

ACADEMIC PERFORMANCE IN RELATION TO SELF-EFFICACY, PERCEIVED SOCIAL SUPPORT AND PSYCHOLOGICAL PROBLEMS AMONG EARLY ADOLESCENTS.

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AMONG EARLY ADOLESCENTS.**

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Certificate

This is to certify that the present thesis entitled, ‘Academic Performance in Relation to Self-Efficacy, Perceived Social Support and Psychological Problems among Early Adolescents’ is the bonafide research conducted by Thangjam Shivata under my supervision. She worked methodologically for her thesis which is submitted for the degree of Doctor of Philosophy under Mizoram University.

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December, 2023

DECLARATION

I, Thangjam Shivata, hereby declare that the subject matter of this thesis is the record of work done by me, that the content of this thesis did not form the basis for the award of any previous degree to or to the best of knowledge of anybody else, and this thesis has not been submitted by me for any research degree in any other University / Institute.

This is being submitted to Mizoram University for the Degree of Doctor of Philosophy in Psychology

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CHAPTER I

INTRODUCTION

Adolescence has been described as the period in life when an individual is no longer a child, but not yet an adult. In short, it is a phase between childhood and adulthood, from age 10-19 years. It is a period in life when an individual experiences enormous physical and psychological and psychosocial growth which affects how they feel, think, make decision and interact with the world around them. During this period the body develops in size, strength and reproductive capabilities, and the mind becomes capable of more abstract thinking. Their social relationships move from being family centred to a wider horizon in which peers and other adults come to play a significant role in their life (WHO). It is a unique and formative period where they begin to form an enduring sense of personal identity and agency about themselves where they begin to explore and assert their personal identities by engaging in a process of searching for where they fit in with peers and society at large (Kumari, n.d). Sessa (2006) in the Encyclopedia of Mental Health have also referred adolescence as a developmental phase during which individuals begin to consolidate a sense of identity, marked by autonomous functioning that will lead to independent living while maintaining secure connections to family, peers, and the broader community. Gilman and Huebner (2003) described adolescence as a period of emotional distortion where they are exposed to more opportunities as well as risks and challenges (Chow, 2005). The changes occurring during the period may not correspond precisely with ages which may be due to the variation in the onset and duration of changes between individuals (Berer, 2001). Moreover this period of transition is perceived differently by different culture; its perception is clearly mediated by social, economical and cultural factors. Therefore, the experience of adolescents differs among individual and by gender in any given society, and by varying conditions and circumstances such as disability, illness and socioeconomic conditions. However there has been lack of consensus of an operational definition of the chronology of Adolescents which can be attributed to a number of factors like cultural, gender and racial variability, the ascribed relative salience of specific developmental milestone and a perpetually refined science of human development in a dynamically evolving society (Cutris, 2015). There is tremendous developmental

discrepancy which exists between the age of 10 through 19 years and therefore adolescence is generally divided into sub stages as Early (10-14years), Middle (14-16years) and Late adolescence as 16-19years (WHO). The prime focus of the present study is on Early Adolescents which is considered a period where an individual put one leg in the childhood and other in adulthood. Caissy (1994) had also mentioned early adolescence as the crossroad between childhood and adulthood. This period is considered to be particularly vulnerable and has so many behavioral and other problems due to the combination of biological, cognitive and social changes occurring simultaneously which can be scary and confusing where their thinking goes from concrete to abstract and their feelings sometimes tends to be intense and unstable (Pike, n.d). Further, adolescence is also marked by rapid and dramatic changes in the intra-interpersonal relationship due to the changes in the biological, cognitive, emotions and the contexts in which they are interacting with. These transformations may also results in the critical changes in the patterns of emotional and behavioral difficulties. Therefore their psychological or mental health aspects needs to be prioritise as this phase is characterised by heightened vulnerability to psychological symptoms and maladjustment (Drabick & Stienberg , 2011). Apart from these, adolescents are also faced with lot of challenges and stressors related to school especially the increased pressure to accomplish academically (Crede et al. 2015). Academic stress has been long acknowledged as a significant sources of stress among adolescents (Sweta, 2016) and is becoming increasingly common and widespread (Garcia,1986 & Gupta 1989). The importance of good academic performance, physical health and adequate social, emotional and psychological health have been emphasized by Bista et al (2016) for the sound psychosocial functioning. Therefore they further stated that school also plays a vital role in development of adolescents as it represents an institute that meet the overall educational and socialization process which is critical for their personality development. Moreover, it is also well known that adolescents spends a large part of their life engaging in school related activities which have a broader effect on their physical and mental health, safety, civic engagement and social development (Marin & Brown,2008). It is also an important environment for socialization and learning for adolescents where they invest a good part of their daily time, interacting with

schoolmates and teachers as well as participating in school activities which promotes cognitive, social and emotional development (Silva & Bazon,2014; Calezon, 2017). Further in the country where we live in, education and academic performance has always been a major issue with adolescents and youth and hence it becomes very fundamental to focus on the other psychosocial dimensions that may creep in and out of Adolescents well being.

Academic Performance

Academic performance or academic achievement has been gaining worldwide emphasis as it is widely recognised as an indicator of who is and who will be more successful in an increasingly competitive global scenario (Haines & Mueller, 2013). It is the major determinant of the future of the youth in particular and the nation in general (Meenu, 2016). Academic performance or academic achievement can be used interchangeably or synonymously (Lamas, 2015). It is the key feature in education and considered to be the focal point of students around which the entire system of education turns around (Abaidoo, 2018; Santhi et al 2019). During childhood and adolescents academic achievement is important as in today's society academic accomplishment as well as failure determines an individual's future academic career and job opportunities (Kadison & DiGeronimo, 2004; Rana & Mahmood 2010). Basically academic performance is the outcome of learning facilitated by teaching activity and produced by students usually indicated through marks or grades (Martinez, 2007). It is a measurable and observable behavior of a student within a specific period which consists of meeting goals, achievement and objectives set in the program or course and scores obtained by students in an assessment such a class test, mid semester, mock examination (Cabellero et al 2007; Martha, 2009;Yusuf et al 2016). Narad and Abdullah (2016) also stated that the academic performance is the achievement of objective of education by students which is appraised through by regular evaluation or examination and the goals may differ among students and schools. Rathore and Sangwan (2015) stated academic achievement as basically the knowledge and skills learnt by an individual which is often measured in terms of marks or grades secured through examination. The importance of academic achievement lies in the fact that it serves as a basic predominant factor for certain

