

8-1-1997

Relationship Between Selected Demographic Variables And Self-Esteem In Female Adolescents In The Rural South

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RELATIONSHIP BETWEEN SELECTED DEMOGRAPHIC
VARIABLES AND SELF-ESTEEM IN FEMALE
ADOLESCENTS IN THE RURAL SOUTH

by

DENISE TENNISON

A Thesis

Submitted in Partial Fulfillment of the Requirements
for the Degree of Master of Science in Nursing
in the Division of Nursing
Mississippi University for Women

COLUMBUS, MISSISSIPPI

August 1997

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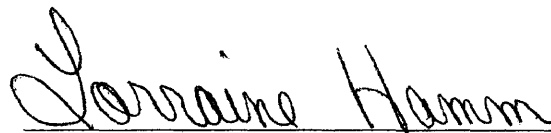
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Denise Tennison



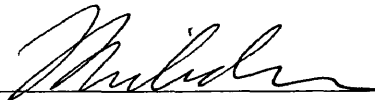
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Abstract

Self-esteem is recognized as a basic personality characteristic of positive and productive behavior. The view the adolescent female has of herself is of utmost importance and may have an impact on behavior, achievement, social functioning, and physical and emotional health. The purpose of this study was to determine whether there was a relationship between sociodemographic variables and self-esteem in adolescent females. Roy's Adaptation Model was used to guide this descriptive correlation investigation. Data were collected from a sample of 30 adolescent females from a small rural high school in East Central Mississippi. Participants were surveyed using the Rosenberg Self-Esteem Scale and a researcher-designed demographic survey. Data analysis using Pearson correlations, the ANOVA procedure, and two-tailed *t* tests revealed a significant positive correlation between self-esteem and having experienced sexual intercourse. Self-esteem was also positively related to higher academic standing. Additional correlations were

assessed between participants' overall feeling about self and the educational level of their mothers as well as personal body image.

Dedication

to

Dr. Sara Fridenberg Akers

My mentor:

You encouraged me to get here.

I know you are looking down from Heaven
and smiling.

I love you and miss you.

Acknowledgments

I would like to thank my research committee: Lorraine Hamm, Chair, without her I could not have made it; Melinda Rush and Patsy Smyth, you both made great contributions. It is greatly appreciated.

To my husband, Tommy, thanks for believing in me.

To my daughter, I wasn't there physically all the time, but I was always there in spirit. I love you so much.

To my mother-in-law, Billie, thanks for the meals and the laundry.

To my father-in-law, for bringing me things for school that I forgot.

To Phyllis McCorkle, my typist and my friend, you were always there ready to go to work.

To Ronnie Ware and Ty Cobb, the students at Ackerman High school, for assisting me with the data for the project.

To my Father in Heaven, through Him all things are possible. I am living proof.

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Chapter I

The Research Problem

Self-esteem is recognized as a basic personality characteristic of positive and productive behavior. Young people who have a positive self-concept are inclined to be better students, have healthier friendships, and progress to adulthood with a greater ability to overcome obstacles. Hall and Rowe (1991) considered high self-esteem to be the single most important ingredient for success in life.

Eighty percent of children enter first grade with high self-esteem. However, by the time they reach fifth grade, the number has dropped to 20%. By the time they finish high school, the number of adolescents having a positive self-image has dropped to a staggering 5% (Hall & Rowe, 1991). The purpose of this study was to examine self-esteem in high school adolescents as it related to selected demographic characteristics of those youth.

Establishment of the Problem

The development of self-esteem has captivated social scientists for many decades and, more recently, nursing

scientists have started seeking data regarding issues of self-esteem. The view the adolescent has of himself or herself is of foremost importance in adolescents and may have an impact on behavior, achievement, social functioning, and ultimately even on physical and emotional health (Torres, Fernandez, & Macerira, 1995). Much research supports the correlation between high self-esteem and positive personality traits. Youth with high self-esteem are more emotionally mature, stable, realistic, and relaxed. Adolescents with high self-esteem tend to be more productive, more creative, and more self-assured. Additionally, teen self-esteem is associated with lower frustration over personal shortcomings and, perhaps most importantly, a lower likelihood of succumbing to peer pressure regarding sex, drugs, and other risk behaviors (United Ostomy Association, 1995).

Adolescents with a low self-worth and personal identity tend to be dependent, conforming, and frequently reflect the personalities of those with whom they associate (Holland & Andre, 1994). The psychological reaction of females to adolescence has been influenced by many factors, including culture, subculture, and family issues. Feelings of self-worth affect all aspects of the

life of an adolescent and have a strong impact on the realization of their potential (Hall & Rowe, 1991). Over the last decade the increased interest in the psychology of self-esteem initiated numerous studies which have examined self-esteem as an evaluative component.

While a number of demographic variables have been studied in relation to self-esteem of adolescent females, very few studies have examined the relative contribution of these selected demographic variables to the prediction of self-esteem. In young female adolescents in the rural areas of the nation, especially the South, there is a dearth of information. The rarity of studies considering self-esteem in female adolescents has left a void in the literature, and what studies have been done are few and often methodologically limited (Hall & Rowe, 1991). Therefore, the purpose of this study was to add to the existing body of knowledge regarding adolescent self-esteem by exploring the relationship between demographic variables and self-esteem in the adolescent female in the rural South.

Significance to Nursing

This research is significant to nursing science for several reasons. This study will help to narrow the

definition of self-esteem in relation to adolescent females in the rural South. If researchers are able to better measure and isolate the specific variables that may or may not affect self-esteem in adolescent females, then interventions may be designed to encourage a positive reinforcement to self-esteem.

With the importance of self-esteem in adolescent females having been brought to light, it is essential that nurses at every level be prepared to recognize issues of self-esteem, especially in adolescent females, and to be prepared to intervene effectively and appropriately. Findings from this study serve to underscore the importance of the inclusion of issues surrounding adolescent self-esteem in nursing curricula of baccalaureate and master's programs.

Nurse practitioners in the primary care setting must be aware of the unique issues of female adolescent clients, then go a step further to being alert to circumstances which may lower self-esteem and result in poor choices and health outcomes. Therefore, it is vital for nursing science to study demographic variables in female adolescents and the relationship of those variables to self-esteem in adolescents. The nurse practitioner may

facilitate the family unit to foster self-esteem through seeking positive changes. A change in self-esteem potentially may have a positive impact in the community. Through the study of the correlation of demographic variables in female adolescents, nursing will be able to identify those variables which have the greatest impact on self-esteem, thus exploring expanded areas for nursing research and practice.

Theoretical Framework

The Roy Adaption Model for Nursing (Riehl & Roy, 1980) served as the theoretical framework for the study. Roy conceptualized the person as having four modes of adaptation: psychological needs, self-concept, role function, and interdependence. The physiological needs involve the body's basic need and ways of dealing with adaptation in regard to fluids and electrolytes, exercise and rest, elimination, nutrition, circulation, and oxygen regulation. These are the basic needs to survive (Riehl & Roy, 1980). The self-concept mode is the composite of beliefs and feelings that one holds about oneself at a given time and is formed from perceptions, particularly of others' reactions, and directs an individual's behavior. The components of the self-concept mode include the

physical self, which involves sensation and body image, and the personal self, which is made up of self-ideal, self-consistency and the moral-ethical-spiritual self. The self-ideal refers to what the individual would like to be or has the potential to be. The self-consistency is the ability to use internal standards to guide choices in life through moral-ethical-spiritual beliefs. The role function mode is how the individual performs in society.

The interdependence mode involves one's relations with significant others and support systems. This mode addresses the psychological needs such as nurturance and affection within relationships with others.

Each mode is of interest for the study, but the most pertinent mode for this study is the self-concept mode. The central focus of the self-concept mode lies in the conviction of the client that the self has control over the environment and is an expression of the person in terms of self-worth and value. Thus, the self-concept mode involves a way the person in adapting to the environment according to the self-concept of the person. The self-concept mode is concerned with the physical self (appearance and health), the personal self (morals, self-consistency, self-ideal, and self-expectations), and the

interpersonal self (perception of ability to interact socially) (Riehl & Roy, 1980).

Identification of variables which may have an impact upon self-concept is essential in order for the nurse to be effective in acting as an external regulatory force to modify stimuli which may affect self-concept and ultimately adaptation. Therefore, the Roy model is an appropriate framework on which to base this study regarding self-esteem in adolescent girls in the rural South.

Hypothesis

One null hypothesis guided the study: There is no relationship between selected demographic variables and self-esteem in adolescent girls.

