



International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

The Interplay of Peer Pressure, Family Support, Self-Efficacy among Young Adults

Jothika G, Manoj R, Mahalakshmi T

Dr. M. G. R Educational and Research Institute

ABSTRACT

The study is to find the relationship between peer pressure, family support and self-efficacy among the young adults. Data is collected from 200 samples which includes the male and females aged between 22 to 35 years, The sample size of this study is 200. the sampling technique is used in this study is simple random sampling technique. peer pressure questionnaires revised by sunil Saini and singh (2016), family support scale by dunst, Trivette and cross (1986) and the general self-efficacy scale Schwarzer .R and Jerusalem .M (1995) are used to assess the peer pressure, family support and self-efficacy among young adults. A quantitative research design is used in this research. the data statistically analysed with Pearson correlation coefficient through SPSS. Conversely, the analysis of the relationship between peer pressure and family support have a strong positive correlation and the family support and self-efficacy are positively correlated but the relationship is weak. The research underscores the intricate nature of these variables and emphasizes the necessity for further exploration into the interaction among peer pressure, family support and self-efficacy especially concerning mental health and lifestyles factors. The finding imply that intervention aimed at managing family support and self-efficacy have weak relationship. However, further studies are needed to investigate the impact of peer pressure and self-efficacy which result weak relationship.

KEYWORDS: Peer pressure, Family support, Self-Efficacy

INTRODUCTION

The transition from adolescence to early adulthood is viewed as an important developmental phase in which a series of significant changes occur in identity, relationships, and responsibilities. This period, usually regarded as spanning from 18 to 25 years of age, has been termed emerging adulthood by Arnett (2000). Various aspects of independence, the exploration of personal values or career goals, and a deepening of intimate relationships are gained during this time. Biologically, this transition is defined as the closure of bodily development, which includes final maturation of the prefrontal cortex involved in decision-making, impulse control, and planning (Casey, Jones, & Hare, 2008). Psychosocially, young adults assume new roles, such as those involved in pursuing advanced education, entry into the job market, and the beginning of intimate relationships, while simultaneously continuing to refine self-identity (Erikson, 1968). Financial independence, marriage or parenthood are the milestones that are associated with it.

Peer influence, the social influence exerted by a peer group on an individual, is a major area of research in developmental psychology, especially regarding young adults. This period, typically defined by exploration and fluctuations, is accompanied by increased sensitivity to opinion leaders, with people longing for acceptance, belonging and approval with their social groups. Peer pressure exerts itself both openly, through direct solicitation or persuasion, and implicitly, through the unspoken expectations, group dynamics, and desire.

Young adulthood is a special stage of life referred to as “emerging adulthood” (Arnett, 2000), when the autonomy, identity, personal relations are put through a more exploration process. For this developmental time in life, peer influence is elevated due to the need for social belonging, and the relocation of family ties. Peer influence in early adulthood goes beyond the experimentation of adolescence, extending into important life choices such as career selection, romantic affiliations, lifestyle habits and educational trajectories. Theoretical models also offer important insights into how peer pressure works in young people. The psychosocial development theory by Erik Erikson that emphasizes the need to form relationships at an early age: the “Intimacy vs. Isolation” stage allows children to understand the concept of emotional intimacy, peer interactions, and how to establish meaningful bonds with others. Poor management of positive and negative peer influences can result in social isolation or low self-worth.

From a neurological standpoint, peer pressure is associated with ongoing maturation of the prefrontal cortex, which is responsible for self-regulation and decision-making, and the brain’s increased sensitivity to social rewards. Because of this, young adults are more prone to peer pressure, particularly in emotionally intense situations.