future occupational demands. McCoy *et al.* 2015 also quoted academic achievement as “Learned proficiency in a basic skills and content knowledge. According to APA, academic achievement is “The level of proficiency in scholastic work in general or in a specific skill, such as arithmetic or reading. Evidence of future academic achievement is usually based on the results of standardized ability tests and assessment of performance by a teacher or other supervisor”. In all these notion of academic achievement, assessment in terms of marks or grades remains the core common criteria to ascertain the level of it. It is widely observed that, the Indian education system is very competitive and highly grades or mark oriented which causes a lot of Academic stress. Academic competency is considered to be the most demanding and challenging aspect in the life of growing adolescents and therefore they face a lot of academic demands and pressure. It tends to affect the overall academic performance, psychological adjustment as well as their overall emotional and physical wellbeing (Sweta, 2016). Moreover, the discrepancy between a child’s actual performance and expectations makes them unable to cope effectively, which may result in serious psycho-emotional health consequences (Scott, 2008). There is high competition against their peers to perform better and outscore, which creates a lot of stress. The imbalance between internal or external resources to deal with these challenges leads to negative emotional response. These constant academic stress takes a toll on mental health of the student and in worst situation students commits suicide (Poddar, 2020 quoted by Sharma, 2020)

Psychological Problems among Early Adolescents

Adolescence being in the transitory phase is indispensable to have certain physical and physiological changes. Apart from these changes, Psychological changes are part of the normal development process which when not taken cared of may develop into emotional problems such as anxiety, depression, and somatic symptoms and behavioral problems such as aggression and social withdrawal especially during the middle school years, which correspond to early adolescence is a vulnerable period when these problems are likely to occur (Park & Choi, 2017). Adolescence is also marked by conflict between the mind to grow up as well as the desire to be in childhood which makes this phase fundamentally unstable (Kim &

Lee, 2013). They are also exposed to many stressful life events as compared to children, which is beyond their cognitive capacities and the emotion regulation strategies which are still in the developing stage. Moreover the academic development and academic achievement also serve as an important factor which can be a source of stressor as well (Steinberg, 2005). The physical, emotional and social changes, including exposure to adverse environment can make adolescents vulnerable to mental health problems (WHO, 2017). From neurobiological perspective also adolescence can be viewed as “Work in Progress” with academic, interpersonal, emotional challenges and exploring new territories using their talents and experimenting with social identities (Sadock, Sadock & Kaplan, 2017) It is also a phase of tremendous growth in preparation of adult roles and skills to sustain pressure, challenges and being in the transition phase can increase the risk of psychological disorders adjustment problems and suicide (Nebhinani, 2018). Globally it is estimated that 1 in 7(14%) 10-19 years old experience mental health conditions which remain largely unrecognised and untreated (WHO, 2017). Early adolescence is a particular vulnerable time for developing emotional symptoms (Patel, Flisher, Hetrick, MacGorry, 2007; Due, Krolner, Rasmussen et al 2011).

Adolescents’ mental health problems are a wide range of emotional and behavioral problems that range from minor difficulties to more severe ones that fulfil diagnostic criteria of a psychiatric classification(WHO,2016). These psychological problem or the mental health issues are a major concern for the parents, educators, mental health professionals and other stakeholders. Mental health disorders are very common in childhood and they include several types of emotional and behavioral disorder including disruptive, depression, anxiety and pervasive developmental disorder (Ogundele, 2018). Since there are a wide range of psychological problems or mental health issues during adolescence, the present study will not go in to deeper concept and diagnostic criteria of each problem. The study will focus on the Behavioral and the emotional problems. These emotional and behavioral problems are sometimes referred to as problem behavior, which implies to the emotional and behavioral adjustment problems (Saira, 2013). ICD-10 has quoted a wide range of behavioral and emotional disorders under F90 to F98 with onset usually occurring in

childhood and adolescence. Most of the emotional behavioral problems begin during childhood and early adolescence and have consequences for daily lives such as school attendance, ability to learn, substance use, violence (Verhust, Koot & Berden, 1990) and social relation and then persists into adulthood (Hofstra, Van, Verhulst (2001); Moffitt & Caspi, 2001; Pine, Cohen, Cohen & Brook (1999). These problems can be broadly classified under two dimensions i.e. internalizing and externalizing problem. Internalizing problem is defined as an over-control of emotions which include social withdrawal, feelings of worthlessness or inferiority and dependency (Achenbach & Edelbroch, 1978; Mcculloh, Wiggins, Joshi & Sachdev, 2000). It also refers to a group of problems that affects the child internal psychological environment rather than the external world such as withdrawn, anxious, inhibited and depressed behaviors. Therefore the spectrum of internalising problems includes a variety of over inhibited or internally focussed symptoms including anxiety, fear, sadness, depression, social withdrawal and somatic complaints (Wilner, Gatzke & Bray, 2016). Children and adolescents who suffer from anxiety or depression do not cause trouble for others through their aggressive conduct rather they are fearful, shy, withdrawn, insecure and have difficulty adapting to outside demands (Butcher, Mineka & Hooley, 2008). On the other hand externalizing problem behavior is characterized by an under-control of emotions which includes difficulties with interpersonal relationships and rule breaking as well as display of irritability and belligerence (Achenbach & Edelbrock, 1978; Hinsaw 1992). The construct of externalising problems refers to a grouping of behaviours that are manifested in children's outward behavior and reflect the child negatively acting on the external environment (Campbell, Shaw & Gilliom, 2000; Eisenberg et al, 2001; Hinshaw 1987). Therefore the externalising problems spectrum incorporates a variety of disinhibited or externally focused behavioral symptoms including aggression, conduct problems, delinquent behavior, oppositionality and hyperactivity and inattention problems (Wilner, Gatzke & Bray, 2016). Attention deficits/hyperactivity is characterised by impulsive, overactive behavior that interferes with his or her ability to accomplish task. Conduct problems is characterised by persistent engagement in aggressive and antisocial act (Butcher, Mineka & Hooley, 2008). In short Internalizing problems are inward directed form of distress such as fearfulness,

social withdrawal, depression and anxiety and externalizing as the outward directed form of distress such as physical aggression, disobedience, conduct disorder and impulsive behavior (APA,2013;Jane, Ryotaro & Shawna, 2012).