Definition of Terms

For the purpose of the study, the following terms were defined both operationally and theoretically:

Selected demographic variables: theoretically, the statistical data of a given population and the facts revealed by such data (Webster's II New Riverside University Dictionary, 1994). For this study, selected demographic variables include age, race, grade in school,

weight, height, living arrangements, number of people in the household, rank in birth order, grade in school, high school plans, college plans, plans after high school, favorite class, best class grade, father's education, and mother's education. Additionally, sexual activity, "gone all the way," sex and number of partners, pregnant now or number of pregnancies, onset of menses, age at the onset of menses, diet, friends or relatives close to, church activity, feelings about self (on a scale of 1 to 10) were assessed.

Self-esteem: theoretically defined, the value judgement a person places upon self (Webster's II New Riverside University Dictionary, 1994). Operationally, self-esteem was measured using the Rosenberg Self-Esteem Scale (Rosenberg, 1976).

Adolescent girls: females who are in the transitional period between puberty and adulthood, mainly the teen years. Operationally, adolescent girls will be females ages 12 to 17 years who are students at one of two high schools in the rural South.

Rural South: The most southern states in the United States, which lie below the Mason Dixon line, which have farming as their mainstay and mostly small school systems.

Operationally, the rural South will be a high school in a rural county in East Central Mississippi, where characteristics of the area meet the criteria of the theoretical definition of rural South.

Assumptions

Assumptions refer to "basic principles that are accepted on faith, or assumed to be true, without proof or verification" (Polit & Hungler, 1995, p. 10). For the purpose of this study, the following assumptions were made:

1. A person is a biopsychosocial being in constant interaction with the environment (Marriner-Tomey, 1994).

2. Persons adapt to the environment through four modes of adaptation: the physiologic, self-concept, role function, and interdependence modes (Riehl & Roy, 1980).

3. Self-esteem affects the adaptation of adolescent girls.

4. Self-esteem is a concept which can be empirically measured.

Statement of the Problem

Self-esteem in adolescence is an issue of concern for nurse practitioners because high or increased self-esteem has been associated with the successful achievement of developmental tasks, especially among females. A number of studies have been identified in which one or more demographic variables have been correlated with self-esteem in adolescents. However, many demographic characteristics have not been studied, and no research has been identified in which a compilation of demographic variables were correlated with self-esteem in the adolescent female population. The problem addressed in this study was the relationship between selected demographic variables and self-esteem in adolescent girls.

Summary

In Chapter I the problem statement, theoretical framework, definition of terms, and assumptions were set forth with an explanation of the significance of this study to nursing. The foundation for the relevant literature, methodology, and findings of the study were established.

Chapter II

Review of the Literature

A review of recent literature was conducted to assess the status of information available regarding self-esteem in adolescent girls. While there was an abundance of literature regarding self-esteem, few studies were found in which demographic variables were extrapolated and correlated with self-esteem in young people. For this review, the studies most closely related to the research problem for this current study were selected and are presented in this chapter.

Lackovic-Grgin, DeKovic, and Opacic (1994) sought to investigate the interaction between pubertal status, the quality of interactions with significant others, and the self-esteem of adolescent girls. The purpose of this study was to determine if there was a difference in self-esteem between those females who began menses early or in those who began menses at a later time.

The design used in the study was a nonexperimental longitudinal design. The variables in this study were age,

self-esteem, physical appearance, relationship with parents and peers, and change of residence or school. The sample consisted of 178 girls from the eighth grade.

Lackovic-Grgin et al. utilized the Coopersmith Self-Esteem Inventory Tool. The instrument was shortened to 25 items to obtain the data needed for the study. The first part of the tool included individual demographic variables. The subjects used a dichotomous selection for evaluation and were asked to indicate for each item whether it is "like me" or "not like me." A measure of self-esteem was derived by summing the number of affirmative answers. The questionnaire, which was developed in previous research, consisted of three sets of items measuring the dimensions of interaction including intimacy, control, punitiveness with parents, and intimacy and control with friends.

Each of these one-dimensional Likert-format scales consisted of eight items. Cronbach's alphas for intimacy, control, and punitiveness in relationship with mother were .80, .64, and .75. The alphas for father were .91, .68, and .75. The alphas for intimacy and control in the relationship with friends were .60 and .58. The higher

alphas indicate intimacy was with the parents indicated a higher.

Lackovic-Grgin et al. (1994) further assessed the relationship between girls' self-esteem and pubertal status and interaction variables with significant others (their parents and friends). Highly significant correlations were found between self-esteem and interaction with parents, but not with interaction with friends. (The tabular data for the correlations were omitted from the published form of the study.) All correlations were in predicted directions. Higher self-esteem was associated with more intimacy, a lower level of control, and punitiveness in relationship with both mothers and fathers. The time of physical maturation appeared to be associated with interfactional variables. An especially high correlation was found between maturation and experienced control by mothers.

Lackovic-Grgin et al. (1994) concluded that the relationship between physical maturation and self-esteem could be mediated by interfactional variables. The findings that pubertal maturation affects adolescent girls' self-esteem and that girls who just started their menses have the highest self-esteem point out the

importance of menarche. Rather than a gradual biological change which characterizes physical development during adolescence, menarche represents a dramatic singular event. Menarche signals not only reproductive capability, but a status change in roles from girl to young woman. Physical changes during adolescence have an impact not only on girls' self-esteem but on their interpersonal relationships. The study lends support to the conduction of the proposed study because it underscores the need to correlate demographic variables with self-esteem which have received limited study in recent research. The variable of onset of menarche as well as other variables related to sexuality were included in the current study. No literature has yet been identified in which those latter variables were correlated with self-esteem in rural southern adolescent girls.

In a later study, Torres et al. (1995) used a cross-sectional, nonexperimental, correlational design to investigate the possible need to adapt health education programs to the developmental characteristics of adolescents. The purpose of the research was to identify certain variables that influenced the self-esteem and value of health in correlation with adolescent health

behavior. The variables in this study were the environment, which included parental support, social supports, predisposing demographics, socialization, education, and personality variables; motivation, personality values, attitudes, and self-concept.

The sample consisted of a total of 100 subjects. The younger group was 12 to 13 years of age, and the older group 16 to 17 years of age. Both males and females participated in each group. Subjects were chosen at random from school classes corresponding to the age groups in a representative sample of public and private schools.

The instrument used to collect self-esteem data was the Gordon Personal Profile (GPP). Scores on the four subscales of ascending, responsibility, emotional stability, and sociability were summed to give an overall measure of self-esteem. The value of health was measured by means of the Value of Health Scale, which consists of five questions concerning different aspects of health, physical fitness, energy, vigor, physical strength, maintenance of correct body weight, and resistance to leisure. Health behaviors were evaluated by means of the Rivas-Torres Health Behavior Questionnaire. The tool has 31 questions concerning six aspects of health.

The analysis of the data was obtained by using Pearson's r . Torres et al. (1995) found that self-esteem played an important role in adolescent health behavior which was reflected in the self-esteem scores in both younger adolescents ($r = .47, p \leq .05$) and older adolescents ($r = .52, p \leq .05$). Correlation with mental health behavior also was high in both groups. In the young adolescent groups, correlation with self-esteem qualified as worthy of note for personal health ($r = .42, p < .05$), and social aspects ($r = .28, p \leq .05$), while in the older groups there was an acceptance correlation between self-esteem and safety ($r = .37, p \leq .05$).

As with self-esteem, significant positive correlations were found between value of health and general health behavior ($r = .28, p \leq .05$ for the young group; and $r = .26, p \leq .05$ for the older group). In the older group, there was a significant positive correlation in health and safety aspects and a significant positive correlation between value of health and nutrition ($r = .25, p \leq .05$), but in the young group the corresponding correlations were not significant.

The researchers concluded that in the design of health education programs, it is necessary to take into

account the differences between the various aspects of health behavior and the factors which affect each aspect, since all personal factors do not have appreciable effects on a given aspect of health behavior. Some aspects of health behavior, in addition, may be affected by social or environmental factors.

Findings from the Torres et al. (1995) study is of importance to the proposed study in that Torres et al. emphasized the effects of society, environment, age, and other variables on self-esteem and health behaviors in adolescents. However, no studies have been discovered in which a wide variety of demographic variables have been correlated with self-esteem in adolescents. The purpose of the proposed study was to correlate selected demographic variables, among those being some social and environmental factors, with self-esteem in adolescents.

In a study conducted by Owens, Mortimier, and Finch (1996), investigation of the role of self-determination was sought in the adolescent male in three spheres of life (work, school, and family) in relation to self-determination in adulthood. The purpose of Owens et al.'s study was to

. . . aid in bridging a gap by explicitly examining whether the perception of freedom and

autonomy in the three spheres of development-- the family, the school, and the workplace--are generalized and ultimately attributed to the self, contributing to a sense of self-esteem or worth. (p. 1378)

The variables of interest were self-esteem, self-determination, and the aforementioned spheres of the lives of adolescents. The design used in the research was a nonexperimental, longitudinal, time-series. The sample was composed of 2,213 10th-grade boys from 87 different high schools. The boys were tested during an 8-year period with a total of five testing times referred to as waves. The testing times were at the 10th-, 11th-, and 12th-grade levels and at 1 and 5 years post-high school. To further assure reliability of the findings, test-taking also occurred at different times of the year. Data collection was done in a neutral site for the boys, such as the library.

