



Perceived Parenting Styles, Social Competence, Bullying Victimization and Self-Injurious Behaviors among Adolescents in Pakistan

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ARTICLE INFO		ABSTRACT
Article History:		<i>The cross-sectional study was conducted to explore the relationship among Perceived Parenting styles, Social Competence, Bullying Victimization among adolescents from the age range of 12 to 19 with the sample of 300 adolescents from different institutes of Sialkot, Pakistan (150 Male and 150 female)(M= 16.06, SD= 1.93).This research highlighted the correlation between these variables by using Perceived parenting styles scale (Nasir &Naeem, 2015), Social competence scale for adolescents (Khurshid &Mehmood, 2018), Bullying and victimization scale for adolescence (Amjad & Saleem, 2014) and Self-injurious behavior scale (Fariha & Saleem, 2017) along with the demographic variables. The results revealed that perceived parenting styles have negative relationship with the self-injurious behaviors and negative relationship between social competence and self-injurious behaviors in adolescents while on the other hand bullying victimization has positive relationship with the self-injurious behaviors moreover bullying victimization were high in males than females and in private institutes than Govt institutes while on the other hand warm and control parenting styles and social competence ware high in females than males and were high among Govt institutes adolescents than private institutes adolescents. The main goal of this study was to implicant the result findings to raise awareness about these issues to help the adolescents who are silently suffering from these issues and to raise awareness in society.</i>
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Introduction

Adolescence is the period of human life's which include time between childhood and adulthood, usually from age 10/12 to 19. It is a distinctive and unique phase of human development and an important time for laying the foundations of good health. Adolescents experience rapid physical, cognitive, emotional and psychosocial growth which affects how they feel, think, make decisions, and interact with the world around them (Lenz, 2001). Adolescence is a period of impressionable

biological and social transition which includes biological changes, physical changes, cognitive, emotional, hormonal and social changes. Adolescence usually starts with biological and physical changes and ends with social and cognitive changes as the start of adolescence considers as onset puberty in which adolescents go through a transition phase such physical changes (Blakemore & Mills, 2014) (increase in height, pubic hair and genital changes and menstruation cycle in girls) mental, hormonal changes and emotional changes such as frequent mood swings causing more intense and wide-ranging emotions than adults and children which increase their emotional sensitivity which can affect their academic performance, interpersonal relationships and decision-making skills (Tayebi et.al, 2020). This phase ends with social transition as adolescents social circle expand they make friends & relationship with same or opposite gender, their social circle expand they more time with friends than family because they want freedom and independence from parents and this social cause some challenges for some adolescents such as peer pressure, low self-confidence, low self-esteem, bullying and social competence (Crockett & Silbereisen, 2000). In many Asian cultures including Pakistan's culture adolescence people consider it as puberty and the sequence of physical changes that cause reproductive maturation (Shivji, 2021). In western cultures adolescence seen as combination of changes which includes physical, psychological and social changes which transforms a child into adult as well as physical maturation and often referred as teens (Ember et.al, 2017). The world health organization stated in 2021 that 1 in every 7 adolescents (age 10-19) i.e., 14% of adolescents faced different mental health issues such as anxiety, depression, eating disorders and behavioral problems such as self-harm and risk-taking behaviors. According to WHO's survey, there is estimated 3.6% of 10-14 years adolescents & 4.6% of 15-19 years adolescents faced emotional problems such as depression, anxiety and distress, 3.1 % of 10-14 years adolescents & 2.4 % of 15-19 years adolescents faced behavioral problems, eating disorders as 1.1% adolescents commonly faced anorexia nervosa and bulimia nervosa and suicide & self-harm behaviors is the fourth most common cause of death in adolescents.

Self-injurious behaviors or self-harm behaviors includes any behavior that deliberately causes physical pain or injury or Self-harm. It is the act of deliberately causing pain and damage to one's own body such as cutting, burning, scratching, and other forms of external injuries it includes internal or emotional harm, such as consuming toxic amounts of alcohol or drugs or deliberately participating in unsafe sex (DeAngelis, 2015). There are many causes of adolescences indulging in self-injuries such as to escape and to avoid stress, academic demands, parents demand, interpersonal deficits, low social competence and due to facing bullying in school or colleges. Self-injurious behaviors occur because it provides temporary sensory input to an area of the pain or to reduce pain such as when an individual press their head or eyes to reduce pain temporarily when they have headache (Iwata et.al, 2015; Son et.al, 2021). The avoidance theory by Sigmund Freud states self-injurious behaviors as avoidance of internal conflicts which cause people to do self-injurious behaviors as an coping strategy to avoid stress which caused by emotional problems, internal conflicts, thoughts and memories (Shafti et.al, 2021; Tull, 2022). The statistics revealed after metanalysis of researches that that almost 17% people used self-harm during their lifetime, average onset of self-harm is 13 which is young adolescents as it is the phase of transition (physical, biological, social, emotional and cognition) which makes them vulnerable towards many mental issues, 45% people use cutting method by cutting with blades and sharp things, and 50% people ask for help about selfharming thoughts to their friends instead of professionals (Hull, 2022).

The recent published report by World Health Organization on suicide estimated that since 2000 to 2012 there is increase in rate of suicide by 2.6% as in 2012 there were 13,777 suicides (7086

females, 6012 males) in Pakistan. WHO concluded that for one suicide there is almost 20-30 self-injurious or self-harming attempts and by this analysis WHO stated that there are 130,000 to 270,000 acts of deliberate self-injurious behaviors in Pakistan (Shekhani, 2018; Asad et.al, 2022).