Emotional disorders are very common in adolescents. Anxiety disorders which may involve panic or excessive worry are the most prevalent in this age group. It is estimated that 3.6% of 10-14 years old and 4.6% of 15 to 19years old experiences anxiety disorder. Depression is estimated to occur among 1.1% of 10-14 years and 2.8% of 15 to 19years. Anxiety and depressive disorder can profoundly affect school attendance and school works, Social withdrawal can exacerbate isolation and loneliness (WHO, 2021). On the other hand behavioral disorders are more common among younger adolescents than the older adolescents. Attention deficits hyperactive disorder (ADHD) characterised by difficulties in paying attention, excessive activity and acting without regard to consequences, occurs among 3.1% of 10-14 years old and 2.4% of 15 to 19 years old. Conduct disorder involving symptoms of destructive or challenging behavior occurs among 3.6% of 10-14 years old and 2.4% of 15 to 19years old (Global Health Data Exchange, WHO 2017)

Psychological Problems and Academic Performance

Education have always been an inevitable and indispensable aspects in human's life and academic achievement or performance is one of the most extensively studied outcome of education as it serve as one of the measure to assess the level of learning one has attained through the course. Considering the impact of academic achievement in development of autonomy, relatedness and competence, it plays a crucial role in children and adolescents' developmental trajectories (Ryan & Deci, 2009; Steinmayr et al., 2016). Academic achievement as already mentioned served as an indicator to one's performance and many studies have been conducted across the culture to find the factors that affect or enhance it. The relation between Psychological problems and adolescents academic achievement has always been a key area of interest for many researchers across the globe. Wide studies have been conducted on to examine the impact of academic achievement on emotional behavioral problems as well as predicting academic achievement from behavioral

problems. It has been stated by many researchers that students' psychological and physical wellbeing serve as one of the most important factors affecting academic achievement (Weare,2000;McGee, Prior, Williams, Smart & Sanson, 2002). Skaalski & Smith (2006) found that adolescents, who struggle with mental health problems, often have attendance problems, difficulty completing assignments, increased conflicts with adults and peers, which in turn impact their academic productivity and interpersonal relationship. School aged children being in its transitional and developmental phase are vulnerable to several psychological difficulties across cultures (Horowitz & Garber, 2006). Goldman also states that emotional and behavioral problems are related to academic difficulties and if such problems are left undiagnosed, their academic performance, social interaction, self esteem and life skills are affected. A cross sectional studies by Mychailyszyn et al (2010) also found that children with anxiety disorder had lower levels of school functioning than children without an anxiety disorder. Further Nelson et al (2004) found that students with emotional-behavioral disorder had deficits in reading, math and written language. Moreover depression, anxiety and other internalising behaviors are also associated with increased school failure (Riglin, Petrides, Frederickson & Rice, 2014). Pederson et al (2019) also reported negative correlation association between school functioning and internalising symptoms. Berriga et al., (2002) have found that depressive symptoms like withdrawal and somatic complaints are highly correlated with difficulty in concentrating, school anxiety and negative attitude towards school which affects the students' academic performances. Anxiety has also been reported by many researchers as a hindrance to academic performance as it leads to impaired cognitive functions, trouble with recall and difficulty concentrating (Levine, 2008; Wood, 2006; Ma, 1996). Levine (2008), have further explain that anxiety directly and indirectly interferes with learning due to rigid thinking and limited intellectual processing which in turn reduces the limitation to reorganize and process new information necessary for learning. These academic difficulties becomes more severe for adolescents meeting the criteria for psychiatric diagnoses of internalizing disorders such as anxiety disorders and depression (Bardone, Moffitt, Caspi, Dickson, & Silva, 1996). Roeser et al (1998) also found that adolescents with high level of depression, attention problem and delinquency scores usually lower on

standardized academic achievement test. Further Jaycox et al (2009) have found that depressive symptoms being linked to decline in school results and overall poor academic performances.

Similarly, externalizing problems such as hyperactivity, inattention and impulsivity have found to have an adverse impact on academic achievement (Demaray & Jenkins, 2011). Hinshaw (1992) reported inattention and hyperactivity as the stronger correlates of academic achievement problems than aggressive behaviors during childhood whereas anti-social behaviors and delinquency are considered as the stronger correlates with low academic achievement during adolescence. Soomro & Clarbour (2012) also found externalizing problems predominantly aggressive emotional style to be associated with lower academic achievement. Oppositional defiant disorders and conduct disorder have been found to be associated with reduced productivity in the classroom (Moilanen et al., 2010). Dias et al (2022) in their review mentioned a study conducted by Sijtsema et al (2014) which found attention problems to be the strongest predictor of poor academic performance in primary and secondary school based on reports given by parents and teachers. Further they found that the externalizing problems were negatively associated with academic performance.

A wide range of literatures have focused on the effect of the presence of psychological problems especially emotional-behavioral problems on the academic achievement of adolescents. However, many researchers have also found contradictory results, showing a mixed and inconsistent relation between emotional and behavioral problems and the corresponding academic achievement. Mayes and Calhoun (2007) found that children with depression did not perform significantly different from the control group on attention, writing or processing task. Ansary and Luthar, (2009) have also found that children with internalizing disorder yielded similar on academic achievement scores as that of the controlled group. The inconsistency in the findings poses the need to further explore the relationship between academic achievement and emotional and behavioral problems among adolescents. Moreover, ignoring emotional and behavioral problems leads to impoverished scholastic performance (Simpson, Patterson, & Smith, 2011) which may consequently lead to the failure to thrive or meet their potential during their

academic and later in their occupational life (Khalid, 2003). From the wide range of literature it is seen that there is solid relationship between Academic achievement and psychological problems

Self-Efficacy:

A wide range of literatures have clearly mentioned the relationship between academic achievement and psychological problems among adolescents. However it is also important to determine other intervening factors that may impede or exacerbate the existing relationship. Human behaviors are motivated and fueled by self belief in one's capabilities which is referred to as self efficacy. Over the past decades, self efficacy has emerged as an interesting area which is considered as a central and pervasive mechanism of personal agency to exercise control over the level of functioning and environmental demands (Bandura et al, 1996). Bandura (1997) found that an individual self efficacy plays a significant role in how a person approach towards the goals they want to accomplish by putting their plans into action. It reflects confidence in the ability to exert control over one's personal and environmental demands which influence all manner of human experience including striving for attainment and achievement of desired goals (APA, n.d). This firm beliefs in one's capabilities is likely to affect whether they will try to cope or avoid a given task or situation (Bandura 1997). This belief may be considered as a vital force that provide the foundation for motivation, well being and personal accomplishment in all areas of life (Pajares, 2005). According to Bandura (1986) self efficacy has an influence on the levels of persistence a person has towards a task. Self efficacy can enhance or impede motivation to perform because it has an influence on the readiness to perform a task. Further, it also observed that a person with high self efficacy choose to perform more difficult and more challenging task and therefore put in more efforts and persists longer than those with low self efficacy (Bandura, 1997; Schwarzer, 1992). This belief that people have about themselves are the main force that enable a person to exert control over their personal, cultural and social achievement. This sense of self belief that they have about their own competency fuels them to exercise control over their desire to accomplish certain goals in life (Schunk & Pajares, 2010)

Theoretically Self efficacy is grounded in the framework of Social Cognitive Theory which emphasizes the critical role of self beliefs in human cognition, motivation and behavior which postulates that human functioning results from interaction among personal (Cognition, emotions), behaviors and environmental conditions (Bandura 1986, 1997). This interaction is reciprocal in nature where one's behavior and environment is affected by one's self efficacy which is further influenced by one's action and the conditions in the environment (Schunk & Meece, 1995). The social cognitive theory initially started as Social Learning Theory (Bandura, 1997) which emphasizes on the interaction between behavior and environment. This theory claims that an individual learns the way they behave by observing and adapting to already existing behavior. This theory later on developed into Social Cognitive Theory (Bandura, 1986) which states that learning occur in a social context with a dynamic and reciprocal interaction of the person, environment and behavior. The salient features of social cognitive theory is that it emphasizes the way through which individuals acquire and maintain behavior while also considering the social environment in which individual perform the behavior. According to Bandura (1977), there are four ways through which a strong sense of self efficacy can be developed and enhanced. The first one is performance accomplishment where a person own experiences with success and failure determine the self efficacy, which means that if a person is successful in completing or mastering a task his sense of self efficacy will enhance while failure in mastering the task will decrease his self efficacy. Bandura has emphasized performance accomplishment as the most important source of self efficacy which later on affects their overall Self concept. The second source of self efficacy is known as vicarious experience which refers to the learning that occurs through observing other perform certain tasks. If their observation is of someone performing successfully without any unpleasant outcomes or difficulties, then they also feels and believe that they can do it as it act as a source of motivation. On the other hand, if their observation is of someone doing it with great difficulties then it evokes a sense of fear, apprehension and increases their anxiety which may also developed into avoidance behavior towards that particular task. The third source of self efficacy is verbal persuasion which refers to giving instruction, suggestion and advice which may instill a belief that they can master a

task which they perceives as difficult in the past. The fourth source of Self efficacy is the emotional state where people determine their self belief by anticipating a particular task as difficult or challenging which arouse their emotional state like anxiety, stress and arousal. If the individual experiences fear and anxiety towards a particular task, then it lowers his self efficacy and trigger additional stress that may inhibit a person from attempting that task. This means that an individual emotional state can also enhance or impede one's judgment with respect to a specific task. These four sources of self efficacy or the combination of them control the increment and decrement of self efficacy. However one's past successful or failure experiences serve as the most important source of self efficacy. Therefore a strong feeling of self efficacy can enhance human motivation and commitment to accomplish their goal, reduces stress and lower vulnerability to depression which enhances their overall personal wellbeing. on the other hand person with poor self efficacy, doubt their capabilities which lowers their aspiration and commitment towards their goal and tend to develop avoidance behavior which in long run leads to stress and depression (Bandura et al 1999). This interplay between the person thoughts and actions can be viewed as reciprocal in nature which is known as Reciprocal Determinism which postulates that human thoughts and actions are viewed as a product of the dynamic interplay between personal, behavioral and environmental influences (Bandura, 1971) where self efficacy plays a significant role in determining how individual feel, think and motivate them, which ultimately affects behavior and outcomes. Thus self efficacy guides one's behavior both directly and indirectly through personal goals, expectation regarding the outcome of certain behavior and environmental influences (Bandura, 2012)

Self Efficacy & Academic Performance

It has been well known from the literature that self efficacy is an important construct that can influence an individual's performance in a particular area. When viewed from a student perspective, academic performance is one of the most important goals which may be influenced by numerous factors. Bandura et al (2001) has considered self efficacy as one of the crucial factor in accounting for academic performance and has been of much consideration in understanding academic performance or achievement (Hwang et al.2015). Self efficacy can also be viewed as

a regulatory mechanism which enables them to determine their own competence and ability to adapt to and cope towards a particular task which in turn affects their academic behavior (Rosal et al, 2017). Since self efficacy has been related to positive outcome and persistence in the face of difficulties (Bandura et al.2001; Kommarraju & Nadler 2013; Robbins et al.2004) and therefore students with high confidence in their capability often tries to engage in a variety of tasks, put in more efforts and persists in the time of learning difficulties (Scott, Lynch and Espenshade, 2005; Heslin and Klehe, 2006). The meta analysis by Multon et al.1995; Robbins et al.2004, have also demonstrated high effect size of self efficacy on academic performance. Zajacova et al (2005) also found that students with high self efficacy believe in their capacity, performed better than their counterparts as they are found to be effective on learning and development (Pajares and Schunk, 2002). Moreover, they tend to work diligently (Aiken,1976), pay serious attention, organize and elaborate effectively through their cognitive aspect (Pintrich and Schunk,1996; Zajacova et al.2005; Hesli and Klehe, 2006). Collins also demonstrated that self efficacy affects academic performance as individual with low self efficacy performs poorly on task due to lack of ability but due to lack of believe in their capabilities.