The instrument used for the data collection was the Rosenberg Self-Esteem Scale which was composed of questions using a Likert scale. Also, a researcher-designed questionnaire was used to assess self-determination in the three areas: home, school, and work. The statistical analysis was obtained using the LISREL 7.

Data were divided into the three spheres (work, school, and home) and into the various times of testing.

The findings that were of greatest interest were those linking the sense of self-determination in the family sphere and self-esteem. The coefficient from the 10th grade construct to self-esteem suggests that this effect is rather strong ($r = .38, p < .05$). Stability of self-esteem continued in the 11th grade as it did over the next three waves. Apparently, adolescents experienced intrinsic control in the family domain, which appeared to enhance self-esteem.

In the 12th grade, self-esteem has a positive effect on grades ($r = .08, p < .05$). The fact that socioeconomic background had no significant effect on self-esteem in Grade 10 was consistent with Rosenberg's (1975) claim that the achievement of the adolescent, not that of the parents, determines self-esteem.

According to Owens et al. (1996), the three significant paths from the intrinsic motivation construct to self-esteem were the most important. These are manifest with the ability and grades taken into account in the first period ($r = .28, p < .05$) and when grades and prior self-esteem are controlled in the second ($r = .14, p <$

.05) and the third ($r = .16$, $p < .05$) periods. Apparently, it is not as much the achievement of high scores that enhanced self-esteem; the experience of intrinsic motivation in school generally has the more consistent effect. The fact that self-esteem had no significant effect on intrinsic motivation in school, in either interval, argues against the notion that a measure of intrinsic motivation is simply a reflection of self-esteem (Owens et al., 1996).

The path from 10th-grade self-esteem to 11th-grade intrinsic work motivation was positive ($r = .33$, $p < .05$), while 11th-grade self-esteem bears a negative relation to the 12th-grade work construct ($r = -.22$, $p = .05$). Recent developments in a bi-dimensional view of self-esteem, as well as aspects of the principle of self-actualization, helped explain this seeming paradox.

To examine the data for this interpretation, Owens et al. (1996) compared the effect of intrinsic motivation at work on self-esteem for those who started work in the 11th grade and those who were working in both the 10th and 11th grades. The first group, "new" to employment in the junior year, intrinsic work motivation had significant effect on 11th-grade self-esteem ($r = .17$, $p < .001$). Intrinsic work

motivation was not significantly related to self-esteem for the veteran workers ($r = .08, p < .05$). In the senior year the effects of intrinsic work motivation on self-esteem were not statistically significant for either the new workers or the veteran workers.

The conclusions of the Owens et al. (1996) study reveal that these data were consistent with the proposition that the sense of self-determination in three domains of life enhances adolescent self-esteem. Supporting Rosenberg's Principle of Self-Attrition, shared decision-making in the family and an internal locus of motivation in school engendered positive self-evaluation. The findings were mixed with respect to the work sphere. This suggests that the intrinsic motivation toward work may have somewhat different developmental implications for adolescents. Longevity in teenagers working had somewhat different developmental implications for adolescents. Longevity in teenage employment may have counteracted perceptions of self-determination.

The Owens et al. (1996) research is relevant to the current study of adolescent females in the rural south for several reasons. Many of the variables used in the study were the same as some specific demographic variables

chosen by the current researcher. Some examples of the specific variables are age, family, school, and plans for work and college. Also, the current research utilized the Rosenberg Self-Esteem Scale as a measurement tool for self-esteem in the adolescent female. Replication of these correlations strengthens both studies.

Based on the premise that there are conflicting findings concerning the relationship between self-esteem and sex role orientations among males and females, Holland and Andre (1994) noted that most investigations of self-esteem did not consider school size. However, previous research had shown consistently that attendance at smaller schools lead to increased high school extracurricular activity participation resulting in higher self-esteem.

Utilizing a correlational research design, Holland and Andre collected data from 165 male and 235 female high school students and from 121 male and 127 female college students. The high school student sample was currently attending high school. The college student sample had graduated from high schools that had fewer than 100 students per grade (small schools) or had more than 250 students per grade (large schools). The total sample included 131 males and 151 females who were attending or

had graduated from small high schools and 155 males and 211 females from large high schools. Questionnaires entitled High School Attitude Survey or the College Attitude Survey were used to collect the data. Additionally, Rosenberg's Self-Esteem Scale was used.

Multiple regression analyses were computed separately for each of the four subgroups (small-school males, small-school females, large-school males, and large-school females) in order to examine the relationship between self-esteem and various personal and environmental variables. The regression analyses also were run separately for the college and high school samples.

For all four groups, higher masculinity scores were the best predictor of self-esteem. Masculinity predicted a higher percentage of variance in self-esteem scores for large-school students than for small-school students for both males and females ($\beta = .477$) and was a better predictor of self-esteem for females than for males from both small and large schools ($\beta = .425$ and $.638$, respectively). The two variables, masculinity and high school activity participation, were the only predictors that contributed significantly to the prediction of self-esteem scores for both males and females from large

schools. Attitudes toward women had a significant positive relationship with the self-esteem scores for females from small schools ($\beta = .167$). The difference in femininity scores between students from small ($M = 6.78$) and large schools ($M = 6.97$) was significant, $F(1, 642) = 4.32, p < .05$. As expected, the femininity scores of females ($M = 7.27$) were significantly greater ($p < .001$) than the femininity scores of males ($M = 6.40$). Males from small schools reported significantly lower femininity scores than males from large schools, while females from small and large schools did not differ significantly in femininity scores.

Overall, the strongest and most consistent predictor of self-esteem across all subgroups was possession of higher levels of masculine sex role orientations. Further, the zero-order correlation between femininity and self-esteem was significant only for females from small schools ($r = .20, p = .05$). For females from small high schools, nontraditional attitudes toward women also predicted self-esteem scores. Females from small high schools also had more traditional attitudes toward women than females from large high schools. Holland and Andre (1994) interpreted the finding related to females from small schools as

follows: Females from small high schools and communities are exposed to models and rhetoric consistent with traditional attitudes toward women and with feminine personality characteristics. Thus, they should develop more traditional attitudes toward women and more traditional feminine personality characteristics. However, females from small high schools are pressed into athletics to a greater degree than are females from large schools, and being successful in athletics is very important in small high schools. Participation in sports should encourage girls from small schools to develop more traditionally male personality characteristics, such as competitiveness, leadership, and assertiveness.

Holland and Andre (1994) suggested that school or community size contributed to the development of different patterns of masculinity, femininity, and attitudes toward women in young men and women. Different patterns or variables predicted self-esteem for males and females from large and small high schools. Although masculinity and activity participation were predictors for males and females from both sizes of school, additional variables contributed to the prediction for small, but not for large, school students. Athletic participation predicted

self-esteem for males from small schools and more nontraditional attitudes toward women predicted self-esteem for small school females. Somewhat surprisingly, females from smaller high schools, which were located in more traditional communities, seemed socialized into a less traditionally feminine pattern than females from larger high schools. In contrast, males from smaller high schools seemed socialized into more traditionally masculine values than their large school counterparts. It was concluded that personal characteristics (sex role orientation and activity participation) are more instrumental in the development of self-esteem among adolescents than environmental characteristics (parents' marital and socioeconomic status). Holland and Andre (1994) also suggested that unsuccessful participants in activities, especially small school male athletes, may require special support in handling their feelings of self-worth. The researchers recommended that, based on the differences found between small- and large-school students, future researchers should consider the influence of school size when investigating adolescent self-esteem. The findings of Holland and Andre (1994) were pertinent to the current study because the research was conducted at

two small high schools with less than 100 members in each grade. While no comparison with larger high schools was done in the current study, school size was a major consideration when examining the variables for the study.

The first of Salminen's (1994) studies (published simultaneously) consisted of three-phased panel data and was a longitudinal, descriptive study using 310 students between the ages of 10 and 16 years. Begun in December 1985, data collection was repeated in April of 1987 and again in April 1988. Subjects completed a questionnaire on values during school hours. An original question used was the following: If you could be remembered here at school for one of the three things below, which would you want it to be: (1) athletic star, (2) brilliant student, (3) most popular?

Findings revealed that in 1985 that most popular was the leading choice as 142 students (45.8%) selected that answer, the brilliant student choice was second with 33.9% choosing that response, and the third choice was an athletic star with only 63 students (20.3%) choosing that answer. As time progressed the 1987 findings revealed that most popular was still the lead choice with 109 students (40.1%). The choices of brilliant student and athletic

star was closer with only a 1.9 point difference. In 1988 the first choice answer was still most popular (n = 169, 54.5%). The choice of brilliant student changed places with the athletic star at 24.2% and 21.3% for brilliant students.