Peer pressure in young adulthood can be both good and bad. For example, positive peer pressure can result in academic attainment, healthy lifestyle choices, and community involvement, while negative peer pressure can lead to substance abuse, risky sexual behavior, and a lack of engagement in

school. Peer pressure consequences are influenced by variables like culture consideration, peer group context, and taking a person-to-person level and tolerance of the person. To study how peer pressure affects young adults, researchers use a variety of methods including longitudinal studies, experimental studies, and qualitative interviews. These studies can reveal both short- and long-term outcomes and even point to protective factors, such as a strong sense of self and supportive family and peer networks.

Family support means help and support of a member of family which is needful for maintain the individual wellbeing and growth. It underpins many important facets of our lives: our mental health, academic success, social functioning, and more. Family support, long considered a protective factor, helps people navigate life transitions, challenges, and stress. Family support training investigates how it will promote resilience, support positive outcomes, and decrease the impact of risk factors. Systemic Approach, Grounded in Bowen's Family Systems Theory, the systemic approach focuses on the understanding of family support in a larger lens of family dynamics and interconnectedness.

This is applied when the family members act as a system, meaning that any action one family member takes affects the entire family. Communication, cohesion, and flexibility are high in families, which promotes the well-being of individual family members (Bowen, 1978). Developmental Approach, according to Erik Erikson's Psychosocial Development Theory, the developmental approach focuses on the role of family support in different life stages. For example, Erikson (1982) states that during adolescence one of the basic tensions involves family support and the writers argue that it contributes in developing one's identity while in adulthood it assists in creating an intimate relationship and generativity. The Model emphasizes the dynamics of family support over time based on changing needs of the individuals. Attachment Approach, rooted in Attachment Theory, focuses on how early caregiving relationships influence a person's ability to both give and receive support later in life. Secure attachment in childhood often leads to greater reliance on family support during major life events, aiding emotional regulation and resilience (Bowlby, 1969; Ainsworth et al., 1978).

Cultural and Contextual Approach, Family support is culturally and socioeconomically dependent, so it is not universal. In collectivist cultures, family interdependence is very important, while in individualistic cultures, support is more personalized. Researchers under this approach study how cultural values, societal norms, and economic conditions influence the perception and provision of family support (Hofstede, 2001; Conger & Donnellan, 2007).

Systemic Approach, grounded in Bowen's Family Systems Theory, the systemic approach focuses on the understanding of family support in a larger lens of family dynamics and interconnectedness. This is applied when the family members act as a system, meaning that any action one family member takes affects the entire family. Communication, cohesion, and flexibility are high in families, which promotes the well-being of individual family members (Bowen, 1978).

Developmental Approach, according to Erik Erikson's Psychosocial Development Theory, the developmental approach focuses on the role of family support in different life stages. For example, Erikson (1982) states that during adolescence one of the basic tensions involves family support and the writers argue that it contributes in developing one's identity while in adulthood it assists in creating an intimate relationship and generativity. The Model emphasizes the dynamics of family support over time based on changing needs of the individuals.

Attachment Approach, rooted in Attachment Theory, focuses on how early caregiving relationships influence a person's ability to both give and receive support later in life. Secure attachment in childhood often leads to greater reliance on family support during major life events, aiding emotional regulation and resilience (Bowlby, 1969; Ainsworth et al., 1978).

Cultural and Contextual Approach, Family support is culturally and socioeconomically dependent, so it is not universal. In collectivist cultures, family interdependence is very important, while in individualistic cultures, support is more personalized. Researchers under this approach study how cultural values, societal norms, and economic conditions influence the perception and provision of family support (Hofstede, 2001; Conger & Donnellan, 2007).

Behavioral and Cognitive Approach, this approach uses Cognitive-Behavioral Theory (CBT) to investigate how family support influences individual thought patterns and behavior. Positive interactions with the family can foster healthy cognitive processes, such as self-efficacy and problem-solving, which would reduce the probability of maladaptive behaviors and mental health problems (Beck, 1976). Family support research often draws on mixed methods from longitudinal studies, qualitative interviews, and cross-sectional surveys to provide an all-around view of this relationship between family support and human development. Such methods would enable the researcher to expound on these dynamics, long-term implications, and relevant or pertinent factors that might surface in its effectiveness.