Parenting style is defined as an array of parent's attitudes and behaviors towards their children in different situations and it also includes emotional climate in which the parent's express their behavior towards their children (Darling & Steinberg, 1993). Parenting styles includes bunch or group of parental practices that parents produce to raise their children. It also includes parent's behaviors and attitude towards their children (Givertz, 2021). The importance and study of Parenting styles emerged after world war-II there was research of leadership styles effects on group which further leads to research on parenting styles and types and their impact on children and adolescence. After the world war-II researchers were concerned about how can parents' behavior and attitude towards their children can cause impact in their life (Givertz, 2016). Diana Baumrind describes parenting styles first time in the history by using 2 criterion measures which were parental responsiveness (unresponsiveness) and demandingness (or undemandingness) in which she describes responsiveness as how parents empathetic, understanding and open to their children needs such as affectionate love and interaction, involvement in their child's daily activities and respect & appreciation for their child's opinions. The demandingness is related to control that parents use on their child to control and monitor their life it also includes demands of strict discipline, expectations and responsibility from their children without the element of respect and appreciation for their children (Joshua, 2021). She stated 3 different type of parenting styles in her theory which were authoritarian parenting (which includes only 1 communication, strict and punishment) authoritative parenting (with 2 way communication, support and nurturing relationship and the permissive parenting (with warm & nurturing relationship but with minimal and zero expectations & rules (Sanivictores & Mendez, 2022) and the fourth type of parenting was later added by Eleanor Maccoby and John Martin after 2 decades of Baumrind theory which was neglectful parenting that includes detachment, limited communication with only fulfillment of basic needs of the children ((Sanivictores & Mendez, 2022).

Parenting style is very important for the well-being of any individual as from birth of the children to school going children; children learn everything from their parents as they are vulnerable and impressionable when they are younger as according to Albert Bandura for them their parents are ideal and live models(Gullotta & Blau, 2017) if the parenting styles are healthy, it will help the children to grow into healthy person but if parenting styles are restricted, rigid and unhealthy it can cause a lifelong effect on any individual such as low selfesteem, self-doubting lack of social competency, anxious behavior and self-injurious behaviors (Newbegin, 2020). Adolescence from different parenting styles such as authoritarian, uninvolved and permissive styles are linked with some behavioral issues such as impulsiveness, hyperactivity, low discipline, rigidity, aggression etc. Adolescence that usually come from cold, uninvolved and controlling parenting environment have issues with their social skills such as low social competency because children don't have two-way communications with their parents (Xinwen et.al, 2018).

In Pakistan in 2020, the indigenous research conducted on parenting styles and selfharming behaviors in adolescence in which they select 200 adolescents from different school of Khyber Pakhtun khwa with the age range of 13-19 years, they concluded that cold, harsh, uninvolved and permissive parenting and authoritarian parenting is positively correlated with increased risk of self-injurious behaviors in adolescence because these parenting styles cause negative emotional coping styles due to which adolescence do self-harm in order to cope up with internal conflicts which caused by parents' behaviors and attitudes (Sultan & Javed, 2020) while on the other hand authoritative parenting style show less significant correlation with selfinjurious behaviors in

adolescents (Anjum et.al, 2019) as it is considered as healthy and nurturing relationship between parents and children which increase the social skills as well as self esteem among adolescents (Zaltser, 2021; Baetens et.al, 2014). Baumrind started in her theory she stated that authoritative parenting is successful in development of the children than authoritarian and permissive parenting because according to Baumrind's there are certain characteristics which are the basic role of parents such as bonding, discipline, general welfare and protection, responsively, sensitivity which is closely related to authoritative parenting style (Joshua, 2021; Hale, 2008).

Social competence is the social skill which includes effectiveness in communication and skills in interpersonal relations and social situations which includes person's ability to analysis and to evaluate social situations and act accordingly. It includes determining what is expected or required, recognize the feelings and intentions of others and to select and act specific social behaviors according to the required context. Social competence also includes person's effectiveness in social situations and ability to form and preserve high quality and mutually gratifying relationships to prevent and avoid negative treatment and victimizations from other people (Keung, 2012). In simple words it is the ability of the person to getting along well with others people, ability to create and manage close relationships or interpersonal relationships, way of response in an adaptive way in social settings. It contains different range of abilities such as cognitive abilities, emotional process, behavioral skills, social awareness, personal and cultural norms related to interpersonal relationships which help the person to response in social settings by evaluating others emotional state, thoughts, facial expression and interpersonal relationship values and by producing adaptive and socially appropriate response or behavior (Weiner & Craighead, 2010).

Rose-Krasnor theoretical model of social competence states socialization started from birth as she explained social competency according to different ages or developmental period such as infants (0-2 years) have interaction with their care givers and show simple or primary social skills such as smiling, vocalization, pointing and facial expression, in early childhood (2-5 years) social interaction become more complex such as emergence of prosocial behaviors such as to share and help someone, play with age mates and increased social circle, in middle childhood (6-12 years) child's social circle increased as school became his main source of social context as child focus on peer acceptance and avoid peer rejection, child show sensitivity to poor social skills by showing verbal aggression, withdrawal from peer group and the last period is adolescents (12 to 19 years) which is considered to be most crucial stage for development of social competence as adolescent's period required complex social skills as socialization with peers take place in social groups which further contributed the adolescents to develop identity on the base of their social groups, friendships based on intimacy and reciprocity and beginning of romantic relationships (Junge et.al, 2020). The adolescents who have low social competence can face many problems in their social life such as interpersonal relationship, behavioural issues, lack of self confidence issues because of their low ability to comprehend and understands other (Orpinas, 2010). Adolescents who have low social competence can indulge into many emotional and behavioral problems such as low self esteem, eating disorders, depression/anxiety, academic failure, health related issues and self injurious behaviors because they face interpersonal difficulties and less effectiveness in social skills which makes them unable to build social life (Coie et.al, 2011). Parenting styles can influence social competence as The result shown the positive relationship between authoritative parenting style and social competence as the adolescents who were belong from authoritative parenting scores high in social skills than other type of parenting styles. After authoritative parenting style, adolescents who belong from permissive parenting shown second highest score on social competence and adolescents who were from authoritarian and neglectful parenting shown negative relationship with social competence by scoring low on social competence (Vijila et.al, 2013).