The authors concluded that since critical thinking begins at puberty this process created the need for popularity and concern for the opinions of others. In the last evaluation the decline in the importance of athletic success was interpreted to reflect a decrease in sport participation during puberty.

In the second of the studies by Salminen (1994), the subjects were 359 girls and 384 boys between the ages of 14 and 16 years who completed a questionnaire during class. The sex role of the pupils was measured by the Bem Sex-Role Inventory. The inventory included a masculine and feminine scale, both containing 20 items. Self-esteem of the subjects was measured by the Self-Esteem Inventory. It was found that sex role significantly influenced the value order of the students and that androgynous subjects wanted to be remembered as the most popular, while being a brilliant student was less important. Feminine and undifferentiated subjects preferred to be remembered as a

brilliant student. Masculine subjects valued athletics more than any other group. There were also gender differences. Males preferred athletic success more than academic success or popularity. Females wanted to be remembered as most popular. (Note. Numerical data were not presented.)

Additionally, sex roles of the adolescents were related to values in the group with low self-esteem, but not in the group with high self-esteem. The preference of androgynous and masculine subjects for athletic star over brilliant student when compared to feminine and undifferentiated subjects was more apparent in the group with low self-esteem. Salminen (1994) concluded that self-esteem was a moderating variable between the sex roles and values of adolescents. The researchers further surmised that traditional gender-role expectations seemed more prominent in the values of those with low self-esteem, meaning that it is probably easier for an adolescent with high self-esteem to break traditional role expectations than it is for one with low self-esteem.

The Salminen studies are an important foundation for the present study which examined demographic variables as related to self-esteem and adolescent girls. If adolescent

girls with low self-esteem tend to follow societal expectations, it may be important for health providers to be aware of the characteristics of those girls at risk for being consumed by those expectations.

McCullough, Ashbridge, and Pegg (1994) sought to determine the relationship between leadership behavior and self-esteem, locus of control, family structure, and career goals. The primary hypotheses in the correlation research were that those adolescents identified as being high in leadership potential would be higher in self-esteem, have an internal locus of control, have more prestigious career aspirations, and would more likely be from a two-biological-parent family more frequently than adolescents who were low in leadership, self-esteem, and have an external locus of control.

A questionnaire was administered to two groups of adolescents. One group was comprised of high school students identified as student leaders or as students with leadership potential; the other served as the comparison group. The leadership group consisted of 79 students chosen by guidance counselors and high school teachers to participate in an annual leadership conference for high school juniors and seniors. The students all had

demonstrated academic excellence and involvement in school activities and leadership roles. The nonleadership group consisted of 124 students chosen pseudo-randomly from three high schools in the same geographic area from which the leadership group was chosen. High school guidance counselors assembled classes of juniors and seniors who were conveniently scheduled to respond to the questionnaire.

The questionnaire consisted of inquiries related to family income, birth order of the respondent, family structure, and career goals. Also included were a locus of control subscale and the commonly used Rosenberg Self-Esteem Scale (1976). Of the 203 participants, 75% (n = 154) were from families in which their biological (or perhaps adoptive) parents lived together, 25% (n = 50) were from families where the parents were separated or divorced. Socioeconomic status (SES) was based on family wealth: 38% (n = 78) of the respondents reported that their family was either wealthy or above average, while 62% (n = 126) reported that their family was average or below average in income. The two groups were not significantly different with respect to SES ($\chi = .282$, $df = 1$, $p = .596$) or birth order ($\chi = 5.122$, $df = 1$, $p =$

.077) with birth order trichotomized into first born, second born, and all others.

When the four hypotheses were tested the results were as follows:

Hypothesis 1. The leadership group will be higher in internal LOC than the nonleadership group. This hypothesis was supported ($F = 4.10$; $df = 1,192$; $p = .044$).

Hypothesis 2. The leadership group will aspire to more prestigious careers than the nonleadership group. This hypothesis was supported by the data ($F = 14.85$, $df = 1,192$, $p < .0002$).

Hypothesis 3. The leadership group will be more apt to be living with two biological (or perhaps adoptive) parents than the nonleadership group. This hypothesis was supported ($F = 7.21$, $df = 1,192$, $p = .0079$).

Hypothesis 4. The leadership group will be higher in self-esteem than the nonleadership group. This hypothesis was not supported ($F = .038$, $df = 1$, $p = .536$).

McCullough et al. (1994) concluded that self-esteem was correlated with career goals in the leadership group while no such correlation was found in the nonleadership group. They interpreted this to indicate that the two groups have different sources of self-esteem. There were

no data in the study to answer the question of where the nonleadership group derived self-esteem. Recommendations were that future research should focus on elaboration of the relationships found here and perhaps a refinement of self-esteem measurement among adolescents.

The current study attempted to address that recommendation by further exploring the relationship between self-esteem and adolescent girls and a variety of demographic variables. Among the variables in this current study are future intentions regarding education and job training.

In summary, research pertinent to self-esteem and adolescents was reviewed. Examination of the literature consistently revealed that self-esteem in adolescent females may be linked to a variety of demographic variables (Grgin et al, 1994; Holland & Andre, 1994; McCullough et al., 1994; Owens et al., 1996).

The review of the literature indicated a connection between self-esteem and adolescent females' overall health. Based on the review of the literature, this researcher concluded there was a likelihood that a correlation would be found between self-esteem of the adolescent female in the rural South and selected

demographic variables. In order to establish an empirical link, self-esteem in adolescence behavior and selected demographic variables were chosen variables as the focus of the study.

Chapter III

The Method

In this chapter the design and methodology of the current study are presented. The variables of interest are outlined, and instrumentation and methods of data analysis are detailed. Procedures conducted to collect the data also are described.

Design of the Study

A descriptive, correlational design was chosen for this investigation. Correlational research is defined as "investigations that explore the interrelationships among variables of interest without any active investigation on the part of the researcher" (Polit & Hungler, 1995, p. 5). The correlational design was utilized for this study since the researcher desired only to correlate certain characteristics of selected variables with that of self-esteem.

Variables

The variables of interest for the current study included the selected demographic variables found in the Tennison Demographic Survey. Those variables were age, race, weight, height, living arrangements, number in home, birth order, grade completed by mother and father, "anything sexual done to you against your will," sexuality activity, number of sexual contacts, involvement in church activities, plans for finishing high school, plans for college, plans for work after high school, number of children, number of pregnancies, status of grades, favorite class, onset of menses and at what age, feelings about body, presence of a close other, and a scale from 1 to 10 on feelings about self. The variable of interest for correlation was self-esteem. Intervening variables may have included the honesty of the participants and the fact that several of the students knew the researcher personally, and answers to some of the questions may have been biased. Controlled variables included geographical location and age and sex of the subjects. Intervening variables may have included the honesty of the participants in answering the questions and the fact that

the researcher had a personal relationship with some of the participants.

Setting, Population, and Sample

The population for this study was adolescent females. The study sample consisted of adolescent females age 12 to 17 years from a setting of two high schools in rural Central Mississippi. Each school utilized in the study had a total student population of 500 in Grades 7 to 12. The counties in which the schools were located consisted of varying socioeconomic classes and ethnic groups, with African American and Caucasian being the dominant groups.

Data Collection Procedure

Permission to conduct the study was first obtained from the Committee on Use of Human Subjects in Experimentation of Mississippi University for Women (see Appendix A). Permission was obtained from the superintendent and principals of both schools (see Appendix B). The researcher first communicated with the superintendents by telephone to set up an appointment to meet with them and explain the process and request their consent. The letters of consent and the two surveys then were given to the superintendent and the principals. Time

was allowed for questions and answers about the research. Since the study involved the school systems, the superintendents took the surveys to the school board for approval. Once approval was obtained from the school board, superintendents, and principals, consents were obtained from the parents and the students. Permission forms and a cover letter explaining the purpose and description of the role of participants in the study were passed out to the students to be taken home and signed by their parents (see Appendix C). This was done the day before data were collected.

The principal from each school chose the classes from which data would be collected. Two health classes from each school participated. On the day of the data collection, parental permission forms were collected and student consent forms were distributed to those who had a signed parental consent to participate. Discussion with the class instructor before data collection included instruction to nonparticipatory students as to what to do during the data collection (see Appendix D). The purpose of the study, the roles of the subjects, and information concerning confidentiality were presented to the students.

Once the student consent forms were collected, the questionnaires were distributed.

Instructions on the front of the questionnaire were read aloud and a time for questions was allowed. Forty minutes were allowed to complete the questionnaire, which was administered by the researcher. Participants were seated in their usual seating arrangements. The class instructor was present. As the students completed the survey, the researcher retrieved the papers. The surveys were stacked in random order to protect the identity of the participant. Since the surveys and the permission forms were collected separately, anonymity for the students was better assured. Data collection was completed during the month of May 1997.

