

## ROLE OF PEER PRESSURE IN ENHANCING SELF-ESTEEM AND PRO-SOCIAL BEHAVIOR AMONG ADOLESCENTS

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### ABSTRACT

The heightened sensitivity to peer influence that characterizes adolescence presents both opportunities and vulnerabilities. This research investigated the impact of peer influence on pro-social behavior and assessed self-esteem among 300 participants ranging in age from early to late adolescence (14 to 21 years). Utilizing the Peer Pressure Scale (PPS), Pro-social Behaviour Scale (PBS), and Self-Esteem Scale (SES), the information was collected from middle, intermediate, and college students in the Malakand region. The study's results indicate that self-esteem and peer pressure are not correlated. Peer pressure is another factor that prevents adolescents from engaging in prosocial behavior. As per the results, females exhibited a greater propensity for prosocial behavior and maintained a higher level of self-esteem than males.

**Keywords:** Adolescents, Peer pressure, Self-esteem, Pro-social behaviors

### INTRODUCTION

The critical developmental stage for an individual is adolescence (Akram et al., 2023). Biological characteristics of adolescence include the onset of puberty, the cessation of physical growth surges, changes associated with puberty (sexual maturation), and physical attributes including height, weight, and muscle mass. Additionally, substantial changes occur in brain development and growth during this time. Cognitively, adolescence is distinguished by abstract thought, logical reasoning, and knowledge development (Ramzan et al., 2023). Adolescence is a period of social development during which individuals are prepared to assume culturally acceptable adult responsibilities, such as those of a romantic companion or employee (Carlo, Padilla Walker & Nielson, 2015). The social environments of adolescents are among the most influential factors that shape this developmental stage. The predominant mode of communication among adolescents is with their companions. Peer is derived from the Latin word part, which translates to "equivalent." At one's core, one becomes a peer of another when they

are situated on an equivalent footing. Peers, for example, are pupils in the same grade attending a different school (Ramzan et al., 2023). Therefore, individuals in your peer group might share comparable age, educational attainment, occupational responsibilities, and compensation. Children often place greater reliance on their peer groups as they progress from preteens to adolescents, when it comes to decision-making and the formation of morals and values, rather than their families (Choukas-Bradley, Giletta, & Cohen, et al., 2015). In the professional realm, instances of detrimental emotional-social development in adolescents include peer pressure, bullying, and mobbing. Aggression is a prevalent issue that can arise both individually and collectively in the context of these three negative developmental patterns. Research indicates that women comprise 7 percent of abusers, while men comprise 15 percent. Similar trends can be observed: adolescents victimize 12% of females and 13% of boys (Renetti, Curran, & Maier, 2018). Young bullies will likely maintain their current behavior as they

transition into adolescence. They may engage in harmful behaviors such as class absences, theft, deceit, substance abuse, or participation in other detrimental pursuits. An individual who has personal experience with mental illness or addiction is commonly referred to as a peer in behavioral health. Brown & Clasen, and Brown (2021) mentioned peer pressure as the act of preventing an individual from engaging in an activity against their will. It is an allure that prospective or new members of a group experience concerning that group. Peer pressure exerts a significant impact on self-esteem, a critical component of adolescence. Opinions are formed by individuals regarding experiences or matters they become acquainted with. A person's emotions, convictions, and actions are ultimately significantly influenced by these attitudes. Regarding one's uniqueness and that of others, individuals begin to develop attitudes (Soutschek, Burke, Raja Beharelle, Schreiber, Weber, Karipidis & Tobler, 2017). Peer pressure manifests itself as children mature, acquire emotional intelligence, and start to form personal views. Unfortunately, while some individuals are shrewd enough to recognize when they are confronted with the wrong type of pressure to avoid difficulty, others are frequently dragged into such circles due to their inability to resist it. As a foundational aspect of socialization, the social impact of others constitutes a lifelong process (Akram et al., 2022; Veenstra, Junger & Steglich, 2010). Unquestionably one of the most consequential periods of life, adolescence is distinguished by rapid and profound transformations (Misch & Dunham, 2021; Van Hoorn, Fuligni & Crone, et al., 2016). Subsequently, group membership, social milieu, and social networks—which rely heavily on social norms—influence adolescent smoking. Aging is accompanied by physiological and psychological transformations. Amid the difficulties of the present moment, adolescents' lifestyles, moods, thoughts, cognition, and emotions may be out of balance. The central focus of our time is the concept of individual existence, which is intricately linked to continuous self-improvement. Individuals begin to develop attitudes toward others and their uniqueness (Laninga-Wijnen, & Veenstra, 2021). Although