Students who have low social competence can indulge in self-injurious behaviors as a coping mechanism to deal with stress which was caused by peer rejection and lack of social effectiveness in social situations and in interpersonal relationships with both genders as adolescents with high social competence have a negative relationship with self-injurious behaviors as high social competence works as a protective factor for self-injurious behaviors because of its reciprocal relationship (Baetens et.al, 2012; Fadum et.al, 2021).

Bullying victimization refers to the process by which an adolescent is repeatedly and over time exposed to intentional negative actions by their peers, and can include physical, verbal or relational aggression (Hamburger et al. 2011). Bullying and victimization is explained as a exposure to negative actions repeatedly over the period of time, from one person or from group of people at social settings such as school, colleges, universities and workplaces etc. it also includes a power imbalance between perpetrators (bullies) and the victims (who face bully) because of that power imbalance they make fun and tease others. It includes different forms such as physical (pushing, hitting, beating), verbal harassment (name calling, taunting, rumor spreading, verbally teasing and making fun) and cyber bullying (on the social media by commenting hate and inappropriate comment on others posts) (Moore et.al, 2017).

The Dan Olweus introduces the bullying cycle as bullying always works in cycle which includes many persons such as in the cycle first comes are those who are the Bullies (who started bullying someone), followers/henchmen (who do actively play part in bullying which was initiated by bullies), passive bullies/supporter (who likes the bullying but do not actively part in it), passive supporters (who likes the bullying but do not openly support it), disengaged onlookers (who ignores the bullying victimization by considering that it is not his/her problem), possible defenders (who doesn't like bullying and thinks the ways to help the victims), and in the last in cycle are those defenders of the victims (those are the people who stop bullying by their actions) (Marzano, 2019). The Dan emphasizes the role of bystander that a bystander (who witness the bullying) can play an important role in prevention of bullying by playing a role of defenders of the victims. He stated that a bystander who wants to help the victims and does not like bullying can stop and prevent bullying by taking some measures such as by speaking out, by calling authorities (Bikin-Kita, 2019). Bullying and victimization is the emerging issue in the world as 70.8% people reported that they had faced bullying in high school. Every year about 28% student's from middle school, 20% from high school and 34% percent adolescence' reports bullying which they faced by their peers, classmates, friends and colleagues. And 46% teens reported cyberbullying every year (American SPCC-American Society for Positive Care for Children, 2022).

And in Pakistan there is an increase in bullying cases as according to sources Pakistan is on 22nd number for bullying. Every year about 28% people from 10-21 years face bullying in different places such as educational institutes, work places and public places. In Pakistan most of bullying cases are reported by women as Pakistani culture is a male dominating culture in which males feel superior after bullying and harassing women (Kanza, 2017). Bullying victimization plays a 'predictor' role for self-injurious behaviors in adolescence as researches supported that there is 6 times higher risk of self-harm in adolescents who faced bullying than other adolescents (Myklestad and Straiton, 2021).

In 2017 a recent survey was conducted on adolescents of Pakistan's 5 provinces in which 23,15 individuals were participated from different public and government educational sectors. During the survey researchers find an increase rate of bullying in Pakistani educational institutes on the basis of many things such as obesity, color complexion, race, religion, social economic status and many more which have increased association with externalizing and internalizing problems such as self-

injurious behaviors in 40% of adolescents (Naveed et.al, 2020). Parenting styles plays a mediating role between adolescents and bullying and victimization as adolescents who came from harsh and disciplinary environment such authoritarian parenting style have increased risk of bullying others by showing aggression and verbal abuse on other peers because they learnt that aggression from their home environment. But adolescents who have come from cold or uninvolved parenting environment in which they don't received sufficient affection and love from their parents and their parents show no interest & involvement in their life that cause social isolation and lack of social competence in adolescents as they don't have two communication with their family which inhibited their social skills and effectiveness, adolescents from these parenting styles have chances to become victim of bullies as bullies always target those who are social isolated because they think they are easy prey to them as no one will come forward to help them and they can show their power on them (Ortiz et.al, 2016). Parenting style and parents behaviors can also play a part in prevention of bullying cause and prevent bullying & victimization in adolescence as researches have shown the evidence that parental support or familial support can prevent bullying victimization as parents by monitoring their child and by provide care and warmth towards their children and teens as self-harm is not mental health issues but result of negative emotional coping style which individual choose to relieve stress, they can provide support by reporting bullying and providing security to their children which is closely related to authoritative parenting (Gordon, 2021 & Myklestad and Straiton, 2021).

Hypothesis

In the light of existing literature, it was hypothesized that in adolescents;

1. There will be a significant negative relationship between parenting styles, social competence and self-injurious behaviours and positive relationship between bullying victimization and self-injurious behaviours.

For the secondary hypothesis it was hypothesized that in adolescents;

- Controlling parenting style will be higher in females while warmth parenting style will be high in males.
- Females will have higher social competence and low bullying and self-victimizing behaviours as compare to males.
- Controlling & warmth parenting styles and social competence will be high in adolescents from government institutes as compare to adolescents from private institutes.
- Adolescents from private institutes will have higher bullying & victimizing behaviours and self-injurious behaviours as compare to adolescents from government institutes.