Albert Bandura, a great personality, first conceptualized self-efficacy as an individual's belief in their ability to organize and perform the necessary actions to achieve specific objectives (Bandura, 1977). This belief is essential to human agency because it influences motivation, behavior, and performance. Self-efficacy is domain-specific, meaning that one's confidence can vary across different areas, such as academic success, health-related behaviors, or career progression. Research has shown that individuals with higher self-efficacy tend to achieve better results in areas like mental health, education, and job performance. Grounded on Social Cognitive Theory (SCT), self-efficacy depends on the triadic interaction among personal, behavioral, and environmental factors (Bandura, 1986). Bandura noted four primary sources of self-efficacy.

Mastery Experiences. Performance success at previous tasks increases self-efficacy. Performance failure lowers it. Vicarious Experiences. Witnessing others succeed, especially others like oneself, can increase one's own self-efficacy through modelling. Social Persuasion. Reinforcement or constructive feedback from others can raise an individual's confidence in his or her capabilities. Emotional and Physiological States. Positive affect and good physical health are conducive to stronger self-efficacy, whilst stress or feelings of fatigue will reduce it.

METHODOLOGY

Problem statement:

The study attempted to find the Interplay of peer pressure, family support on self-efficacy among young adults.

Aim:

The aim of this study is to find out the Interplay of peer pressure, Family Support on Self efficacy among young adults.

Objective of the study:

- To identify the relationship between peer pressure on self – efficacy among young adults.
- Does Family Support Influence Self efficacy among young adults.
- To measure the peers Pressure, Family Support on self- efficacy among young adults.
- To explore if Peer Pressure, Family Support mediates relationship on self -efficacy among young adults.

Hypothesis:

H0 – There is no relationships between peer pressure and self -efficacy Among Young Adults.

H0 – There is no relationships between family Support on self-efficacy among young adults

H0 – There is no relationships between peer pressure, Family Support on self-efficacy among young adults.

Research design:

It is a Quantitative study examines the impact of peer pressure, Family Support on Self-Efficacy Among Young Adults. It is a cross-sectional correlational research design is suitable. This cross-sectional research design collected data at one point in a time to assess the impact of peer pressure, family support on self-efficacy among young adults without manipulation or interventions and correlational study examines the degree of which peer pressure, Family Support on Self-efficacy are related.

Sample design:

The sampling techniques of the study is convenience sampling technique. Convenience Sampling is a non-probability sampling technique where data is collected from individuals who are easiest to reach or readily available to the research. This method does not require a specific sampling frame, and participants are selected based on their accessibility and willingness to participate. The sample size is 200 Which are collected from Young Adults. The age group of the sample size is 22 to 35 years.

Inclusion criteria:

- Participants must be young adults of age 22 to 35
- Participants must from diverse peer relationships
- Participants must represent diverse family structure

Exclusion criteria:

- Non-consent or unwillingness to participate
- Participants who are unable to read and write
- Prior exposure to similar research

Tools used:

- Peer-pressure questionnaire revised by sunil and singh in 2016
- Family Support scale by Dunst, trivett and cross in 1986
- General Self efficacy scale by schwartz and Jerusalem. M in 1995

Tool description:

The Peer Pressure Questionnaire revised by Sunil and Singh in 2016 is a psychological assessment tool used to measure the extent to which an individual is influenced by their peers. The Peer Pressure Questionnaire consists of multiple items usually in a Likert-scale format. The scoring of the Peer Pressure Questionnaire typically involves a Likert scale format, where respondents indicate their level of agreement with each statement on a scale of 1 to 5 like Strongly Disagree , Disagree, Neutral, Agree, Strongly Agree.

Reliability:

The peer pressure questionnaire revised has internal consistency of cronbach's alpha coefficient has 0.79. It has the minimum acceptable standard. Test-retest reliability of this scale is ($r = 0.33$, $p < 0.01$) and the internal consistency ($\alpha = 0.77$, $p < 0.001$).