navigating peer pressure as an adult is a difficult task regardless of age, it might be even more so. Peer pressure is the pressure you feel to behave in a specific way because your friends or members of your group expect it. It possesses the potential to exert significant force. Peer pressure may, at the very least, be beneficial. Individuals who are subjected to positive social pressure might decide to join a book club and increase their reading, accompany their peers on a lunchtime promenade, or attend an after-work yoga class instead of happy hour. A member of society who is supported in their social context may find it easier to quit smoking, cursing, or biting their nails (Lambe & Craig, 2020). Recent research published in the journal *Developmental Psychology* indicates that resistance to peer pressure increases substantially from 14 to 18 years of age, but then stabilises between 18 and 30 years of age. This is because we begin to form our own identities as we age and become less reliant on our parents for guidance. We will be in a stronger position to withstand the sway of our colleagues and friends if we consistently uphold our fundamental convictions and principles. You probably continue to succumb to negative peer pressure that pervaded you during your adolescence (Renetti, Curran & Maier, 2018). Self-esteem is a multifaceted and subjective concept that signifies an individual's emotive evaluation, acceptance, and perception of oneself. Researchers have demonstrated that self-esteem is typically stable throughout life and varies across cultures. It rises further during young adulthood (Khanam et al., 2022). In certain religious beliefs and social contexts, self-worth is derived from one's actions or persona, whereas self-esteem is derived from the inherent qualities and qualities of an individual. To the second perspective, certain theorists argue that an individual's self-esteem is a dependent variable that is influenced by a multitude of factors. These factors comprise the process of socialization, biological and social transformations, the caliber of interpersonal connections, the acceptance or disapproval of others, personal convictions and values, and the attainment or lack thereof of desired objectives (Ramzan et al., 2023). Put simply, there appears to be a correlation between an individual's self-esteem and their capacity to experience

contentment in every facet of life (Carlo, Padilla Walker & Nielson, 2015). An association has also been established between self-esteem and mental health; several mental maladies, such as mood and anxiety disorders (Akram & Abdelrady, 2023), now incorporate self-esteem into their diagnostic criteria (Thomaes, Brummelman & Sedikides, 2017). There exists a correlation between diminished self-esteem among adolescents and the following: suicidal ideation, challenges in peer interactions, difficulties with nutrition, inadequate long-term outcomes, and functional limitations. The importance of promptly identifying and attending to mental health disorders is universally recognized. The investigation of this topic presents physiological difficulties. The elusiveness of the construct is partially attributable to its complexities, which encompass a robust discourse regarding its critical measurement and psychological constituents, alongside its evident definition—the compilation of voluntary endeavors that individuals can partake in aid, support, comfort, or provide care for others. According to developmental research, prosocial behavior becomes more stable during late infancy (Kassin, Fein & Markus, 2017). Its mysterious nature contributes in part to its highest overall value. Significant adolescence is characterized by complex psychological and developmental processes, such as the development of attention and evaluative abilities, moral reasoning, social competence, and self-control capabilities (Tifferet, Ginat, N., & Meoded, S. (2020).

## Methodology

### Objectives:

1. Examine the impact of peer pressure on self-esteem among adolescents.
2. Investigate how peer pressure influences the formation of pro-social behaviors in adolescents.

### Hypotheses:

- H1:** Peer pressure is positively correlated with self-esteem and pro-social behavior.
- H2:** There is a significant score difference in peer pressure, self-esteem, and pro-social behavior based on gender.

### Research Design and Sampling:

For data collection, a survey research method and a convenient sampling technique were utilized. The sample consisted of  $N=300$  university students from the Malakand region, of which  $n=167$  (55%) were male and  $n=133$  (44%) were female.

### Instruments:

#### *Rosenberg Self-Esteem Scale*

The Rosenberg Self-Esteem Scale (*RSES*) is a 10-item self-report questionnaire used to measure overall self-esteem, created by Rosenberg in 1989. Participants were asked to judge how well statements matched their self-perception on a 4-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). The study's internal consistency coefficient was determined to be  $\alpha = .550$ .

#### *Pro-social Behavior Scale*

The adult pro-socialness instrument, as described by Penner (2002), consisted of 16 items. Participants used a five-point Likert scale to indicate the frequency of a statement being true for each pro-sociality question, ranging from never/nearly never (coded as 1) to almost always/always (coded as 5). The current investigation yielded Cronbach's alpha coefficient of  $\alpha = 0.67$ .

#### *Peer Pressure Scale*

A 41-item peer pressure scale established by Santor, Messervey, and Kusumakar (2000) was utilized, consisting of 30 main scale items and 11 sub-scale items. Participants were presented with statements and asked to indicate their level of agreement or disagreement. To indicate strong agreement, circle "SA". To indicate significant disagreement, circle "SD". If you believe you are uncertain about your position, select the response that most accurately represents your feelings. If you are unsure or lack knowledge, please circle "D/K". The current investigation yielded Cronbach's alpha coefficient of  $\alpha = 0.86$ .

### Procedure:

Firstly, the researcher obtained permission from the educational institutions of the Malakand Region. As soon as consent was obtained,

participants were subsequently granted informed assent after receiving a comprehensive explanation of the study's aims and characteristics. Explanations that underscored the importance of integrity and precision were furnished to facilitate the completion of the surveys. None of the participants reported any physical or psychological distress while completing the questionnaires utilized in the data collection process. The questionnaires were then analyzed by the researchers.

**Results**

**Table 1** Frequency and percentage of participants (N=300)

Demographic variable	f	%
Gender		
Male	167	55.7
Female	133	44.3

Table 1 shows the frequency and percentage of participation for their gender. Male adolescents (167, 55.7%) were greater in number than female students (133, 44.3%).