Self Efficacy and Mental Health

Self efficacy has been researched and documented in various literature to be a driving force in almost every way. Self efficacy has been considered as one of the factors affecting mental health and various aspects of life (Maddux,2002; Dweck & Leggett 1988) including the ability to modify negative mental modes (Ghanaei et al 2011; Parto, 2011). Parto (2011) further state that self efficacy is found to be positively related to positive attitude and stress reducing strategies and a subsequent inverse relationship with psychological symptoms, self isolation, passive emotional acceptance or avoidance strategies. It is also an important factor in maintaining the mental health of adolescents where higher self efficacy has been found to be closely associated with avoidance of sadness and control over their feelings (Rivaz & Fernandez,1995). Self efficacy has also been found as a determinant of wellbeing (Carpara et al, 2006) and been classified as a basic human need (Ryan & Deci, 2000; Bandura,2008). A strong sense of Self efficacy has been known to enhance personal

wellbeing and a great sense of accomplishment which in turn is known to reduce stress and lowers vulnerability to depression. On the other hand people who doubt their abilities and refrain from difficult tasks view them as a source of threat which affects their aspiration and commitment to their goals often results in stress and depression (Bandura et al 1999). Adolescence has always been described as an important period to acquire social competence required for adult life (Tahmassian & Moghadam, 2011) and may experience stress if they perceive their abilities to be doubtful (Vidal et al.(2007), as cited in Oliver et al, 2016). This self-doubt or low self-efficacy has been linked to psychopathology in adolescents especially depression and anxiety. Bandura et al(1996) found perceived social and academic inefficiency of children contributed to concurrent and subsequent depression both directly and through their impact on academic achievement, pro-socialness and problem behavior. It has also been considered as a cognitive precursor or as a component of anxiety and depression (Communian, 1989 as cited in Tahmassian & Moghadam, 2011). Pajares (2002) has also emphasized that low feeling of self-efficacy sometimes acts as a destructive factor as individuals with low self-belief assume any task to be harder or difficult than what they truly are which in turn may create a sense of anxiety that results in sickness, depression and limited problem-solving approach. Bandura (1998) in his social cognitive theory argued that a discrepancy in a person's aspiration and his perceived actual abilities might create a dissonance between the standard they set out and their actual abilities. This dissonance is expected to impede a person's desire to perform or achieve their goals which in other ways may impact their self-efficacy by means of negative talk. This discrepancy and the resulting negative talk may stem up to anxiety and depression. Tal et al (2016) have also mentioned self-efficacy to be a crucial factor for adolescents' emotional well-being and the level of depression. This association between low self-belief and depressive symptoms has been found to hold true across all age groups i.e. adults (Bandura 1997), adolescents (Bandura et al 2003) and children (Bandura et al 1999; Steca et al (2014) across the globe. Further, perceived sense of efficacy plays a key role in the arousal of students' anxiety which leads to the apprehension and avoidant behavior that interfere with performance in everyday life as well as in academic situations. Schwarzer and Jerusalem (1995) have also stated that self-efficacy acts as a general

sense of one's competence and ability to fulfill goals in life. Since mental health problems usually begins at late childhood and early adolescence stages, the daily life stressors are one of the factor which significantly influence the mental health of adolescents. These stressors increase the symptoms of depression, anxiety and stress, thereby affecting the wellbeing of the adolescents (Antony et al 2021). It has also been identified as an important factor for life satisfaction and wellbeing (Marcionetti & Roessier (2016); as well as direct predictor of mental health among adolescents (Parto & Besharat, 2011). Apart from these, many other studies have also linked and identified self efficacy as a strong predictor and mediator in adolescents' mental health. Study conducted by Bavojudan et al (2016) showed that self efficacy, locus of control and coping strategies accounted for 58.7% of the total variance in mental health. Bals et al (2011) also found a strong association between mental health and self efficacy. Riaz et al (2014) have also found a strong negative link between self efficacy and depression among adolescents. Grøtan et al (2019) also found relation between low self efficacy and severe mental distress.

In all the above studies, it has been indicated self efficacy to be a driving force in reducing a sense of low self esteem, avoiding difficult task, self depressing attitude, weakness of social skills which in turn promote mental health. However, the data on early adolescents is remarkably less which is regarded as the most important base in the formation of the overall personality of an individual. Therefore the present study is an attempt to assess the replicability of the existing relationship among the early adolescents of Manipur which are often left unexplored.

Perceived Social Support

In the above section of the literature, the relationship between Academic achievement with Psychological problems and Self efficacy have been explored and documented where sound psychological state and high self efficacy have been linked with adolescents' academic achievement. The present section of the literature will emphasized on Perceived social, which has been hypothesized to play a contributing or mediatational role in the relationship between academic achievement and psychological problems among adolescents.

Significant emphasis on environmental factor has been given in the social cognitive theory where a person's behavior is the outcome of the dynamic interplay between the individual and the environmental factors. During adolescence rapid physical, psychosocial, cognitive and emotional changes takes place. Healthy adolescents development not only depend on the physical fitness but also on the socio-emotional support provided by parents, teachers, peers and significant others (Alshammari et al 2020). Adolescence is also known for its increasing need for autonomy but the support from significant others serves as an important contributing factors to adolescents' well being (Balazs et al, 2017). Needham (2008) had also mentioned that teachers and peers play a very vital role during this stage that their support has been shown to be increasingly significant in decreasing students' behavioral problem and contributing to classroom adjustment and mental health during adolescence. Being connected to a social relationship with others is a basic human tendency which is vital for formation of healthy development which tends to affect the quality and expectation of social relationship later in life (Helgeson, 2003). Social support has been an area of interest for research which served as one of the major contributing factor in enhancing the quality of life, psychological adjustment and overall wellbeing. Social Support has been defined a verbal and non-verbal communication between recipients and providers that reduces the uncertainty about the situation, the self, the other, or the relationship and function to enhance a perception of personal control in one's experience (Albretch & Adelman, 1987 as cited in Ko et al,2013). Social support is an important construct as it has been linked to a wide range of outcome including physical and mental health. APA dictionary of Psychology, defined social support as "A provision of assistance or comfort to others, typically to help them cope with biological, psychological and social stressors. This support may arise from any interpersonal relationship in an individual's social network, involving family members, friends, neighbor, religious institutions, college, caregiver or support group. It may be in the form of practical help like doing chores, giving advice or suggestions or in the form of material or financial assistance or emotional support that makes the individual feel valued, accepted and understood (APA, n.d). Israel and Schurman (1990) had described social support as "An expansive construct that describe the physical and emotional