Scoring:

The scale has 25 items which is scored as strongly disagree is 1, disagree is 2, can't say is 3, agree is 4 and strongly agree is 5. The highest score indicates high peer pressure among young adults and the lowest score indicates low level of peer pressure.

The Family Support Scale developed by Dunst, Trivett, and Cross in 1986 is a tool designed to measure the level of support provided by family members in different areas, including emotional, social, instrumental, and informational support. It consists of 18 items with a point scale of 0 to 5. The test-retest of the reliability is 0.91.

Reliability:

The internal consistency of family support scale is above 0.70 and the test-retest reliability is also stable and consistency in responses.

Scoring:

It consists of 18 items in a 5-point likert scale. Not at all helpful is 1, sometimes helpful is 2, generally helpful is 3, very helpful is 4 and extremely helpful is 5. Higher scores indicate high family support and low scores indicate low family support.

The General Self-Efficacy Scale (GSE), developed by Ralf Schwarzer and Matthias Jerusalem in 1995, is a psychological tool designed to assess an individual's general belief in their ability to manage and cope with various challenges in life. The General Self-Efficacy Scale consists of 10 items that measure various aspects of self-efficacy. The items in the GSE are rated using a 4-point Likert scale: Not at all true, Hardly-true, Moderately true, Exactly true. The reliability of the scale is 0.76 to 0.91.

Reliability:

The Cronbach's alpha is between 0.75 and 0.91 which is good to excellent internal consistency.

Scoring:

The general self-efficacy scale consists of 10 items in a 4-point likert scale. which is 1 for not at true, 2 is hardly true, 3 is moderately true and 4 is exactly true. The lowest self-efficacy score is 10 and the highest scores is 40.

Statistics:

The data collected and analyzed using descriptive statistics and inferential statistics. Descriptive statistics was used to analyze data including the mean and standard deviation. Inferential statistics was used to examine the strength and direction of the relationship between variables and correlational statistics was used to find the correlation between variables.

Procedure:

Peer pressure, family support and self-efficacy which plays an important role among young adults. The research study is a quantitative study with cross-sectional research and convenience sampling technique. The study was done by using questionnaire which was collected by young adults who come under the age between 22 to 35 years. The scale used was peer pressure questionnaires revised, family support scale and the general self-efficacy scale. The data was collected and analyzed using descriptive statistics and inferential statistics.