Method

Participants

There were 300 adolescents from age 12-19 (150 male & 150 female). The researcher divided 300 samples into equal amount to collect sample from private and government and from male and female participants of institutes of Sialkot of Pakistan. Stratified random sampling is the method in which population is randomly divided into smaller subgroups or strata (singular stratum and plural strata) on the basis of shared or similar characteristics such as gender, sex, education level etc of the members of the population and then randomly selecting these strata/subgroups form the final sample (Simkus, 2023). Stratified random sampling technique was used to drawn sample from

desired population which was adolescences from age 12-19 with the 300-sample size. The researcher divided 300 samples into equal number of strata which was 150 from government and 150 from private institutes to collect sample and equally from male and female participants of institutes of Sialkot, Pakistan. In 150 government institute's stratum there were 75 sample from school level and 75 sample were from college level in which school strata was further divided into 2 strata on the base adolescents age and qualification level and then each strata was further divided into 3 categories on the basis of education level and gender which was 24 (12 girls and 12 boys) adolescents from 8th class, 24(12 girls and 12 boys) from 9th class and 27 (13 girls and 14 boys) from 10th class for government school's stratum. And similarly for Government College's stratum there were 2 further subgroups of intermediate part 1 and intermediate part 2 on the bases of gender and age in which 38 (19 boys and 19 girls) adolescents were from intermediate part –I and 37 (17 boys and 18 girls) from intermediate part-II after which government stratum (150 = 75 school & 75 college) was completed and the strategy was used for private institutes participants (150 participants). Participants from 12-19 was preferred for the data collection as they meet the age criteria adolescents and both private and government institutes was included. People with below and above range of 12-19 was excluded. The researcher collected from the registered institutes of Sialkot, Pakistan with the permission and consent of authorities of selected institute. The data was collection was started in January 2023 and was completed on 10 June 2023. The demographics of the research are shown in table no 1;

Table 1: Frequencies and percentages of the demographic variables of the participants (N=300).

Variables	n	%
Gender		
Boys	150	50
Girls	150	50
Education		
8 th	48	16
9 th	48	16
10 th	54	18
F.A/FSC	150	50
Institutes		
Government	150	50
Private	150	50
Parents		
Alive	260	86.7
Dead	18	06
Divorced	22	7.37
Education of Parents		
Illiterate	47	15.7
Matric/Middle	115	38.3
Intermediate	70	23.3
B.A	31	10.3
M.A/B.S Hons.	29	9.7
MPhil/doctor	8	2.7
Family System		
Nuclear	181	60.3

Joint	119	39.7
No of Friends		
One	51	17.6
Two	73	24.3
A lot	161	53.7
No one	15	05
	M	SD
Age	16.06	1.93

Measures Perceived parenting styles (Nasir &Naeem, 2015)

To access parenting styles and their effects on adolescence, perceived parenting style scale by Rabia Nasir and Fatima Naeem was used. This scale was developed in Urdu in year 2015. It consists 24 items with 2 factors such as F1 (warmth), F2 (control) and is in the form of Likert items with 4 options which were never (1), sometimes (2), often (3) and always (4).

Social competence scale for adolescents (Khurshid &Mehmood, 2018)

To access the social competence in adolescence, social competence scale for adolescents by Halima Khurshid & Dr. Zahid Mehmood was used. Social competence scale was developed in Urdu in year 2018.This scale have 20 items with 2 factors such as F1 (personal social skills) and F2 (Mutual social skills) and is in Likert form such as with options of never (1), sometimes (2), Often (3) and always (4).

Bullying and victimization scale for adolescence (Amjad & Saleem, 2014)

To access bullying and victimization, bullying and victimization scale for adolescence by Siham Amjad and Sadia Saleem was used. This scale was developed in Urdu in the year of 2014.This scale has 32 items and three factors which are F1 (Emotional bullying), F2 (verbal bullying) and F3 (physical bullying). And it is available in Likert form with 4 options such as not at all (1), sometimes (2), Often (3) and more than usual (4).

Self-injurious behavior scale (Fariha & Saleem, 2017)

To access self-injurious behaviors in adolescence, self-injurious behavior scale for adolescents by Fariha and Sadia Saleem was used. This scale was developed in Urdu in the year 2017 specifically for the population of Pakistan which was first used for pilot testing on 20 school students (age 10 to 20) and after expert validation it was conducted on 300 adolescents of Punjab, province of Pakistan in the form of 4 Likert items forms such as with the options of never (1), sometimes (2), Often (3) and always (4). It has good reliability with Cronbach alpha .78.

Procedure

Initially, the researcher takes departmental ethical committee to start her research and then different institute's approval for data collection through permission letter. Informed consent, demographic form and debriefing were given to the participants. Before starting the actual research pilot study on 4 students (2 females and 2 males) was conducted. In which researcher observed if there is any difficulty such as difficult questioners, language difficulty, face validity and how much

time required for filling a form etc. After conducting pilot study, the main study/official study was conducted with 300 participants of adolescence of Sialkot. For the study researcher seek permission from desired government and private institutes through professional permission letters. After seeking the permission, the researcher started her data collection from desired institutes by approaching 8th, 9th, 10th, 11th and 12th class students according to stratified random sampling. There were provided with informed consent in which researcher explains research question and purpose to take participants concerns for the research. The researcher also provided the debriefing about the research to the participants in which she explained them about research process and gave them surety about confidentiality that their names and other information won't be share with anyone to make them comfortable. The total 300 samples data were collected by the researcher from schools and colleges by approaching them. It takes the college participants 10 to 15 minutes to fill a performer but for school students it takes the 15-20 minutes to fill the performer. It takes approximately 5.5 months to complete the research's data collection from different private and government institutes of Sialkot, Pakistan.