comfort given to individual by their family, friends and other significant people in their life. Further they have mentioned that social support has been linked to a variety of psychological, social, academic and health related outcomes for adolescents. Social support can also be taken as an enhancing agent that has been given much importance in Adolescents' research. It has also been defined as assistance that can be useful, either through a material or emotional assistance to a person from family, friends, school staffs, social organizations and online social network (Camara et al, 2017; Olsson et al 2016 as cited in Alshamari, 2021). Malecki & Demary (2000) defined social support as “an individual's perception of general support or specific supportive behaviors (Available or enacted upon) from people in social network, which enhances their functioning or may buffer them from adverse outcomes.” It is a broad construct that describe the network of social resources that an individual perceives, which is rooted in the concept of mutual assistance, guidance and validation about life experiences and decisions (Zhou, 2014). Cutrona and Suhr (1992) categorized social support into 5 categories. The first one being informational support which refers to message that includes knowledge or facts, such as advice or feedback or actions. The second is emotional support which refers to the expression that includes caring, concern, empathy and sympathy. The third type is esteem support which refers to the help to promote one's skills, abilities and intrinsic value. The fourth one is social support network which implies to the help to enhance one's sense of belonging to a specific group with similar interest or situation. The fifth one is tangible or instrumental support that refers to providing needed goods and services to recipients physically (quoted by Ko et al, 2013).

Social support can be further broadly conceptualized into Perceived and Received support. Perceived social support refers to the individual's feelings and evaluation of the degree of support he or she receives from family, friends, and important others (Zimet et al., 1988). Perceived support refers to the extent to which the individual believe that requirement of social relationship are available to them. It is defined as the social and psychological support that the individual perceives to be obtained from others (Yildrim,1997 as cited in Bayin & Kaya, 2021). It also refers to how individual perceives friends, family members and others as sources available to

provide material, psychological and overall support during the time of need (Loannou et al, 2019). On the other hand, received social support may be defined as the actual support received by an individual. It can be referred to as the provision of emotional, informational and instrumental support to individuals by close confidants or other such as family members, friends or colleagues (Schulz and Schwarzer, 2004).

Social support has also been conceptualized through two theoretical models. The first one been given by Tardy, which is a multidimensional and hierarchical model consisting of five interdependent dimension – direction, disposition, description or evaluation, content and network. The direction refers to the support given and received. Disposition refers to the availability of support in terms of what one has access to versus the actual support. The description or the evaluation refers to investigating what types of social support a person receives and the satisfaction with the support received. On the other hand the content refers to the type of social support a person receives depending on the situation like emotional support in term of love, trust and empathy; instrumental in the form of helping behavior; informational like giving advice and appraisal support like giving evaluative feedback. Social support network refers to various people who provide support like family members, friends, neighbors, co-workers and community professionals. The second theoretical model was proposed by Lin, which consists of three dimensions i.e perceived versus real support; sources of social support or areas in which it is provided such as community, social network or trusted others ; and instrumental like providing tangible support versus expressive support i.e. being able to vent with a close friend. Therefore, Lin defined social support as real or perceived instrumental and/or expressive support provided in everyday crisis situation by the community, social network or trusted partners. Therefore Lin has defined social support as the real or perceived instrumental and/or expressive support provided in everyday or crisis situation by family members, friends, community, social network or trusted partners. Further, the salience of social support can also be conceptualized from Stress-Buffering hypothesis by Cohen & Wills (1985), which posits that social support prevent an individuals from the negative consequences of stressful life events

by acting as a buffer. Based on these theoretical backgrounds, the present study attempts to understand the contribution and influence of Perceived social support in buffering the cut throat academic pressures and its psychological impact among early adolescents.

Perceived Social Support and Academic Performance

Since adolescence has been regarded as a developmental period associated with particularly high frequency of potentially stressful life events, including biological changes, environmental transition and psychological changes in relationship with parents and significant others. These stressful life events has been viewed as a contributing factor to adolescents emotional and behavioral problems (Sterling, Cowen, Weissberg, Lotyczewski & Boike, 1985 quoted by Zimmerman et al 2000). Social support has been considered as both a buffer against life stressors as well as a factor enhancing health and wellness (Dollete, Steese, Phillips & Mathew, 2004). It is also a phase where they are more inclined towards teachers and friends. Therefore it is of utmost important to look into the role played by social support in the academic achievement. A robust body of research has been done that shows the link between social support and academic achievement. Perceived social support from the significant people often enhances their perceived ability and tends to perform better. supportive family aids in creating a positive regards oneself that enable them to explore, experiment and participate in a wide range of life experiences resulting in the acquisition of skills and self confidence (Sarason, Sarason and Peirce,1990). Stienberg and Darling(2005) found a significant relationship between social support and academic achievement of the students. They found that students with high support from both family and friend has a greater influences on adolescents educational achievement and long term educational plans. Early adolescents who perceived the parents, peers and /or teachers as supportive perform better than their counterparts (Goodenow 1993;Levitt et al.1994; Wentzel,1998). The finding by Vansteenkiste et al.(2009) also states that teachers' support enhances students' perceived ability and performance. Similarly Rosenfeld et al (2000) and Dubow et al (1991) also found students with high support from peers,