Instrumentation. The Tennison Selected Demographic Variable Survey was used to assess the demographic variables for the study (see Appendix E). This researcher-developed demographic tool had not been previously utilized; however, the content had been reviewed by a panel of expert researchers and deemed appropriate for use in the study. The Demographic Survey was composed of 27 questions arranged in a fill-in-the-blank or check response for ease and clarity.

Items 1-4 and 6-7 required participants to check information regarding family composition and parental education. Items 10-19 required participants to check "Yes," "No," or "I don't know" and were designed to gain information regarding sexual activity, church affiliation, and future educational plans. Items 20-23 were either checked yes, no, or fill-in-the-blank regarding current academic status in school. Items 24-25 sought information regarding menarche. Item 26 asked whether the participants were currently on a diet. Item 27 sought to discover whether or not the participant had a confidant.

Additionally, there was an item that asked participants to rate on a scale of 1 to 10 their image of self. Finally, one open-ended item allowed the student to express any additional comments they desired about their overall self-esteem.

The second instrument used was the Rosenberg Self-Esteem Scale (see Appendix F), which was designed in 1965. The Rosenberg Self-Esteem Scale (RSES) is a 10-item survey designed to assess self-esteem in a variety of age groups. Rosenberg (1976) originally designed the RSES for adolescents in which the reproducibility was 93%, scalability (items) 73%, and scalability (individuals)

72%. The test-retest reliability was reported as .85. The RSES took approximately 5 minutes to complete, and subjects responded only by checking their choice of agree or disagree.

The RSES was originally designed to rank a person's self-esteem from high to low along a continuum. For the purposes of this study, the scale responses were limited to a dichotomous agree or disagree option. The scale consisted of 10 items with a higher number of agree responses indicating a higher self-esteem. Rater judgments reveal that items 2, 5, 6, 8, and 9 are negatively biased, and the remainder of the questions are positively biased. For ease of interpretation, the negatively biased items were reverse coded. Each agree response then was assigned a score of 2, and each disagree response was assigned a score of 1. Therefore, the absolute range of scores on the RSES was 10-20 (low to high). A convenience sample of 35 was drawn from among the female students who met the inclusion on criteria and who gave personal and parental consent to participate.

Method of Data Analysis

Descriptive statistics were examined to identify demographic characteristics of adolescents. Descriptive

statistics included measures of central tendency and variability and frequency distributions for the variables in the study.

Quantitative analysis was guided by the null hypothesis for the study which was the following: There will be no relationships between selected demographic variables and self-esteem in female adolescents.

The Pearson's product-moment correlation statistic was calculated to identify these relationships. The statistical method was chosen because the Pearson r is the most appropriate index where the variables being correlated have been measured on an interval scale (Polit & Hungler, 1995). The level of significance for this study was an alpha of .05. Additionally, content analysis was conducted to examine responses to the open-ended question.

The research design for this study in which relationships between selected demographic variables and self-esteem in adolescent females were explored has been described in this chapter. The setting, sample, and population for the study were defined, and the methods of data collection and analysis were presented. In the subsequent chapters, the findings of the study are

revealed and the implications of those findings are discussed.

Chapter IV

The Findings

A descriptive correlational design was utilized to identify and describe the relationships between selected demographic variables and self-esteem in adolescent females. Data were gathered through the use of the Tennison Demographic Survey and the Rosenberg Self-Esteem Scale. Data were analyzed using descriptive statistics of percentages and means. The Pearson product-moment correlation, t test, and ANOVA were utilized to determine if there was a relationship between selected demographic variables and self-esteem in adolescent females. Content analysis was performed on a single open inquiry that asked female adolescents to write down any comments "that you feel about yourself." In this chapter a description of the sample as well as the results of the data analysis are presented.

Description of the Sample

The convenience sample (N = 30) included the individuals who were between 12 and 18 years old, could speak and understand English, and were identified as students from the selected school in the rural South during the 1996-97 school year. Descriptive information was obtained using the Tennison Demographic Survey. Because the variables of interest for this study were the selected demographic variables, each demographic variable has been extrapolated and examined in detail.

Distribution by age. The mean age for the participants was 14.9 years with an age range of 12 to 18 years. Distribution of the sample by age can be found in Table 1.

Table 1

Age of Participants

Age (years)	f	%
12	4	13.3
13	5	16.7
14	1	3.3
15	2	6.7
16	15	50.0
17	2	6.7
18	1	3.3

Note. N = 30.

Ethnic distribution. The ethnicity of the participants was either White or Black. White participants (n = 19) constituted 63.3% of the sample. The remaining 11 participants (36.7%) were Black.

Distribution of height. The mean height for the participants was 64.2 inches with a total height range from 58 inches to 68 inches. Distribution of the sample by height can be found in Table 2.

Table 2

Height of Participants

Height (inches)	f	%
58	1	3.3
61	3	10.0
62	3	10.0
63	4	13.3
64	5	16.7
65	2	6.7
66	7	23.3
67	3	10.0
68	2	6.7

Note. N = 30.

Distribution of sample by mother's education.

Distribution of the sample regarding the mother of the participants' level of education can be seen in Table 3. The majority of participants' mothers (63.8%) had a high school education or less.

Table 3

Level of Education of the Participants' Mother

Level completed	f	%
None	1	3.3
< 11 grade	4	13.3
11 th grade	5	16.7
Some high school	2	6.7
Finished high school	7	23.4
Some college	1	3.3
Finished college	9	30.0
Other	1	3.3

Note. N = 30.

Distribution of sample by father's education.

Distribution of the sample regarding the father of the participants' level of education can be seen in Table 4. The majority of participants' fathers (66.7%) had a high school education or less.

Table 4

Level of Education of Participants' Father

Level completed	f	%
< 11 grade	4	13.3
11 th grade	2	6.7
Some high school	4	13.3
Finished high school	10	33.4
Some college	2	6.7
Finished college	7	23.3
Other	1	3.3

Note. N = 30.

Distribution of the sample by number of people living in home. The mean number of persons living in the adolescents' homes was 4.9 with a range of 2 to 8 people. The distribution of the sample by number of people living in the home can be examined in Table 5.

Table 5

Number of People Living in the Home of Participants

No.	f	%
2	1	3.3
3	2	6.7
4	11	36.7
5	6	20.0
6	6	20.0
7	3	10.0
8	1	3.3

Note. N = 30.

Distribution of sample related to rank in birth order. The vast majority of the participants were either the first or second child (73.3%). Distribution of the sample related to birth order can be examined in Table 6.

Table 6

Rank in Birth Order of Participants

Birth order	f	%
1 st	10	33.3
2 nd	12	40.0
3 rd	5	16.8
4 th	1	3.3
5 th	-	0.0
6 th	1	3.3
7 th	1	3.3

Note. N = 30.

Distribution of sample related to weight. The mean weight of the participants was 124.7 with a range from 45 to 238 pounds. Distribution of the sample by weight can be examined in Table 7.

Table 7

Weight of the Participants

Weight (lbs)	f	%
< 100	3	10.0
100-120	18	60.1
121-140	3	10.0
141-160	1	3.3
161-180	1	3.3
181-200	3	10.0
> 200	1	3.3

Note. N = 30.

Distribution of the sample related to with whom the participant lived. The item regarding with whom the participant lived revealed that the majority lived with their mother (n = 25, 83.3%). Two participants lived with their father (6.7%) and one each (3.3%) reported living with a stepmother, stepfather, or foster parent. Due to a flaw in instrument construction, the number of participants living with two or more adult relatives could not be calculated.

Distribution of sample according to number of sex partners. The mean number of sex partners of participants was 1.7 with a range of 0 to 9. Distribution of the sample according to the number of sex partners can be examined in Table 8.

Table 8

Number of Sex Partners of Participants

No.	f	%
0	9	30.0
1	10	33.4
2	6	20.1
3	1	3.3
4	1	3.3
5	0	0.0
6	1	3.3
7	1	3.3
8	0	0.0
9	1	3.3

Note. N = 30.

Distribution of sample related to number of participants who were involved in a church group. Data were collected as to whether or not participants were involved in a church group. Twenty-three participants reported yes (76.7%) and 7 (23.3%) reported no involvement in a church group.

Distribution of sample related to plans to finish high school. The item related to the participants' plans to finish high school was limited to yes or no choices. All 30 participants planned to finish high school.

Distribution of sample related to plans to go to college. The item on the demographic survey related to the participant's plan to go to college was limited to three choices, Yes, No, or I do not know. Twenty-seven (90%) participants chose yes, with one participant choosing no. The two remaining chose "I do not know."