**Table 2** Psychometric properties of study variable (N=300)

Scale	M	SD	Range	Cronbach α
Peer Pressure	103.81	13.45	29-145	.670
Pro Social Behavior	18.18	3.93	3-29	.862
Self Esteem	56.81	12.80	18-80	.550

Table 2 shows the psychometric properties study variable the reliability indicates that the reliability coefficient of the peer pressure scale, pro-social behavior scale, and self-esteem scale .670, .862, .550.

**Table 3** Pearson correlation among study variables (N=300)

Variables	1	2	3
1. Peer Pressure	-	-.118*	-.095*
2. Self Esteem	-	-	.68**
3. Pro Social Behavior	-	-	-

\*p<.05. \*\*p<.01

Table 2 shows the Pearson correlation among study variables. Findings indicate that peer pressure has a significant negative correlation

with self-esteem r= -.118 and pro-social behavior r= -.095 while self-esteem has a significantly positive correlation with pro social behavior r=.168.

**Table 4** Mean, standard deviation, and t-values for male and female adolescents (N=300)

Variables	Male (167)		Female (133)		t	p	LL	UL	Cohen's d
	M	SD	M	SD					
Peer Pressure	106.71	12.86	100.20	13.45	4.25	.000	3.493	9.51	0.49
Self Esteem	18.25	4.37	18.06	3.24	.422	.683	-.711	1.08	--
Pro-Social Behavior	56.05	13.39	57.73	12.04	-1.12	.264	-4.61	1.26	--

Table 4 shows mean, standard deviation, and t-value study variables based on gender. The results show minor mean differences and standard deviation of male ( $M=106.71$ ,  $SD=12.86$ ) and female ( $M=100.20$ ,  $SD=13.45$ ) on peer pressure with t value for male and female ( $t=4.25$ ) and self-esteem ( $M=18.25$ ,  $SD=4.37$ ) and for female ( $M=18.06$ ,  $SD=3.24$ ) on self-esteem and t values for both male and female (4.09). Additionally, mean. Standard deviation, of males ( $M=56.05$ ,  $SD=13.39$ ) and for females ( $M=57.73$ ,  $SD=12.04$ ) and t values for males and females both ( $t=-1.2$ ) on pro-social behavior.

### Discussion

The findings of the present study have, in some way, met with the previous study results. Adolescents may develop low self-esteem and engage in less prosocial behavior as a result of peer pressure. High levels of peer pressure affect female adolescents. Additionally, pro-social behavior exhibits a negative correlation with peer pressure, which is substantially negative. The hypothesis that peer pressure influences female adolescents more positively towards self-esteem and prosocial behavior than male adolescents is proven to a significant degree (Abdelrady & Akram, 2022; Olalekan, 2016).

It could be extremely beneficial to identify and differentiate female adolescents who exhibit prosocial behavior and high self-esteem in response to peer pressure, in contrast to their male counterparts (Tarshis, 2010). The results of that study do not align with the present findings regarding pro-social behavior and self-esteem. Prior research findings indicated that females exhibited a rise in prosocial behavior towards strangers, whereas boys exhibited an "increase, decrease, increase pattern. Prior research has also demonstrated that prosocial behavior towards peers increases while prosocial behavior towards family remains stable, for both genders (Guzman, 2017).

A previous research study investigated the long-term bidirectional relationship and developmental trajectories of pro-social behavior among adolescents toward family friends and strangers, as influenced by peer pressure. Males did not observe any changes in

self-esteem over time, whereas females did observe a decline (Wolke & Lereya, 2015). Adolescents exhibited bidirectional self-esteem and pro-social behavior towards family friends and strangers because of peer pressure; however, no bidirectional relationship was observed between self-esteem and pro-social behavior towards family and others. Inconsistency in results is due to the prior investigations employed longitudinal research designs spanning four years, during which the conclusions evolved (Gardner & Steinberg, 2005).

### Limitations

Initially, the sample was collected from a single region of Pakistan. Hence, caution should be exercised when extrapolating these research findings to encompass all forms of pro-social behavior. Second, all demographic variables were not considered in this study. Additionally, the research is preoccupied with peer pressure, which affects the self-esteem and prosocial behavior of females but not those of males.

### Implications:

The results of this research could potentially shed light on the detrimental consequences of peer pressure on adolescents. The current study found significant gender differences in social and affective development between males and females. This study has the potential to benefit adolescents. Teachers and parents will be better equipped to guide their children and instruct them in socially acceptable positive behaviors considering these findings. Most parents in the study region lack formal education, which results in their children being susceptible to unfavorable peer influence. This is primarily due to their inadequate consideration of the repercussions of peer pressure. Thus, these findings assist them in safeguarding the global self-esteem of their offspring.

### Future Recommendation:

This study lays the groundwork for subsequent research concerning the effects of peer pressure on prosocial behavior and self-esteem in the Malakand division and surrounding areas. This research offers valuable insights for a range of professionals, including counselors and therapists. Parents and educators should also



consider the significance of peer pressure and its repercussions.

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