Results

For investigating the result Statistical Package for Social Sciences was used in which different operations were used such as reliability analysis (Cronbach alpha α), correlation analysis, hierarchal regression and T-Test. Reliability analysis was used to find the psychometric properties of the constructs. To find the relationship among the constructs correlational analysis was used and how much variance is predicting in dependent variable due to independent variables hierarchal regression was used. To find out the that difference exist among different groups as in gender and institutes groups T.Test was conducted.

Internal consistency To investigate the internal consistency of the constructs Cronbach's alpha was used. The results shows that in table no 2 that all the constructs met the criteria for internal consistency. Moreover Bullying Victimization shows the higher internal consistency ($\alpha = .938$) while on the other hand F2-MSS mutual social skills shows less internal consistency ($\alpha = .649$).

Table 2: Psychometric Properties for Perceived Parenting Styles, Social Competence Scale for Adolescence, Bullying Victimization Scale and Self-Injurious Behaviours Scale (Cronbach Alpha α) (N=300).

Measures	M	SD	Range	α
F1-Warmth Total	24.9	7.95	7-39	.852
F2-Control Total	21.1	6.26	5-33	.776
SCSA Total	36.23	10.07	11-60	.861
F1-PSS Total	26.52	7.9	7-42	.860
F2-MSS Total	9.71	3.61	0.0-18	.649
BAVS Total	25.09	18.01	0.0-84	.938
F1 EB Total	6.52	5.1	0.0-24	.806
F2 VB Total	10.89	8.25	0.0-35	.871
F3 PB Total	7.67	5.71	0.0-24	.811
SIBS Total	8.72	8.62	0.0-43	.890

Note. PPS= Perceived Parenting Styles (Factor 1 = warmth, F 2 = Control), SCSA= Social Competence Scale for Adolescence (F1= Personal social skills, F2= Mutual social skills), BAVS= Bullying Victimization Scale (F1= emotional bullying, F2= verbal bullying, F3= physical bullying) and SIBS= Self-Injurious Behaviors Scale.

Hypothesis testing

Correlation among constructs

correlational analysis was used to investigate the relationship among the constructs. The results in table no 3 shows that The warmth parenting style was significantly positively (.64***) correlated with social competence which means adolescents with warmth parenting style have high social competence and it shows negative correlation (-.35**) with self-injurious behaviors which shows if warmth parenting increases, self-injurious behaviors decrease. The controlling parenting style shows positive correlation (.57**) with social competence and negative correlation with bullying victimization and self-injurious behaviors. The social competence was highly positive correlated with parenting styles which shows the strong relationship between both variables. The social competence (F1= personal social skills shows significantly negative correlation with bullying victimization (-.47***) and self-injurious behaviors (-.28**) which shows the adolescents who have high personal social skills will have low self-injurious behaviors and bullying victimization. The F2= Mutual social skills correlated negatively with bullying victimization (.07) and self-injurious behaviors (-.18) but less significantly. The bullying victimization was significantly positive correlation with selfinjurious behaviors (.59***) which means adolescents who experience bullying victimization can show self-injurious behaviors.

Correlation analysis

Table 3: Correlation analysis among perceived parenting styles, social competence, bullying victimization and self-injurious behaviors (N=300)

Variables	M	SD	1	2	3	4	5	6	7	8	9	10
1-PPS-F1	24.8	7.95	—	.77***	.64***	.36***	.64***	.47***	-.47***	-.41***	-.48***	-.35***
2-PPS-F2	21.1	6.25	-	—	.58***	.31**	.57***	-.46***	-.47***	-.44***	-.48***	-.36***
3-SCSA-F1	26.5	7.91	-	-	—	.44***	.94***	-.45***	-.42***	-.47***	-.47***	-.28**
4-SCSA-F2	9.7	3.1	-	-	-	—	.71***	-.09	-.09	-.02	-.07	-.18
5-SCSA-Total	36.2	10.09	-	-	-	-	—	-.38***	-.36***	-.38***	-.39***	-.28**
6-BAVS-F1	7.29	5.51	-	-	-	-	-	—	.87***	.84***	.95***	.55***
7-BAVS-F2	10.1	7.65	-	-	-	-	-	-	—	.81***	.96***	.57***
8-BAVS-F3	7.08	5.32	-	-	-	-	-	-	-	—	.91***	.51***
9-BAVS-Total	25	18	-	-	-	-	-	-	-	-	—	.59***
10-SIBS-Total	8.72	8.62	-	-	-	-	-	-	-	-	-	—

Note. PPS-F1= Perceived Parenting Styles (Factor 1 = warmth) PPS-F2 =perceived parenting style (Factor 2= Control), PPS-Total=perceived parenting styles total, SCSA-F1= Social Competence Scale for Adolescence (F1= Personal social skills) SCSA-F2 = Social Competence Scale for Adolescence (F2= mutual social skills), BAVS-F1= Bullying Victimization Scale (F1= emotional bullying), BAVS-F2= Bullying Victimization Scale (F2= verbal bullying), BAVS-F3= Bullying Victimization Scale (F3= physical bullying) and SIBS Total= Self-Injurious Behaviors Scale Total. M=Mean & SD= Standard deviation.

Hierarchical regression

Hierarchical regression was carried out to determine that how much variance is predicting in dependent variable due to independent variables. The results shows in table no 4 that how much variance each model is contributing towards result i.e. changes in dependent variable. R² values shows that model no 3 (step 3) highly predicts variance in dependent variable as it predicts 46.3%

variance in dependent variable ($R^2=.463$, significant rate = 0.000^{***} , $***p<0.001$). And model no 1 predicts 6.5% of the variance ($R^2=.065$, significant rate = 0.001^{**} , $**P<0.01$) and model no 2 predicts 7.4% of variance in dependent variable ($R^2= .074$, significant rate = $.002^{**}$).