RESULT AND DISCUSSION

Table 1

Demographic Representation of the Population

Gender:	Population:
Female	101
Male	96
Others:	4

Fig 1: Distribution of samples based on gender

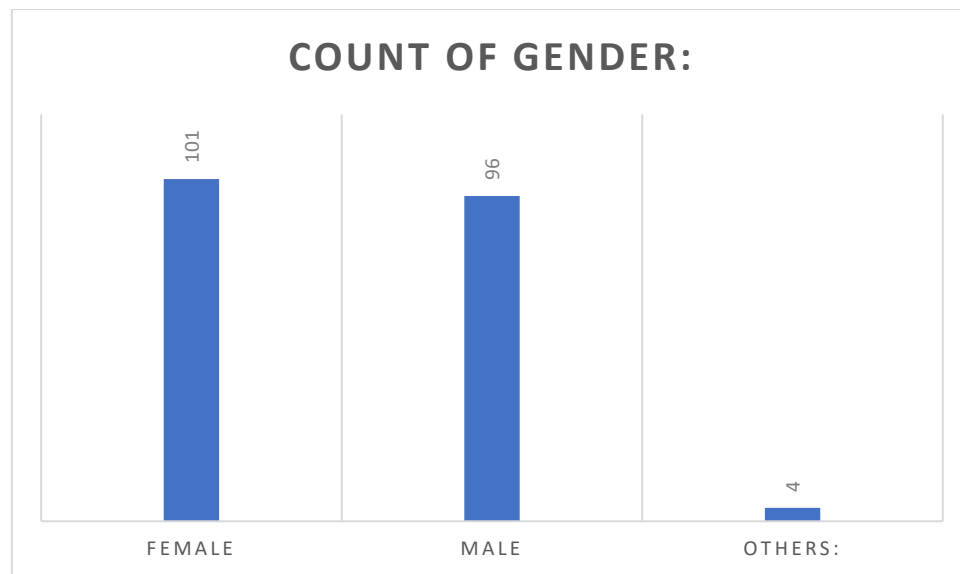


fig 1 : The illustration, which represents data in both tabular and bar chart formats, depicts the gender distribution of the study sample .out of 200 participants , the predominant group is male ,consisting of 101 individual , which accounts for 50.2% of the total sample .female participants represents the second largest category ,totaling 96 individuals with percentage 47%of the sample .A minimal fraction of participants 4 individuals with sample 2 % of the sample do not disclose their gender. This distribution reveals a significant gender disparity, with males considerably out numbering females in the study. Recognizing this gender composition is crucial, as it may affect the analysis of gender-related trends or outcomes , thereby providing valuable insights into the demographic characteristics of the participants.

Table 2: Distribution of Samples based on Education Qualification

Educational qualification	Population
10th	5
12th	45
Other:	4
PhD	7
Postgraduate	36
Undergraduate	98

Fig 2:

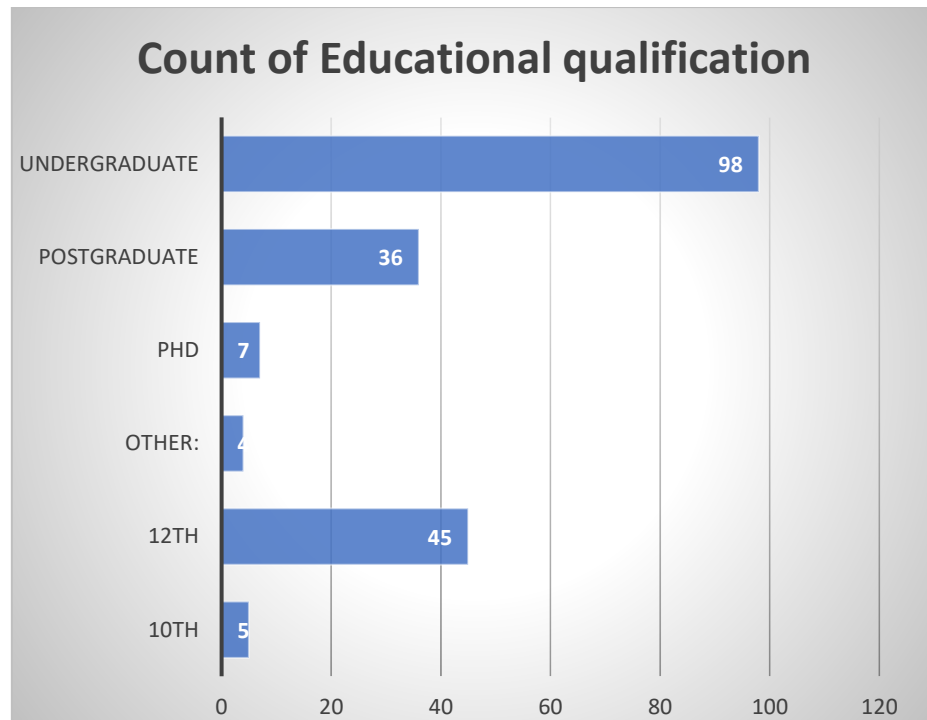


Figure 2: the data, displayed in both tabular and pie chart formats, depicts the distribution of study participants according to their educational qualification among the sample of 200 individuals, the predominant group comprises undergraduates, total of 98 participants, which accounts for 50.26% of the sample. This indicates that the research is primarily centers on individual with the undergraduates degrees. Conversely, the postgraduate cohort includes 36 participant, representing 18.46% of the sample. The doctor of philosophy includes 7 participants, representing 3.59% of the total sample. The participants who completed tenth standard are 5 individual, representing 2.56% of the total sample. The participants who completed twelve th standard are 45 individual, representing the 23.08% of the total sample. The minority of sample which indicates the other are 4 participants who does not want to share their educational qualification to the research. The breakdown of educational qualification offers significant context, as it underscores the educational backgrounds of the study population, which may be pertinent in assessing how varying educational levels could influence the study finding and interpretations.

Table 3:

	Peer Pressure	Family Support	Self-Efficacy	N
Mean	77.83582	46.36816	27.21393	200
SD	14.01813	13.54351	4.867294	200

Table 4:

Correlations			
		Peer Pressure	Self Efficacy
Peer Pressure	Pearson Correlation	1	.091
	Sig. (2-tailed)		.197
	N	201	201
Self Efficacy	Pearson Correlation	.091	1
	Sig. (2-tailed)	.197	
	N	201	201

The examination of the connection between peer pressure and self-efficacy indicated that, on average, participants exhibited a mean of peer pressure score of 77.82 (SD = 14.01) alongside a mean of self-efficacy score of 27.21 (SD= 4.86). A person correlation analysis was performed to evaluate the

relationship between these two variables. The findings revealed a weak negative correlation, suggesting that an increase in peer pressure is associated with a slight decrease in self-efficacy. However, this correlation did not reach statistical significance, implying that the observed relationship may be attributable to random variation rather than a genuine underlying association. Consequently, while there is some evidence pointing to a potential link between peer pressure and self-efficacy.

Table 5:

Correlations

		Self Efficacy	Family Support
Self Efficacy	Pearson Correlation	1	.203**
	Sig. (2-tailed)		.004
	N	201	201
Family Support	Pearson Correlation	.203**	1
	Sig. (2-tailed)	.004	
	N	201	201

** . Correlation is significant at the 0.01 level (2-tailed).

The examination of the connection between self-efficacy and family support indicates a small positive correlation. The average self-efficacy score is 27.21, accompanied by a standard deviation of 4.86, while the average mean of family support 46.36 with a standard deviation of 13.54. The Pearson correlation coefficient indicates that as levels of self-efficacy ,family support tends to increase ,the relationship is not strong .nevertheless, this moderate correlation is statistically significant ,suggesting that the observed relationship is unlikely to be random chance .This outcome suggest a meaningful association between the two variables, where elevated levels of self-efficacy are somewhat associated with increased family support, even though the correlation remains relatively weak.

Table 6:

Correlations

		Peer Pressure	Family Support	Self Efficacy
Peer Pressure	Pearson Correlation	1	.607**	.091
	Sig. (2-tailed)		<.001	.197
	N	201	201	201
Family Support	Pearson Correlation	.607**	1	.203**
	Sig. (2-tailed)	<.001		.004
	N	201	201	201
Self Efficacy	Pearson Correlation	.091	.203**	1
	Sig. (2-tailed)	.197	.004	
	N	201	201	201

** . Correlation is significant at the 0.01 level (2-tailed).

The examination of the connection between peer pressure, family support and self-efficacy indicates relationship. The mean of peer pressure is 77.83 accompanied by a standard deviation of 14.01. while the average mean of family support is 46.36 accompanied by 13.54, while the average mean of self-efficacy 27.21 accompanied by a standard deviation of 4.86. there is strongest relationship between peer pressure and family support (where $r = 0.607$ is significant). There is moderate relationship between family support and the self-efficacy (where $r = 0.203$ is significant). There is weakest relationship between the peer pressure and self-efficacy (where $r = 0.091$ is not significant).

