical self-esteem). The highest correlation coefficient was between family aspirations and family self-esteem ( $r = 0.636$ ,  $P < 0.01$ ). Furthermore,

**Table 1: Mean scores and standard deviation of family function subscales**

Family function subscale	Mean	SD
Cohesion	20.54	3.25
Expressiveness	19.52	3.58
Conflict	18.89	3.20
Cultural activities	17.16	3.83
Active-recreational orientation	17.79	3.15
Religious	14.72	2.44
Organization	19.80	3.90
Family socialization	20.24	3.48
External locus of control	18.44	3.58
Family idealization	15.90	3.91
Disengagement	17.86	3.00
Democracy	17.10	2.38
Laissez-faire family style	16.81	2.67
Authoritarian family style	16.34	3.29
Lack of independence	14.55	2.84
Family functioning	265.75	29.46

SD: Standard deviation

**Table 2: Mean scores, standard deviation, and frequency distributions levels of self-esteem subscales**

Self-esteem subscale	Bad (%)	Moderate (%)	Good (%)	Mean	SD
General	21.5	35.9	42.6	13.96	3.96
Academic	39.2	45.6	15.2	11.39	4.10
Physical	19.8	37.6	42.6	14.34	3.78
Familial	20.7	40.9	38.4	13.76	3.86
Social	13.1	53.2	33.8	14.10	3.16
Total	16.0	48.5	35.4	67.58	15.55

SD: Standard deviation

based on the correlation matrix, among the dimensions of family functioning, lack of independence had a significant negative relationship with the subscale of family self-esteem ( $P < 0.05$ ). Pearson correlation coefficients showed that between the total score of family functioning and the total score of family self-esteem, there was a significant direct relationship ( $r = 0.593$ ,  $P < 0.001$ ). Multiple linear regression was used in order to determine which family functioning dimension score predicts self-esteem. Results showed that cultural activities and trends, sources of control, and expressions were, respectively, stronger predictors of self-esteem [Table 4].

**DISCUSSION AND CONCLUSION**

This study aimed to investigate the relationship between different aspects of family functioning and self-esteem of female students. The findings showed that the physical

**Table 3: Pearson correlation between the 15 components of family functioning and 5 self-esteem subscales**

Self-esteem subscale Components of family functioning	General		Academic		Physical		Familial		Social	
	r	P	r	P	r	P	R	P	r	P
Cohesion	0.335**	<0.001	0.171**	0.008	0.269**	<0.001	0.436**	<0.001	0.352**	<0.001
Expressiveness	0.401**	<0.001	0.258**	<0.001	0.309**	<0.001	0.553**	<0.001	0.401**	<0.001
Conflict	0.316**	<0.001	0.224**	<0.001	0.267**	<0.001	0.444**	<0.001	0.314**	<0.001
Cultural activities	0.454**	<0.001	0.399**	<0.001	0.471**	<0.001	0.501**	<0.001	0.423**	<0.001
Active-recreational orientation	0.328**	<0.001	0.285**	<0.001	0.286**	<0.001	0.372**	<0.001	0.377**	<0.001
Religious	0.143*	0.028	0.141*	0.030	0.131*	0.050	0.139*	0.032	0.131	0.050
Organization	0.285**	<0.001	0.247**	<0.001	0.314**	<0.001	0.333**	<0.001	0.256**	<0.001
Family socialization	0.303**	<0.001	0.247**	<0.001	0.227**	<0.001	0.422**	<0.001	0.301**	<0.001
External locus of control	0.430**	<0.001	0.273**	<0.001	0.377**	<0.001	0.541**	<0.001	0.418**	<0.001
Family idealization	0.396**	<0.001	0.300**	<0.001	0.306**	<0.001	0.636**	<0.001	0.354**	<0.001
Disengagement	0.359**	<0.001	0.206**	0.001	0.312**	<0.001	0.457**	<0.001	0.382**	<0.001
Democracy	0.260**	<0.001	0.210**	0.001	0.226**	<0.001	0.254**	<0.001	0.225**	<0.001
Laissez-faire family style	0.296**	<0.001	0.186**	0.004	0.239**	<0.001	0.489**	<0.001	0.333**	<0.001
Authoritarian family style	0.304**	<0.001	0.139*	0.032	0.224**	0.001	0.403**	<0.001	0.264**	<0.001
Lack of independence	0.033	0.618	-0.045	0.489	0.076	0.245	-0.141*	0.030	0.146*	0.025