In the table no 6 concludes that birth order in step 2 significant rate (.146*, significant rate = 0.045^*) which means that birth order predicts variance in dependent variable. And in step 3 gender shows significant rate (.116*, significant rate = 0.014^*) which means that gender is also predictor of variance in dependent variable. Social competence for adolescence F2 (F2 = mutual skills) shows significant negative relationship with the dependent variable as it shows ($-.144^{**}$, significant rate = 0.007^{**}) significant rate which means if mutual social skills in adolescence decreases than self-injurious behaviors in adolescence increases. And bullying victimization shows highly positive relationship with dependent variable as it shows (2.706^{***} , significant rate = 0.000^{***}) significant rate which means that increase in bullying and victimization cause increase in self-injurious behaviors in adolescence.

Hierarchical Regression analysis

Table 4: Hierarchical regression analysis was conducted among personal demographic, social demographic and independent variables along with dependent variables (N=300).

Variables	B	95% ci for B		SEB	β	R ²	ΔR^2
		LL	UL				
Step 1						.065**	.065**
Constant	-1.69	-15.02	11.63	6.74			
Age	.397	-.690	6.744	.552	.089		
Gender	.199	-1.739	2.137	.985	.012		
Education	1.162	-.679	3.004	.936	.154		
Family system	-.721	-2.689	1.248	1.000	-.041		
Birth order	.508	-.168	.185	.344	.084		
Step 2						.074**	.009**
Constant	.053	-13.60	13.71	6.941			
Age	.476	-.615	1.568	.555	.107		
Gender	.135	-1.829	2.099	.998	.008		
Education	1.083	-.762	2.960	.938	.143		
Family system	-.619	-2.594	1.355	1.003	-.035		
Birth order	.889	.020	1.753	.440	.146*		
No of siblings	-.508	-1.237	.220	.370	-.101		
No of friends	-.663	-1.844	.517	.600	-.064		
Step 3						.463***	.389***
Constant	2.542	-8.243	13.327	5.479			
Age	.065	-.794	-.924	.436	.015		
Gender	1.997	.404	3.589	.809	.116*		
Education	1.240	-.221	2.701	.742	.16487		
Family system	-.846	-2.404	.712	.792	-.084		
Birth order	.606	-.075	1.287	.346	.100		
No of siblings	-.378	.944	.189	.288	-.075		
No of friends	-.972	-1.920	-.023	.482	-.094		
PPS-F1	.085	-.251	.082	.084	-.078		
PPS-F2	-.126	-.325	.073	.101	-.092		
SCSA-F1	.135	-.006	.276	.072	.124		
SCSA-F2	-.344	-.592	-.096	.126	-.144**		
BAVS-Total	1.296	.673	1.918	.316	2.706***		

Note. PPS (perceived parenting styles F1=warmth, F2=control), SCSA (social competence for adolescence F1=personal social skills, F2=mutual social skills), BAVS (bullying victimization scale). CL= confidence interval, LL= lower limit, UL= upper limit SEB= standardized error of coefficient, β = standardized coefficient beta, R^2 = R square, ΔR^2 = R square change, $*p<.05$, $**p<.01$, $***p<.001$.

Testing of secondary Hypothesis

This section includes the examination of secondary hypotheses which refer to the additional hypothesis which inspected in the same research after analysing primary hypothesis to explore other factors i.e. demographic variables that are contributing change towards results (Mynbaev, 2012). The examination of secondary hypotheses help the researcher to find mean differences that are present among different groups such as gender (Male/Female). The purpose of examination was to check that how much gender role of adolescence predicts variance in result. To examine the secondary hypotheses T. Test was conducted.

Hypothesis I

Controlling parenting style will be higher in females' adolescents while warmth parenting style will be high in male adolescents.

Hypothesis II

Females adolescents will have higher social competence and low bullying and selfvictimizing behaviours as compare to males adolescents.

The result of the table 5 shows that both parenting style i.e. warmth and control are higher in female adolescents than male adolescents which does not support the hypothesis I. The result concludes that female adolescents have higher social competence and low bullying & victimization as compare to male adolescents which validate the second hypothesis II. While on the other hand on the self-injurious behaviors scale both group means shows no significant difference. The t value shows that there is significant difference exist between both groups (Male/female) such as perceived parenting styles factor 1 (warmth parenting style) shows higher and significant t value (-4.349***) than other variables which indicates higher effect size/mean difference (Cohen's d=0.493) exist between both groups on this factor.

Table 5: Mean difference and standard deviation in perceived parenting styles scale, social competence for adolescence scale, bullying victimization scale for adolescence and selfinjurious behaviors among male and female adolescence (n=300).

Variable	Male n=150		Female n=150		t	p	Cohen's d
	M	SD	M	SD			
PPS-F1	23.193	8.209	26.600	7.326	-3.792***	.000	0.438
PPS-F2	19.620	6.318	22.673	5.831	-4.349***	.000	0.493
SCSA=F1	24.773	7.613	28.260	7.835	-3.904***	.000	0.450
SCSA=F2	9.173	3.333	10.246	3.822	-2.596**	.010	0.299
SCSA=Total	33.94	9.439	38.506	10.193	-4.020***	.000	0.46
BAVS-F1	7.593	5.075	6.993	5.929	.941	.347	-0.108
BAVS-F2	10.993	7.034	9.213	8.155	2.024*	.044	-0.233
BAVS=F3	7.580	5.125	6.580	5.486	1.631	.104	-0.33
BAVS-Total	26.913	16.678	23.260	19.148	1.762*	.079	-0.363
SIBS	8.466	7.755	8.973	9.441	-.508	.612	0.058

Note. PPS (perceived parenting styles F1=warmth, F2=control), SCSA (social competence for adolescence

F1=personal social skills, F2=mutual social skills), BAVS (bullying victimization scale F1=emotional bullying, F2= Verbal bullying, F3= physical bullying), SIBS (Self I injurious behaviors scale).M= mean, SD= standard deviation t=T-test statistics, p= significance value.