parents and teachers achieve better grades than those without such supports. Levitt et al (1994) in their study revealed that early adolescent students' perception of supportive relationship with parents, friends and teachers was related to their academic achievement unaffected by the ethnicity. Also perceived social support from peers has been associated with students motivation and engagement in learning activities and thereby enhances their performance (Robbins et al, 2004; Torres and Solberg, 2001 as cited in Dupont et al.2014). Wentzal et al (1998) also found that the perception of support was correlated significantly with their cumulative GPA in Maths, English, Science and Social Studies. In a study conducted by Yasin and Dzulkifli (2010) a significant relationship was found between social support and academic achievement among students indicating the importance of the availability of social support which would result in the better academic performance. Further certain other cross sectional as well as longitudinal studies across the globe have demonstrated positive relationship between perceived social support and academic achievement in high school (Rosenfeld et al 2000; Domagala-Zysk,2006) with support from parents as the most important source of social support (Bahar, 2010; Malecki & Demary, 2010). A meta analysis by Robbin et al(2004) also found positive correlation between perceived social support and GPA in post secondary education. Longitudinal studies by Cutrona et al (1994) found that parental support predicted future academic achievement. Deberad et al (2004) found that perceived social support uniquely predicted future academic achievement over a variety of variables like high school GPA, smoking and coping behavior. Wondimu et al (2010) found supportive social relationship influences achievement through motivational and affective pathways. Based on the wide range of literatures, it is well known that perceived social support has been key factor to induce learning by nurturing their motivation and academic engagement which in turn enhances their performance by being a valuable resource to cope with stress. The next section of the literature attempts to highlight the impact of perceived social support on psychological problems.

Perceived Social Support and Mental Health

Since adolescence is a phase marked by multiple changes in different spheres of life with numerous challenges in terms of biological, psychosocial and cognitive changes and demands. These changes and demands often comes and results in stress as perceived by adolescents. The successful and harmonious development of adolescents also needs socio-emotional support from the significant people in their life like family, peers, teachers and other people in their social network in the larger community (Alshammari, 2021). The link between social support and adolescents' mental health and behavioral outcome has been an undeniable area of interest since the emergence of many theories and hypothesis on the model of social support. Barnet and Gotlib (1988) in their study have found the link between depressive symptoms and lack of social support as well as the lower perceived adequacy of social support. Similar results were reported by Kievet et al (2016) and Chang et al (2018) where social support was found to be negatively related to depressive symptoms. Further Zhang et al (2015) found social support to enhance adolescents self esteem by lowering their negative cognition which further leads to lower depressive symptoms. They further reported that family support especially parental and friend support reduces adolescents' depression. A longitudinal study by Pössel et al 2013 also indicated that teacher emotional support decreases adolescents' depression. Social support can be assumed as antecedent of wellbeing and lack of it can cause psychological distress (Kaniasty & Norris, 2008) which explains the relationship between social support and depression (Windle, 1992; Calsyn & Winter, 2002; Needham, 2008; Zhen et al, 2018 cited by Ren et al, 2018) where decrease in the level of social support predicted increase level of depressive symptoms in adolescents. Yu et al (2016) also reported that teachers support in the fall of the 7th grade led to decrease in depression in the spring of 8th grade. Lack of support from family and friends have been found to reduce the impact of psychological problems among students (Calvete & Smith, 2006). Social support can also help student cope with everyday life stressors and lighten their academic workload, which further makes them more vulnerable to depression, stress and anxiety. High levels of support can mitigate the negative impact of psychosocial stress on mental (DeGarmo et al,

2008; Treharne et al, 2007), behavioral (Crockenberg, 1987) and academic outcomes (Hamre & Pianta, 2006). Adolescents who receive more social support are less likely to exhibit angry and hostile behaviors throughout adolescence and have a decreased probability of exhibiting such behavior in adulthood. Perception of supportive family relationship have been linked with decrease in internalizing (Rosario et al, 2008) and externalizing behavior (Cartlon et al, 2006) as well as an increase indicators of wellness such as life satisfaction and subjective wellbeing (Edwards & Lopez, 2006; Suldo et al,2006). High supportive peer relationship has also been associated with lower rates of depression and anxiety (LaGreca & Lopez, 1998), less peer victimization and low dropout rates (Hodges, Biovin, Vitaro and Bukowski,1999). White (2009) in his study also found that social support from all sources inversely associate with both internalizing and externalizing problems and related positively with life satisfaction and achievement which were consistent across gender. Further the relationship between externalizing behavior and the support from classmates and parents were moderated by their academic achievement, whereby the relationship with academic achievement and social support were highlighted. Cartlon et al (2006) also found that family support promotes psychological wellbeing and reduces the risk for internalizing and externalizing symptomatology in Hawaiian adolescents. On the other hand unsupportive family can have detrimental impact on their wellbeing and have been linked with increased internalizing symptoms of anxiety, depression and post traumatic stress disorder (Rosario et al, 2008). This were further supported by the study done by Crean (2008) which found that unsupportive behavior in terms of conflict with either mother or father were associated with higher levels of both internalizing and externalizing symptomatology. Adolescents are also inclined more towards the need for belonging to a group or peer and identify themselves. Eccleston et al (2008) have suggested that adolescents' sense of relatedness and support within their peer group is critical for social emotional adjustment and therefore adolescents with higher peer support score low on both depressive and daily stress level as compared to their counterparts. White (2009) have stated that peer support is especially important during transition from elementary school to middle school, as it can be critically significant in shaping adolescents psychological and behavioral adjustment. Decline in peer support were related to increase depressive symptoms

and externalizing behavioral problems (Way et al, 2007). In addition to peer support, adolescents are also inclined towards teachers and their relations with them not only affect their academic achievement but also their psychological well being. Supportive teachers relationship has found to have a significant impact on level of depression (Colarrasi & Eccles, 2003), suicidal ideation and emotional distress (Resnick et al, 1997; Paulson and Everall, 2003). Inadequate support from family and peer tends to have 1.9 times higher risk of developing depression. (Jayanthi & Thirunavukarasu, 2016).

It is evident from the earlier section of the literatures, that solid relations between academic performance and psychological problems among adolescents have been reported by various researchers and pioneers. The literatures further explored the impact of other psychosocial variables that could intervene or moderate the relationship between the two variables. However the empirical data suggesting the moderating impact of self efficacy or perceived social support among early adolescents is very meager and therefore the present study attempts to understand the moderating effect of the two psychosocial variables i.e. Perceived social support and Self efficacy in the relationship between academic performance and psychological problems among early adolescents of Manipur.