Distribution of sample related to plans to go to a trade school. Distribution of the sample related to plan to go to trade school was limited to three choices: Yes, No, or I do not know. Four (13.3%) of the participants chose yes, one chose no, with the other two choosing "I do not know." The remaining participants did not respond to the item.

Distribution of sample related to plans to work after high school. Distribution of the sample related to the participants' plans to work after high school was evaluated. Twenty or 66.7% responded yes with an additional 5 responding no. The remaining 5 answered "I do not know."

Distribution of the sample regarding having a baby at home. Data were collected regarding whether or not the participants had a baby at home. One (3.3%) responded yes, with the remaining participants responding no.

Distribution of the sample regarding expecting a baby now. Inquiry of the sample was made regarding whether they were expecting a baby. One (3.3%) participant admitted being pregnant with 29 (96.7%) reporting no.

Distribution of sample related to perception of academic standing. The distribution of the sample with regard to how the participant viewed her academic standing by earned grades was reported in Table 9. Three participants did not respond to this item.

Table 9

Perceived Academic Standing of Participants

Grade	f	%
A	2	6.7
B	14	46.6
C	9	30.0
D	2	6.7
F	0	0.0
Did not answer	3	10.0

Note. N = 30.

Distribution of sample regarding average grade in favorite class. Distribution of the sample regarding the average grade in her favorite class was divided into three categories. A grade of "C" was 82 and below. A grade of "B" was 83 to 89. An grade of "A" was 90 and above. Three or 6.7 participants ranked in the "C" range in their favorite class. Three or 6.7 ranked in the "B" range, and the majority of participants (24.86%) reported holding an "A" or higher in their favorite class.

Distribution of sample regarding age of onset of menses. Age of onset of menses had a mean of 11.3 years, with a range of 10 to 15 years. Two participants had not yet started their menses.

Distribution of sample related to liking body. Item 26 on the demographic survey related to whether participants liked their bodies and was limited to two choices, yes or no. Twelve (40%) chose yes with 18 or 60% reporting they did not like their bodies.

Findings Related to the Hypothesis

The null hypothesis for this study was as follows: There is no relationship between selected demographic variables and self-esteem in adolescent girls in the rural South. Each demographic variable was correlated with total scores on the Rosenberg Self-Esteem Survey (RSES). Of these correlations only four emerged as significant with an alpha of .05.

There was a positive relationship between "How do you feel about yourself" and the RSES at $r = .674$, $p < .05$. This meant that adolescents with higher self-esteem also rated themselves higher on the visual analog about how they felt about themselves overall. There also was a strong positive correlation between self-esteem and

adolescents liking their own bodies ($f = 10.007$, $p = .004$).

Additionally, there was a positive relationship between adolescents having had sexual intercourse and self-esteem, indicating that adolescents who had experienced sexual intercourse had higher self-esteem.

Correlations for all demographic variables investigated as they related to total self-esteem scores can be seen in Tables 10, 11, and 12.

Table 10

t Tests Between Items 10, 13, 14, 19, 24, and 26 and Total Self-Esteem

Variable	t	p
Sex against will	.151	.700
In church group	.026	.874
Plan to finish high school	-	-
Expecting a baby	-	-
Started period	1.574	.220
Like your body	10.007*	.004

Note. (-) Could not be computed because one group was empty or contained only one cell.

Table 11

ANOVA Between Items 11, 12, 15, 16, 17, 18, and 19 and
Total Self-Esteem

Variable	f	df	p
Had sexual intercourse	.341*	28	.050
No. sex partners	.132	28	.166
College plans	.186	27	.130
Trade school plans	.097	27	.827
Plan to work after school	.094	27	.563
Baby at home	.091	27	.311
Expecting a baby	.091	27	.311

*p ≤ .05.

Table 12

Pearson Correlations Between Total Self-Esteem Scores and
Items 1, 3, 4, 6, 7, 8, 9, 20, 25, and 28

Variable	r	p
Age	.337	> .05
Weight	.035	> .05
Height	.307	> .05
No. people living in home	-.126	> .05
Birth order	-.045	> .05
Mother's education	.330	> .05
Father's education	.190	> .05
Age onset of menses	.344	> .05
How feel about self (visual analog)	.674*	≤ .05
A, B, C, D, F student	.376*	≤ .05

Note. Because of the statistical program used in analysis, specific p values were not given.

*p ≤ .05.

Additional Significant Findings

Additional correlations were conducted to glean information pertinent to the selected demographic variables of the adolescents participating in the study. Only those correlations which emerged as significant will be discussed.

There was a significant positive correlation between how adolescents rated themselves on the visual analog and the education of their mothers ($f = 4.12, p \leq .05$). Additionally, there was a positive correlation between how adolescents felt about themselves as indicated on the visual analogue and Item 26, "Do you like your body" ($r = .414, p \leq .05$). This finding strengthened the findings regarding the visual analog in that adolescents who rated themselves lower on the Analog generally did not like their bodies.

Item 5 on the RSES stated, "I do not have much to be proud of." There was a strong inverse correlation between agreement with this statement and high ratings on the visual analog ($f = .539, p \leq .01$). High ratings on the visual analog also were inversely correlated with Item 6 on the RSES, "I certainly feel useless at times" ($r = .390, p \leq .05$). These findings were carried through with the significant inverse correlation between high visual

analog scores and agreement with Item 8, "I wish I could have more respect for myself" ($f = -.608, p \leq .01$).

Higher scores on the visual analog represented higher regard for oneself. The correlations above indicate that adolescent females with lower self-esteem did not feel that they had much to be proud of, felt useless at times, and wished they had more self-respect.

The mean self-esteem scores for the adolescents in this study were 16.9 with a range of 12 to 20 (absolute range 10 to 20). This means that the overall self-esteem for this sample was at the moderately high end of the range.

Data from open-ended Question 29 which requested that participants, "Write any comments that you feel about yourself" further reflected extremes in adolescent self-esteem. Of the 30 participants, 21 responded to this question. Content analysis revealed that comments were either mostly positive, mostly negative, or a combination of positive and negative feelings. Eleven respondents had mostly positive comments regarding feelings about self. Five adolescents had mostly negative comments, and 5 had a combination of positive and negative comments.

Some examples of the negative comments were as follows:

I don't feel that I am pretty in the face.

. . .

I'm having a hard time with some "so-called friends.

. . .

The way they treat me make me feel very sad.

. . .

I dislike myself a lot. I think that I'm ugly and stupid. I also feel very hopeless at times.

. . .

I'm not pretty and that when I eat I feel like the fat is growing on me. I wished I looked better.

Several positive comments were revealed. Examples of positive comments include the following:

I can do anything I put my mind to. There are sometimes when I feel more unsure about myself than satisfied, though overall I'm happy.

. . .

I feel good about myself.

. . .

I feel that I am okay, and fit in just the way I am. God made me this way, and I plan to stay this way.

. . .

I try to do my best at all things I do even if I do not like to do them.

Several neutral comments or comments which contained both positive and negative elements included the following:

I think I could do more and be more if I set my mind to it. Lately I've been so busy I don't study. I'm still doing well in school.

. . .

I think that I'm smart and intelligent, but I personally think I need to lose weight.

. . .

I feel like I am a very intelligent and considerable person. I feel like I need to change some things about myself to make me feel better about myself so when I am around people who feel good I won't feel left out.

Summary

The 30 female adolescents who comprised the sample for this study were predominantly white and had a mean age of 14.9. The majority of the participants were either the first or second born in a family of approximately five members whose parents had a high school education or less. Twenty-one of the participants had experienced sexual intercourse with a mean of 1.7 partners. The majority were involved in a church group, planned to finish high school and to begin working after high school. Only one adolescent had a baby at home and one participant was pregnant at the time of the survey.

Mean scores on the Rosenberg Self-Esteem Survey were relatively high with positive correlations emerging between self-esteem and sexual activity, higher grades, and overall higher evaluation of self.

In Chapter V an interpretation of these data will be presented along with conclusions, limitations, and recommendations for the future.

Chapter V

Outcomes of the Study

Self-esteem is recognized as a basic personality characteristic of positive and productive behavior. The view the adolescent female has of herself is of foremost importance and may have an impact on behavior, achievement, social functioning, and physical and emotional health. The purpose of this study was to determine whether a relationship exists between selected demographic variables and self-esteem in adolescent females. Roy's Adaptation Model was used to guide this descriptive correlational investigation. Data were collected from a sample of 30 adolescent females from a small rural high school in East Central Mississippi. Participants were surveyed using the Rosenberg Self-Esteem Scale (RSES) and a researcher-designed demographic survey. Data were analyzed using Pearson correlations, the ANOVA procedure, and two-tailed t tests.

This chapter includes a discussion and interpretation of the findings of the study. The conclusions,

implications, and recommendations which evolve from those findings also are presented.