\*\*P<0.01, \*P<0.05

**Table 4: Estimation of the amount of self-esteem through multivariate linear regression models**

	B	SEM	Beta	t	P
Cohesion	1.280	0.358	0.155	2.04	0.028
Expressiveness	0.472	0.324	0.209	2.45	0.001
Conflict	0.212	0.330	0.184	2.08	0.023
Cultural activities	1.270	0.307	0.313	4.14	<0.001
Active-recreational orientation	0.582	0.348	0.152	2.07	0.014
Religious	0.488	0.328	0.084	1.68	0.179
Organization	0.624	0.264	0.116	1.99	0.036
Family socialization	0.550	0.318	0.210	1.98	0.042
External locus of control	0.715	0.325	0.273	3.30	<0.001
Family idealization	0.626	0.330	0.257	2.89	0.006
Disengagement	0.525	0.328	0.201	2.26	0.011
Democracy	0.720	0.360	0.110	2.00	0.047
Laissez-faire family style	0.637	0.412	0.176	2.00	0.024
Authoritarian family style	0.599	0.288	0.104	1.96	0.049
Lack of independence	0.404	0.305	0.035	1.43	2.160

SEM: Standard error

dimension of self-esteem had the highest score and the academic self-esteem had the lowest score. Physical self-esteem is an aspect of self-esteem that implies satisfaction with one's physical and mental capabilities. Physical satisfaction led to self-satisfaction and increased self-esteem of the adolescents. Perhaps the high score of this aspect in this study was the cause of the high self-efficacy of the study subjects. The findings of this study were consistent with those of the study by Hedaïati *et al.*<sup>[14]</sup>

As the findings of this study showed, the dimension of academic self-esteem had the lowest score compared to other dimensions; this was consistent with other studies such as Akolechy and Mehri,<sup>[13]</sup> Najmi and Feizi,<sup>[15]</sup> Salmalian and Kazemnezhad,<sup>[16]</sup> and Khazaei *et al.*<sup>[17]</sup> In addition, the results also indicated that the majority of participants in this study had moderate levels of self-esteem and this finding was consistent with the results of studies by Fisher *et al.*,<sup>[18]</sup> Sahebalzamani *et al.*,<sup>[19]</sup> Ranjbar *et al.*,<sup>[20]</sup> Akolechy and Mehri,<sup>[13]</sup> and Kheirkhah *et al.*<sup>[21]</sup>

The results of this study showed that the majority of participants had moderate levels of family functioning, which was consistent with the study of Avegeille *et al.* in Philippines.<sup>[22]</sup> Among the 15 aspects of family functioning (correlations, expression of emotions, conflicts, cultural activities and trends, active-recreational orientation, religious trends, organization, socialization, source of control, aspirations, dissociation, liberalism, lack of provisions, dictatorship, and loss of independence) and 5 dimensions of self-esteem (academic, physical, family, social, and public) (except the dimensions of lack of independence, and public, academic, and physical self-esteem), there was a significant relationship, which has been investigated in detail subsequently.

The correlation dimension is a dimension of family functioning and indicates the absence of constraints limiting communication within the family and emotional closeness experienced by the family members. The findings of the

present study were consistent with parts of the research by Janani that examined the interactive relationship within the family and the mental health of third grade students of Borojerd.<sup>[23]</sup> Studies conducted by Takeuchi *et al.*<sup>[24]</sup> and Bahreini *et al.*<sup>[8]</sup> also emphasize the positive relationship between warm, positive family relationships without tight control and low score of depression and high self-concept. These results confirm the findings of the present study. In fact, what is confirmed by the results is that while adolescents in search of independency and entering the adult world require freedom of action, they also need psychological support and approval from their parents. Thus, considering the relationship of parents with teenagers, educating and informing parents about positive or detrimental effects of each of these behavioral patterns, and raising awareness in the society in order to modify and enhance their relationships with teens can lead to mental health promotion for teenagers who are the future of the country. Therefore, the relationship between the correlation dimension of family functioning and areas of self-esteem was acceptable. Another finding of this study was the relationship between religious tendencies in the family and areas of family self-esteem. This was consistent with the results of Manzari Tavakoli and Kohandel,<sup>[25]</sup> Sinha *et al.*,<sup>[26]</sup> and Hedaiati *et al.*<sup>[14]</sup> In addition, the findings of this study showed that there was a significant relationship between open-minded families and areas of self-esteem. This was consistent with findings of the study by Najmi and Feizi.<sup>[15]</sup> Authoritarian parenting style, another aspect of family functioning, indicated the existence of tyranny and the power to change, failure, violation of rules, and decision-making by parents. Authoritarian parents prepare highly organized rules or expectations with very strict and rigid educational standards, which are not in the power of the juvenile, for their children, regularly order them, and do not have an emotional relationship with them. In fact, in families where the parents do not see any reason to explain their decisions to the children and children are not involved in decision-making, children question their ability to make decisions. In such situations, the children become skeptical of their competences and abilities, feel that they do not have the ability to cope with life problems without their parents, and they do not value their decisions; this causes a decrease in their self-esteem. Therefore, the relationship between these two variables in this study seemed reasonable.