SUMMARY

This research investigates the connection between peer pressure, family support and self-efficacy. The findings indicated a weakest to strongest relationship between the peer pressure, family support and self-efficacy. There is a strong positive correlation between peer pressure and family support where the peer pressure increase and the family support also increase. Comparing peer pressure and self-efficacy there is a weak positive correlation. There is a weak to moderate positive correlation where higher family support linked with higher self-efficacy. Where the results show that family support has a meaningful positive correlation on self-efficacy, indicating that samples receive strong family support tend to show greater confidence in their abilities. A supportive family environment develops self-belief, motivation and resilience, which are essential for personal development and also achievement. It highlights the emotional, psychological and practical support from family member in strengthening an individual sense of self-efficacy. Where peer pressure does not have a significant impact on self-efficacy, self-efficacy is likely influenced by other factors like personal experiences, intrinsic motivation and other external pressures. There is a strong significant relationship between peer pressure and family support. The individual has higher levels of peer pressure and receives increased family support. Where the peer pressure does not affect the self-efficacy, family support plays a vital role in fostering it. A supportive family environment develops confidence and resilience.

Conclusion

1. Peer pressure and self-efficacy

- The research revealed that peer pressure and self-efficacy have a weak and non-significant correlation.
- Nevertheless, there is no strong relationship between these variables.

2. Self-efficacy and family support

- The research revealed that family support and self-efficacy have weak but significant positive correlation.
- The higher family support is associated with slightly higher self-efficacy.

3. Peer pressure and family support

- The research revealed that peer pressure and family support have significant positive correlation.
- The higher peer pressure is associated with higher family support.

Limitation of study

1. The design of the study is correlational, which means it is unable to determine causal relationships between the variables.
2. The sample may not accurately reflect the larger population which could impact the applicability of the findings. The dependence on self-reported data may lead to biases, including recall bias or social desirability bias.
3. Additional factors, such as mental health or social support, were not considered and may obscure the relationships observed.
4. The cross-sectional design of the study restricts the capacity to track changes over time or to establish causal connection.

Future scope

1. Implement longitudinal research to investigate causal relationship over extended periods.
2. Employ larger and more varied samples to improve the applicability of findings across diverse population.
3. Incorporate supplementary variables such as mental health and social support to gain a deeper insight into their influence on peer pressure, family support and self-efficacy.
4. Apply more thorough and objective assessment of peer pressure and self-efficacy to enhance precision.

Declaration

The authors declare that no conflicts with respect to this research. No funding was obtained for this research. Primary data was collected by first author and was analyzed for this research.

REFERENCE

- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469–480
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Erlbaum.

- Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. New York: International Universities Press.
- Bowen, M. (1978). *Family therapy in clinical practice*. New York: Jason Aronson.
- Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment*. New York: Basic Books.
- Conger, R. D., & Donnellan, M. B. (2007). An interactionist perspective on the socioeconomic context of human development. *Annual Review of Psychology*, 58(1), 175–199.
- Erikson, E. H. (1982). *The life cycle completed: A review*. New York: Norton.
- Hofstede, G. (2001). *Culture's consequences: Comparing values, behaviors, institutions, and organizations across nations* (2nd ed.). Thousand Oaks, CA: Sage.
- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211.
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191–215.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Eccles, J. S., & Wigfield, A. (2002). Motivational beliefs, values, and goals. *Annual Review of Psychology*, 53(1), 109–132.
- Rosenstock, I. M., Strecher, V. J., & Becker, M. H. (1988). Social learning theory and the health belief model. *Health Education & Behavior*, 15(2), 175–183.
- Rotter, J. B. (1966). Generalized expectancies for internal versus external control of reinforcement. *Psychological Monographs: General and Applied*, 80(1), 1–28.
- Schwarzer, R., & Jerusalem, M. (1995). Generalized self-efficacy scale. In J. Weinman, S. Wright, & M. Johnston (Eds.), *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35–37). Windsor, UK: NFER-NELSON.
- Wang, P., Wang, X., Wu, Y., Xie, X., Wang, X., Zhao, F., & Oei, T. P. S. (2023). Peer pressure and adolescent mobile social media addiction: The mediating role of self-esteem and the moderating role of self-concept clarity. *Frontiers in Psychology*, 14, 1012640.
- brown, B. B., & Larson, J. (2021). Peer pressure and adolescents' problem behavior. *Journal of Youth and Adolescence*, 50(3), 453–467.
- Brown, B. B., & Bakken, J. P. (2020). The role of peer influence in young adult decision-making. *Journal of Youth and Adolescence*, 49(3), 573–589.
- Steinberg, L., & Monahan, K. C. (2019). Peer influences on academic achievement in young adulthood. *Developmental Psychology*, 55(4), 768–780.
- Smith, R., & Johnson, D. (2020). The impact of social influence on physical activity. *Journal of Behavioral Health*, 15(4), 213–229.
- Lee, J., & Carter, M. (2021). Gender variations in peer influence among young adults. *Psychology of Adolescence*, 18(2), 198–212.
- Davis, M., & Roberts, A. (2022). Peer influence and psychological well-being in emerging adulthood. *Journal of Clinical Psychology*, 40(5), 321–335.
- Williams, A. J., Jones, C., Arcelus, J., Townsend, E., Lazaridou, A., & Michail, M. (2021). The contributing role of family, school, and peer supportive relationships in low mental well-being among LGBTQ adolescents in England: A cross-sectional analysis. *International Journal of Environmental Research and Public Health*, 18(16), 8501.
- Segal, R., & Mandich, A. (2023). Young Adults' Daily Participation Scale: A measure of objective and subjective participation. *Australian Occupational Therapy Journal*, 70(1), 45–55.
- Dunst, C. J. (2022). Systematic Review and Meta-Analysis of the Relationships Between Family Social Support and Parenting Stress, Burden, Beliefs, and Practices. *International Journal of Health and Psychology Research*, 10(3), 1-32.
- Paudel, M., Upadhyay, P., Poudel, A., & Kshetri, D. B. (2023). The Role of Family Support in the Self-Rated Health of Older Adults in Eastern Nepal: Findings from a Cross-Sectional Study. *BMC Geriatrics*, 23, Article 4619.
- Wang, W., & Zheng, Y. (2020). Development of the Chinese Family Support Scale in a Sample of Chinese Patients with Hypertension. *PLOS ONE*, 15(12), e0243030.
- Li, X., Zhang, W., & Wang, Y. (2024). The mediating effect of family support in the relationship between socio-economic status and postpartum depressive symptoms. *BMC Public Health*, 24, 20849.
- Ravi, S., Kumar, D., & Mehta, S. (2024). Family support and medication adherence among patients with type 2 diabetes in urban India. *Journal of Diabetes Research*, 2024, 123456.
- Chen, X., Sacré, M., Lenzini, G., Greiff, S., Distler, V., & Sergeeva, A. (2024). The effects of group discussion and role-playing training on self-efficacy, support-seeking, and reporting phishing emails: Evidence from a mixed-design experiment. *arXiv preprint arXiv:2402.11862*.

Ribeiro, D. M., Lima, R. R., França, C., de Souza, A., Cardoso-Pereira, I., & Pinto, G. (2023). Understanding self-efficacy in the context of software engineering: A qualitative study in the industry. *arXiv preprint arXiv:2305.17106*.

Linge, A. D., Bjørkly, S. K., Jensen, C., & Hasle, B. (2021). Bandura's Self-Efficacy Model Used to Explore Participants' Experiences of Health, Lifestyle, and Work After Attending a Vocational Rehabilitation Program with Lifestyle Intervention – A Focus Group Study. *Journal of Multidisciplinary Healthcare*, 14, 3533–3548.

Ghahramani, S., Lankarani, K. B., & Joulaei, H. (2021). Association between self-efficacy and general health: a cross-sectional study of the nursing population. *BMC Nursing*, 20(1), 1–7.