Summary and Discussion of Significant Findings

Demographic characteristics of participants were the variables of interest for this study. The mean age of the participants was 14.9 years with a range of 12 to 18 years. Participants were primarily Caucasian (63.2%) with African American representing the remainder of the sample (36.7%), which reflects the ethnic blend of the general population of the geographic location in which the study was conducted.

Of the 30 participants, 23 (76%) were involved in a church group and 7 (23%) were not involved in a church group. Of interest to this researcher was the finding that participants in a church group revealed no difference from the non-church group regarding experience with sexual intercourse. No literature reviewed for this study identified the issue of sexual activity and religious persuasion as an intervening variable with self-esteem.

Findings Related to the Research Hypothesis

The important role that self-esteem plays in female adolescents has been heavily documented in the literature (Holland & Andre, 1994; Lackovic-Grgin et al., 1994). Also well documented in the literature is the strong effect that self-esteem, or diminished self-esteem, has repercussions for adolescent females which affects the adolescents' life choices (Salminen, 1994). However, findings from this study indicate that self-esteem issues and correlates of self-esteem, as compared to documentation in earlier research, may be changing in the latter 1990s.

Holland and Andre (1994) purported that sexually active adolescent girls often had low self-esteem. In the current study, a significant positive relationship between self-esteem and participation in sexual intercourse emerged ($r = .341$, $p = .05$). This correlation suggests that adolescents who had engaged in sexual intercourse had higher self-esteem than those who had not engaged in sexual intercourse. This researcher asserts that the finding reflects changing societal mores and values present in today's culture. Another plausible explanation for this finding is that female adolescents who have been

sexually active feel better about themselves because they equate sex with love and social status. Whatever the reasons, NPs in primary care may need to consider accepting these changes as reality and adapt safe sex interventions, which reflect the knowledge that sexual activity is occurring in the adolescent female population. Additionally, health care providers need to continue to develop interventions to enhance female adolescent self-esteem.

Another significant correlation emerged between self-esteem and whether the participants considered themselves to be an A, B, C, D, or F student ($r = .376, p \leq .05$). This finding means that students who considered themselves to have higher grades also had higher levels of self-esteem. This finding was supported by responses to the open-ended item such as "I think I'm smart and intelligent" and ". . . lately I've been so busy I don't study, but I'm still doing well in school." Low self-esteem will likely go with the adolescent into adulthood. These feelings of low self-esteem may impede the tasks of developing the ability to think abstractly and their plans for adult identity (Papalia & Olds, 1993).

Conversely, Owens et al. (1996) reported that high grades alone did not enhance self-esteem in adolescents. While Owens et al. (1996) examined adolescents of both sexes, the current researcher focused on females only, which may account for the difference in findings. Holland and Andre (1994) concluded that females from small high schools and communities are exposed to models and rhetoric consistent with traditional attitudes toward women. The researcher noted that rural Mississippi high schools traditionally place the female adolescent in competition to achieve higher grades, thus the association with having higher self-esteem.

Two additional variables were significantly related to self-esteem in adolescent girls. There was a positive correlation between Item 26, "Do you like the way your body looks?" and self-esteem scores ($t = 10,007, p \leq .004$). The final positive correlation noted was between self-esteem and scores for the visual analog on which participants were asked to rank how they felt about themselves on a scale with 1 being low and 10 being high ($r = .414, p \leq .05$). Adolescents with higher levels of self-esteem reflected higher acceptance of themselves and their bodies. Body image issues were frequently identified

in respondents' comments such as "I. . . I personally think I need to lose weight" and "I don't feel that I'm very pretty in the face."

None of the recent literature identified specifically explored adolescents' attitudes and feelings about themselves and their bodies. The absence of recent documentation may be because the relationship between low self-esteem and poor body image has been well established for many decades.

The United Ostomy Association (1995) study related higher teen self-esteem with a lower frustration over personal shortcomings. Holland and Andre (1994) stated that adolescents with a low self-worth and personal identity tended to be dependent and conforming. Adolescent girls with low self-esteem and poor body image may, therefore, be at risk for succumbing to peer pressure regarding sex, drugs, and other risk behaviors. Diminished self-esteem may impede interactions with health care providers because of the adolescent's belief that the provider also did not value him or her as a person. Again, the need for primary care providers to assess self-esteem in adolescents and to intervene early with all adolescents emerged.

Discussion of Additional Findings

Additional correlations were conducted to further examine the relationships among the demographic variables. One unusual finding was the positive correlation between participants' scores on the visual analog scale and their mother's level of education ($r = .41, p \leq .05$). This indicated that the higher the level of the mother's education, the better participants felt about themselves in general. However, there was no similar correlation with educational level of the girls' fathers.

Lackovic-Grgin et al. (1994) noted a highly significant correlation between self-esteem and interaction with parents. However, the developer of the RSES (Rosenberg, 1976) established that self-esteem is one's own achievement, not that of one's parents, that determines self-evaluation.

A possible explanation for the influence of the mother's education was that the participants were all female; therefore, they may have been more strongly influenced by the female role model in their lives. This contention is further supported by the fact that 25 of 30 of the sample lived with their mothers and probably experienced a strong motherly influence.

Implications for these findings are that if health care providers can communicate with, influence, and educate the mothers of these adolescents girls, then the health care providers can potentially reach the adolescents indirectly. Influencing adolescents in such a manner may provide improved long-range outcomes.

Three additional positive correlations emerged from the data. Scores for three statements on the RSES were significantly correlated with ratings on the visual analogue which measured how participants felt about themselves in general. The statements, "I do not have much to be proud of," "I certainly feel useless at times," and "I wish I could have more respect for myself" were significantly related to lower scores on the visual analog. Similarly comments, such as "I try to have a positive attitude about myself. . . it's just every once in awhile I feel like I'm not good enough. . .," "I think I could do more if I set my mind to it . . .," and "I feel very sad sometimes," were elicited in the open-ended item. While no studies were identified in which specific findings of the RSES were extrapolated, these findings related to feelings of shame, uselessness, and lack of self-respect may give clues to parents, teachers, and

health care providers about issues which are at the heart of low self-esteem in adolescent girls.

Many of the nonsignificant findings from this study were of interest to the researcher because the outcomes conflict with current literature and popular belief. There were no significant correlations between self-esteem and a history of sexual violence, height, weight, birth order, or the number of people living in the home. Contrary to the findings of Lackovic-Grgin et al. (1994), there was no relationship identified between self-esteem and the occurrence or age of onset of menarche.

The researcher attributes the differences in the aforementioned findings from the current literature to two factors. First, the research was conducted in a small rural school where relationships are close and competition for success and attention are less fierce than in larger schools. Holland and Andre (1994) concluded that self-esteem is generally greater in students from small schools than from large schools. Second, as previously stated, social norms and mores are in an era of rapid change, and issues affecting self-esteem in today's female adolescents are different from those which influenced young girls only a few years ago.

The relationships between the demographic variables and adolescent females' perception of self underscore the need these girls have to be affirmed, not for sexual prowess, body proportion, family status, or grades, but for the very special characteristics that each individual inherently possesses. While the self-esteem scores in this study are fairly high, Lackovic-Grgin et al. (1994) asserted that in general as students age, self-esteem declines. Nurse practitioners in primary care may have unique opportunities to assess and intervene with adolescent girls during critical times in their development of self-esteem.

Conclusions

Based on the findings of this study, the following conclusions were drawn:

1. The self-esteem of the adolescents in this research study was relatively high.
2. A majority of adolescents did not like their bodies.
3. There was a strong positive correlation between self-esteem and adolescents liking their own bodies.

4. There was a significant positive relationship between adolescents having had sexual intercourse and having high self-esteem.

Limitations

The design of the study imposed certain constraints upon the ability to generalize the findings to other adolescents. The study was conducted among students from a single high school in rural central Mississippi, and the sample size was small. Because of the sensitive and emotionally charged nature of the investigation, one school superintendent was unwilling to allow the study to be conducted. The superintendent who rejected the study stated, "Some people here in this county may get really upset asking their children questions about sexual intercourse."

The small sample size ($N = 30$) also limited the likelihood of some associations achieving significance. For example, 3.3% of the participants in the study reported experiencing sex against their will. However, this difference did not achieve significance, possibly due to the small number of participants.

Due to a flaw in the demographic instrument, the investigator was unable to clearly determine whether the

participant lived in single-parent or two-parent families. The Tennison Demographic Survey had not been used prior to this study, and additional flaws in scoring may still be undiscovered.

Implications for Nursing

A number of implications for nursing emerged from this study. Implications for nursing theory, research, education, and practice are described in this section.

Nursing theory. Nursing theory is tested through nursing research. The role of self-esteem as an essential element of personhood which is necessary to achieve adaptation was again affirmed by findings from this study. The Roy model served as an appropriate conceptual framework for assessing the variables associated with self-esteem in adolescent females.