The order and organization aspect of family functioning is an index that helps family members understand their roles, functions, and powers, and their family's expectations, and thus, predict family life events. Since being able to predict events increases the ability to control them and can cause a person become confident, people who grow up in regular and organized families consider the world as reliable and

integrate with it. Jaynes believes the positive correlation of organization with self-esteem to be indicative of the need for a structured environment (including family members) to develop self-esteem.<sup>[27]</sup> Structured, clear, and flexible boundaries in a family cause a person to understand his powers and duties, to freely defend their rights, and easily have access to other sub-systems of the family and express their feelings. This person, when necessary, has access to other family members and can benefit from their help, sympathy, and support. With the increase in solidarity within the family, their confidence also grows. The results also showed a significant relationship between sources of control and the domains of self-esteem. This was consistent with the study by Yoselyani *et al.* on the significant relationship between sources of control and the disciplinary behavior of students in school.<sup>[28]</sup>

One of the features of this study, compared to other studies, was that a significant relationship was found among the other family functioning aspects, such as the expression of emotions, conflict, cultural activities and trends, active-recreational orientation, socialization, aspirations, and dissociation with self-esteem. However, no other research was found in this regard.

The findings of this study showed a significant negative relationship between lack of independence and family self-esteem, and this could indicate the excessive dependence of family members on each other. Thus, the boundaries are not clear and the individual does not have the required independency. In such families, children will not have the ability to make decisions and choose correctly for a bright future. The lack of independence of the study subjects in this study can be attributed to the social culture. In different cultures, there are different levels of acceptance of independence for teenagers. As Manzi *et al.* pointed out, the common cultural model for adolescent independence in Great Britain is that the most important social indicator is the independence and freedom of action of adolescents, which is due to economic independence and leaving their parents' home, a physical separation from the main family.<sup>[29]</sup> However, in Mediterranean countries, the common and dominant cultural model is a model of autonomy and freedom of action as an individual in the family. Thus, culture plays an important role in the independence of teenagers. Regarding the relationship between the overall family functioning scores and the overall score of self-esteem, the present study results were consistent with the results of the studies by Karami *et al.*,<sup>[11]</sup> Ghamari and Khoshnam,<sup>[30]</sup> Elias and Huey-Yee,<sup>[31]</sup> and Chapari.<sup>[32]</sup> In order to predict self-esteem from the dimensions of family functioning, linear regression analysis was used. Research findings showed that among the 15 variables studied, the

3 variables of cultural activities and trends, source of control, and expressions were, respectively, stronger predictors of self-esteem. In other words, the mentioned variables had the most significant relationship with self-esteem of the studied students. Therefore, if families respect and develop the 15 studied components, especially the above aspects, adolescents can be expected to achieve a desirable level of self-esteem.

The limitations of this study were as follows: 1. The psychological condition of the participants during answering the questionnaire was not considered; 2. This study was performed on female students of Isfahan; therefore, it is not generalizable to male students; 3. Data obtained was only based on the self-assessment of female adolescents and their family members were not involved in the assessment process; 4. Many questions of the questionnaire led to prolongation of the duration of completing them, which could have affected the accuracy of the students in completing the questionnaire; and 5. Different motivations for students to complete the questionnaire.

## CONCLUSION

The results obtained from this study reported a moderate level of family functioning and self-esteem in high school students and showed a high correlation between family functioning and self-esteem. Therefore, it is recommended that family-centered empowerment programs be arranged and performed by health providers, especially community health nurses, in order to enhance the self-esteem of adolescents. In addition, it is recommended that education authorities attend to the physical and mental health education of adolescents, especially girls, and family functioning, and to increase teachers' and parents' awareness in these areas by conducting regular meetings for them and by inviting psychiatric and public health nurses to these meetings.

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