Testing of secondary hypothesis

The examination of secundar hypotheses help the researcher to find mean differences that are present among different groups such as institute level (Government/private). The purpose of examination was to check that how much institute level of adolescence predicts variance in result. To examine the secondary hypotheses T. Test was conducted.

Hypothesis I

Controlling & warmth parenting styles and social competence will be high in adolescents from government institutes as compare to adolescents from private institutes.

Hypothesis II

Adolescents from private institutes will have higher bullying & victimizing behaviors and self-injurious behaviors as compare to adolescents from government institutes.

The result of the table 6 shows that both parenting style i.e. warmth and control are higher in adolescents from government institutes than adolescents from private institutes which supported the hypothesis 1 which stated that controlling & warmth parenting styles and social competence will be high in adolescents from government institutes as compare to adolescents from private. The result concludes that adolescents from private institutes have high bullying & victimization and self-injurious behaviours as compare to adolescents from government institutes which validate the second hypothesis which stated that adolescents from private institutes will have higher bullying & victimizing behaviours and self-injurious behaviours as compare to adolescents from government institutes. The t value shows that there is significant difference exist between both groups (Male/female) such as bullying victimization shows higher and significant t value (-5.447***) than other variables which indicates higher effect size/mean difference (Cohen's d= 0.629) exist between both groups on this variable.

Table 6: Mean difference and standard deviation in perceived parenting styles scale, social competence for adolescence scale, bullying victimization scale for adolescence and selfinjurious behaviors among adolescents of government and private institutes (n=300).

Variables	Government n= 150		Private n=150		t	p	Cohen's d
	M	SD	M	SD			
PPS-F1	26.920	6.730	22.873	8.565	4.550***	.000	-0.525
PPS-F2	22.666	5.157	19.626	6.883	4.329***	.000	-0.499
SCSA=F1	28.193	7.579	24.840	7.915	3.748***	.000	-0.432
SCSA=F2	9.886	3.505	9.533	3.724	.846	.398	-0.097
SCSA=Total	38.080	9.640	34.373	10.179	3.238**	.001	-0.379
BAVS-F1	5.886	5.350	8.700	5.337	-4.559***	.000	0.526
BAVS-F2	7.820	6.929	12.386	7.685	-5.405***	.000	0.625
BAVS=F3	5.600	4.782	8.560	5.439	-5.005***	.000	0.578
BAVS-Total	19.673	16.439	30.500	17.951	-5.447***	.000	0.629
SIBS	6.540	10.900	10.900	9.538	-4.516***	.000	0.521

Note. PPS (perceived parenting styles F1=warmth, F2=control), SCSA (social competence for adolescence

*F1=personal social skills, F2=mutual social skills), BAVS (bullying victimization scale F1=emotional bullying, F2= Verbal bullying, F3= physical bullying), SIBS (Self I injurious behaviours scale).M= mean, SD= standard deviation t=T-test statistics, p= significance value. * $p<.05$, ** $p<.01$, *** $p<.001$.*

Discussion

The aim of the study was to find relationship between perceived parenting styles, social competence, bullying victimization and self-injurious behaviours among adolescents. Adolescents are from the age range of 12 to 19. This age is considered most sensitive period of the person's life as they go through major transitions in their life such as emotional, physical and social and cognitive changes marked by biological changes which make them more vulnerable towards mental health issues and behavioural issues that's why adolescence is considered as most crucial time period of any person's life (Lenz, 2001). This research highlights the correlation between these variables along with the demographic variables such as age, education, parents' status, parents' education, no of friends, family system, and no of siblings etc. which can contribute effects on results. And to explore the relationship among these variables Statistical Package for Social Sciences were used.

In Pakistan there were less reported work on self-injurious behaviors as people fear of religiously and social stigmatization and labeling such as he/she is distant from GOD, he/she must did some sins that's why this the result of that and so many others labels. The Pakistan Penal Code (PPC) 325 states "Whoever attempts to commit suicide and does any act towards the commission of such offence, shall be punished with simple imprisonment for a term which may extend to one year, (or with fine, or with both)". The law itself derives from the tenants of Islam, which strongly condemns suicidal behaviors or self-injurious behaviors. And because of this law only few Government hospitals only deals with such cases with the supervision of police. This can be the major reason why people don't report suicidal and selfharming behaviors to hospitals or professionals (Shekhani, 2018).

It was hypothesized that perceived parenting styles, social competence will have negative correlation with self-injurious behaviors and bullying victimization will have positive correlation and in the results it shown evidence that parenting styles (warmth and controlling) have significant negative correlation (warmth $-.35^{***}$, control $-.36^{***}$) with self-injurious behaviors as control and warmth parenting styles will increase there will be decrease in selfinjurious behaviors in adolescents and it was seen in results that both parenting styles were high in females adolescents than male adolescents. Warm and controlling parenting style are high in female adolescents than male because of cultural and social factors as in Pakistan is the male dominant society in which girls don't have the equal rights to boys such as to go other cities for higher studies, go outside without family members and in some village areas girls even don't have basic right to get primary education etc. because of this male dominance and female superiority female perceive their parents as controlling than male adolescents (Kausar & Shafique, 2008). On the other hand, females perceive their parents especially their mothers warm and nurturing because of their attachment with them and females perceive their fathers as protective figure because of this perception most of the females' adolescents perceive their parents as warm and nurturing than male adolescents (Bibi et.al, 2021).