Research. The idea that self-esteem is higher in the adolescent female who is not sexually active comes from a stable home and is active in church was not validated by this research. Variables associated with self-esteem in female adolescents still are poorly understood. The findings of this study suggest that more research is needed in order to gain greater insight into the self-esteem of adolescent females in the rural South. The

development of more valid and reliable research instruments which would concentrate on environment factors, such as family influences and peer influences, could provide a more inclusive picture of self-esteem. Additionally, future research may need to focus on internal variables such as body image and perception of gender roles.

Education. As the demand for health care for a growing adolescent population increases, it is essential that future nurse practitioners be prepared to respond to the needs of these adolescents. The findings of this study demonstrate the importance of enhancing nursing curricula to include the dynamics of self-esteem in female adolescents. Additionally, nursing students at both the baccalaureate and masters level should be advised to lend attention to changing social mores and their own personal biases before working with adolescents.

Practice. When providing health care for female adolescents, nurse practitioners must acknowledge the important role of self-esteem. Planning of nursing care should include attention to the particular self-esteem issues of each individual. While nursing interventions have been conventionally directed toward teaching adolescents sexual abstinence, findings from this study

indicate that the NP in primary care may be compelled to accept the sexual practices of female adolescents and teach safety and pregnancy prevention rather than a strict abstinence model.

Recommendations

Based on the findings of this study, the following recommendations are made for future research in nursing:

1. Replication of the study using a larger, more diverse sample.
2. Replication of the study using more than one school system.
3. Conduction of more research using Roy's Adaptation Model as a framework for the investigator of adolescent self-esteem.
4. Conduction of research that examines in depth the relationship between religion and adolescent sexual activity.
5. Conduction of a study examining the relationship between self-esteem in adolescent females and their relationships with their mothers.
6. Conduction of qualitative studies to explore adolescents' perceptions of factors which influences their self-esteem.

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APPENDIX A

APPROVAL OF MISSISSIPPI UNIVERSITY FOR
WOMEN'S COMMITTEE ON USE OF HUMAN
SUBJECTS IN EXPERIMENTATION



MISSISSIPPI
UNIVERSITY
FOR WOMEN

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February 28, 1997

Ms. Denise Tennison
c/o Graduate Program in Nursing
Campus

Dear Ms. Tennison:

I am pleased to inform you that the members of the Committee on Human Subjects in Experimentation have approved your proposed research provided the following conditions are met.

You must secure parental consent on any minor participating in the research. To insure confidentiality, you are cautioned to make sure that the consent form and the survey form are separated so that no cross references can be made.

I wish you much success in your research.

Sincerely,

A handwritten signature in cursive script, appearing to read "Susan Kupisch".

Susan Kupisch, Ph.D.
Vice President
for Academic Affairs

SK:wr

cc: Mr. Jim Davidson
Dr. Mary Pat Curtis
Dr. Rent

APPENDIX B
CONSENT FORM
(SUPERINTENDENT AND PRINCIPAL)

Consent Form

(Superintendent and Principal)

I understand that Denise Tennison, a registered nurse and a graduate nursing student at Mississippi University for Women, will be conducting a research study in my school system. I understand that the participants will complete a questionnaire assessing self-esteem. I understand that the participants will also complete a survey of specific demographics designed by the researcher. I understand that the participants will be informed that participation in the study is voluntary and their confidentiality will be assured. The participants also will be informed that their participation or nonparticipation will have no effect on grades or status at the school. I understand also that participation in the study will require parental consent for each parent/guardian as well as consent from each student.

I understand the above information and give my consent to Denise Tennison to conduct the described study in my school system.

Superintendent/Principal:

Name of School System

Date

APPENDIX C
CONSENT FORM
(PARENT)

Consent Form

(Parent)

My name is Denise Tennison. I am a registered nurse and a graduate nursing student at Mississippi University for Women. I am conducting a research study concerning self-esteem and the adolescent female in the rural South. The information obtained from the information gathered will be used to help plan future educational programs for adolescent females and enhance the health care of the female adolescent.

I am requesting permission for your daughter to participate in this study. Participation in this study includes completing a questionnaire and a survey of specific demographics. Participation in no way implies that your daughter has poor self-esteem. Participation is entirely voluntary, and your daughter may refuse to answer any question or withdraw from the study at any time. Your daughter will be asked NOT to put her name on the questionnaire or survey to ensure total confidentiality. Your daughter's participation or nonparticipation will have no effect on her grades or status in school.

If you have any questions or concerns regarding the study, please contact the school counselor, and she will have me return your call.

-
- Yes, my child may participate in the study.
- No, I do not wish for my child to participate in the study.

Child's Name: _____

Parent's Signature: _____

Date: _____

APPENDIX D
CONSENT FORM
(STUDENT)

Consent Form

(Student)

My name is Denise Tennison. I am a registered nurse and a graduate nursing student at Mississippi University for Women. I am conducting a research study on self-esteem of female adolescents in the rural South. I would like to ask you to participate in my study. The study will require completion of a questionnaire and a survey. It will take approximately 45 minutes. The information obtained from the information gathered will be used to help plan future programs for adolescent females and enhance the health care of the female adolescent.

The questionnaire is not a test. There is no pass or fail, and it does not have any impact on your school grades or status in school. The choice to participate or not to participate is left up to each individual student. You will not put your name on the questionnaire, and there will be no way to find out your name. You may withdraw from the study at any time.

I have read the above statements and understand that this study will have no impact on my school grades. I understand that all information will be kept confidential.

____ Yes, I will participate in the study.

____ No, I do not wish to participate in the study.

Student's Signature: _____

Date: _____

APPENDIX E
TENNISON SELECTED DEMOGRAPHIC
VARIABLE SURVEY

Tennison Selected Demographic
Variable Survey

Please answer these questions with a check (✓) or a short answer in the spaces provided.

1. Age:_____
2. Race:_____
3. Weight:_____
4. Height:_____
5. Who do you live with (not including brothers, sisters, cousins)?
____ Mother
____ Father
____ Stepmother
____ Stepfather
____ Foster parent
____ Other female relative
____ Other male relative
____ Other (please specify):_____
6. How many people live in your home?_____
7. Are you the middle child, first born, last, oldest, etc.? _____
8. How far did your mother go in school?
____ Less than 11th grade in high school
____ 11th grade in high school
____ Some high school
____ Finished high school
____ Some college
____ Finished college
____ Other (please specify):_____

9. How far did your father go in school?
 Less than 11th grade in high school
 11th grade in high school
 Some high school
 Finished high school
 Some college
 Finished college
 Other (please specify): _____
10. Has anyone ever done anything sexual to you against your will?
 Yes
 No
 Do not know
11. Have you ever had sexual intercourse (gone all the way)?
 Yes
 No
 Do not know
12. If you have had sex, how many different people have you had sex with? _____
13. Are you involved in any type of church youth group?
 Yes
 No
14. Do you plan to finish high school?
 Yes
 No
 Do not know
15. Do you plan to go to college?
 Yes
 No
 Do not know
16. Do you plan to go to a trade school after high school?
 Yes
 No
 Do not know

17. Do you plan to go to work after high school?
 Yes
 No
 Do not know
18. Do you have a baby at home?
 Yes
 No
19. Are you expecting a baby now?
 Yes
 No
 Do not know
20. Do you consider yourself an A, B, C, D, or F student?
 Yes
 No
21. What class do you like best?_____
22. What class is your highest grade in?_____
23. What is your grade in that class?_____
24. Have you started your period yet?
 Yes
 No
25. If you have started your period, at what age were you? _____
26. Are you currently on a diet?
 Yes
 No
27. Are you close to anyone that you can talk to other than your mother, father, or guardian?
 Yes
 No
28. On a scale from 1 to 10 (1 being very poor, 10 being very great), mark on the line below your feelings about yourself.

1_____10

APPENDIX F
ROSENBERG SELF-ESTEEM SCALE

The Rosenberg Self-Esteem Scale

1. On the whole, I am satisfied with myself.
1. ____ Agree 2. ____ Disagree
2. At times I think I am no good at all.
1. ____ Agree 2. ____ Disagree
3. I feel that I have a number of good qualities.
1. ____ Agree 2. ____ Disagree
4. I am able to do things as well as most other people.
1. ____ Agree 2. ____ Disagree
5. I feel I do not have much to be proud of.
1. ____ Agree 2. ____ Disagree
6. I certainly feel useless at times.
1. ____ Agree 2. ____ Disagree
7. I feel that I'm a person of worth, at least on an
equal plane with others.
1. ____ Agree 2. ____ Disagree
8. I wish I could have more respect for myself.
1. ____ Agree 2. ____ Disagree
9. All in all, I am inclined to feel that I am a
failure.
1. ____ Agree 2. ____ Disagree
10. I take a positive attitude toward myself.
1. ____ Agree 2. ____ Disagree