The social competence (personal and mutual social skills) also shows negative relationship (personal social skills $-.28^{**}$, mutual social skills $-.18$) with self-injurious behaviors among adolescents as increase in social competence can cause decrease in selfinjurious behaviors and

personal social skills were seen high in female adolescents than male adolescents and shows more significant negative relationship with self-injurious behaviors than mutual skills. Researches have shown that female have higher social skills than males because females make friendship easily and more frequently than males and females tend to be talkative at home and at the outside which increases their social skills as compare to males who tend to be selective in friendship and remain silent at home most of the time. And in Pakistan people usually belong from joint family system and from areas where homes are near to each other which can be major factor to increase social skills in females as they share everyday stories, routines etc. with each other rather than males who spend most of time outside the house (Zubair et.al, 2018).

The bullying victimization shows highly significant positive relationship (.59***) with self-injurious as increase in bullying and victimization cause increase in self-injurious behaviors among adolescents. The verbal bullying (.57***) emotional bullying (.55***) and physical bullying (.51***) shows most significant positive relationship with self-injurious behaviors which means all these three factors cause self-injurious behaviors among adolescents. The emotional, verbal bullying and physical bullying were seen high among male adolescents and female adolescents but more significantly high in males in comparison with females. In males bullying is high because it can be due cultural factors as in Pakistani culture or society males always taught to be dominant and powerful because of gender discrimination. In Pakistan males are dominant, independent, powerful and are decision makers of the family as they are bread winner of the family while females don't have this dominance and independence as according to researches elders in the family also plays role in building that dominance by favoring and supporting males in every step even if they are doing something wrong by saying he is a boy, boys do these things in their age etc while on the other hand females don't get that level of support from the family and females that belong from village areas even don't get basic needs and support from their parents or family as compared to males. Because of this generational dominance and learned dominance from culture and society males indulge in bullying especially physical bullying than females in Pakistan (Ali et.al, 2022).

In the secondary hypothesis it was assumed that Controlling & warmth parenting styles and social competence will be high in adolescents from government institutes as compare to adolescents from private institutes which was proved by T.Test as the results validate the hypothesis. According to the statistics which was conducted on private and public institutes students to find the social competence in both groups but study reveal that students that belong from government institutes have higher social competence than private institutes. The researcher concluded that social competence has higher link with more knowledge and academic achievements which can be the reason for higher social competence in government institutes than private institutes as in many competitive government institutes have high quality of education. Social competence can be seen high in government institutes adolescents because of their belonging from warm parenting style which can be bridge for developing social skills (Tabassum et.al, 2020).

It was also assumed that in secondary hypothesis that adolescents from private institutes will have higher bullying & victimizing behaviors and self-injurious behaviors as compare to adolescents from government institutes which was proved by T.Test in which results validate the hypothesis. In a recent study which was conducted in Lahore city of Pakistan through comparative cross-sectional study in which 294 (8-10 class students) students involved from private and government institutes from Lahore city, the research results reveal that there was more prevalence of bullying in private institutes with the ratio of 56% than Govt institutes with the percentage of 44% in the form of verbal, emotional and physical bullying. The author concluded that higher rate of bullying

in private institutes is because of in Pakistan mostly private institutes education is expensive which can only afford by people who are from high socioeconomic status and students who are from high socioeconomic status usually have demanding and authoritative whom can defend their children at any cost by using money and power to save their reputations which can be great reinforcement for the bullies to do bullying because they know whatever they will do their parents will protect them (Salman et.al, 2021).

Conclusion

This research was conducted with the purpose of investigating the relationship between perceived parenting styles, social competence, bullying and victimization and self-injurious behaviors among adolescents. The results revealed that perceived parenting styles have negative relationship with the self-injurious behaviors and there was also negative relationship between social competence and self-injurious behaviors in adolescents while on the other hand bullying victimization has positive relationship with the self-injurious behaviors which means that if bullying victimization will increase there will also increase in self-injurious behaviors among adolescents moreover bullying victimization were high in males than females and in private institutes than Govt institutes while on the other hand warm and control parenting styles and social competence were high in females than males and were high among Govt institutes adolescents than private institutes adolescents.

Limitation

There were smaller number of sample (300) and from one city which can affect the generalizability of the research as it not be generalized on adolescents from other cities and provinces. It was observed that students were hesitant to answer on bullying victimization and self-injurious scale as there were feared that it was some sort invasion of their privacy or secrets. There were some private and Govt. colleges whom show reluctance for data collection from their institutes as according to them that can waste their student's time.

Suggestions

There should be large number of sample and should also be from different cities and provinces to increase the generalizability of the research. There should be awareness campaigns and workshops on bullying i.e. to teach students when to report bullying to authorities, to parents, how to stop bullying and how to play a role by being a bystander (person who witness bullying) both in Govt. and private institutes. There should also workshop and awareness on self-injurious behaviors to teach the students that it is nothing to be ashamed of and they can seek professional help without being worried of judgment and stigmatization. The future research should conduct more researches on self-injurious behaviors or self-harming behaviors with other different factors to increase the awareness as in Pakistan there are less reported work on the self-harm because of religious and cultural stigmatization.

Ethical compliance

The research was conducted carefully under the ethical guidelines of APA. Departmental Doctoral Program Committee of the University approved the proposal of the study.

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