Operational Definitions:

Academic Performance: Academic performance is the outcome of the learning facilitated by teaching activity and produced by students usually indicated through marks or grades (Martinez, 2007)

Self Efficacy: Self efficacy refers to an individual's belief in his or her capacity to execute behaviors necessary to produce specific performance attainments (Bandura, 1997, 1986)

Perceived Social Support: Perceived Social support refers to the individual feelings and evaluation of the degree of support he/she receives from family, friends and important others (Zimet et al., 1988). It is also defined as the social and psychosocial support that the individual perceives to be obtained from others (Yildirim, 1997)

Psychological Problems: Psychological Problem refers to the emotional and behavioral problems which usually starts occurring in childhood and adolescents. The present study has not gone to the deeper diagnostic criteria but rather on the prominent presence of symptoms which falls under the externalizing and internalizing problems (Achenbach & Edelbroch, 1978; McCulloh Wiggins, Joshi & Sachdev, 2000)

Mental Health Professionals : A health care practitioner or social and human service provider who offers services for the purpose of improving an individual mental health or treat mental disorder like a Psychiatrist or a psychologist or merely a Counselor.

Mass Protest/Bandh/ Rally: Public expression of objection, disapproval or dissent towards an idea or action, typically a political one, often involving a total shutdown of workplace, offices, schools, shops, courts of law as a form of civil disobedience.

Detention: Detention refers to the grade retention or repetition of a school year due to the failure of the student to secure a minimum passing mark set by their respective school.

CHAPTER II

STATEMENT OF THE PROBLEM

From the wide range of literature reviews, it is known that adolescence is often considered as a stressful period during the developmental stage because it involves pivotal transition from childhood dependency to adulthood independence and self sufficiency (Smith, Cowie & Blades, 1998). Since adolescence is a transition period from childhood to adulthood and most of their time is spent in school and in academic set ups. The composite environment of school i.e. teachers, friends and classmates as well the experience with the significant others are assumed to play a significant role in the overall development of an individual. Early adolescence is a period characterized by confluence of biological, psychological and social challenges (Lord et al., 1994). Particularly, it is described as a period of decline in academic motivation and increased negative emotions (Roeser et al., 1998, 2000). A significant number of studies have been covered exploring the positive link between academic performance, self efficacy, perceived social support and how the presence of emotional and behavioral problem can have detrimental impact on the academic achievement.

The present study is an attempt to combine the psychosocial variables-self efficacy, perceived social support and emotional-behavioral problem to explore their significant relation with academic performance. The study aimed to incorporate the core concepts of Bandura's Social cognitive theory i.e., the essence of 'Reciprocal Determinism', where the personal factors in the form of cognition and biological events, behavior and the environmental influence creates interaction that results in a triadic reciprocity. Human actions are viewed as the product of this dynamic interplay of personal, behavioral and environmental influences. And therefore, the study will be based on this core concept to see the relation of academic performance with self efficacy, perceived social support and emotional-behavioral problems of the early adolescents.

Today, the education system is very competitive and many studies have reported the stress faced by students, especially for the early adolescence which is characterized by confluence of biological, psychological and social challenges (Lord et al., 1994). The inability to cope with the demands of the existing educational systems may shake the individual's sense of ability, which in turn may reduce the

motivational level which may further lead to certain emotional-behavioral problems in the young adolescents. These factors may interplay with each other creating a vicious cycle which may further deteriorate the overall development of the adolescents. The 'Stress-buffering hypothesis' (Cassel & Cobb, 1976), states that individual with more social ties are better protected from the adverse outcome of stressful situation, and since adolescence is a period where they spend most of their time in schools the present study will also emphasize the role of perceived social support considering poor academic performance as a potential source of stressors among the adolescents. Various studies have linked the importance of self efficacy, social support and the adverse impact of emotional and behavioral problems among adolescents.

Globally adolescents comprise of two-third of the population. In India 20% of the population comprises of adolescents. Moreover, in the state of Manipur according to the census report of 2011, the adolescent's population is 601,771. The age wise distribution adolescents according to the census comprises of 313,763 early adolescents (10-14years) and 287,008 older adolescents (15-19years). Manipur is one of the North Eastern states of the country, having an area of 22,327sq.kms. Manipur is well known all over the world for its achievements in sports as well as its Arts and Culture. Many youth of the state have achieved excellence in many fields. On the other hand, the state lacks many opportunities as compared to the mainland India as there are hardly any industries and factories and people have been relying on government jobs and agriculture. Manipur was once declared a disturbed area in 1980 and has been home to violence, where bandhs, blockades, bomb blasts, protests were common phenomenon one could easily notice in the state a decade or two ago (Indira,2014 and Pamnei,2018).The impacts of these disturbances were significant and as a result there had been problems such as poverty, unemployment, population explosion, ethnic conflict, youth unrest, corruption etc. This political instability and other social challenges in Manipur resulting in disruptions in the day to day life of people was an added stressors in the lives of the adolescents which may further have impacted in the adolescents' emotions and thinking, thus affecting the day-to-day functioning, leading to impairment in their school work, concentration, leading to more pressures from parents and teachers, thus creating a vicious circle (Linthoi,

2004). Narzary (2014) also stated that bandhs in the form of shut down and blockades due to the conflict are a frequent phenomenon in Manipur which have an adverse impact on children as 80% of the schools with nearly 30000 students across the state were severely affected. These school going students were often restless and actively involved in such psychosocial conflict, which is believed to disrupt their mental health and education (Sharma & Ali, 2016). Further, the field and practice of mental health in Manipur is in a very infancy stage which still goes through a series of stigmatization. Studies on adolescents and youths in Manipur have been limited to few dimensions like the pattern and prevalence of substance use, psychiatric morbidity of children and adolescents visiting psychiatric wards. A school based study was conducted to understand the link between bullying with depression and self esteem among school going adolescents and significant result was found in terms of depression and low self esteem (Temsusenla et al., 2014). According to a study conducted by Maan et al., (2014), the most common psychological problem among adolescents attending psychiatric ward in Manipur has been found to be dissociative disorder, followed by depression. The reported cases and literatures are very meager and may be representing only the tip of the iceberg and hence many cases may have gone undetected, unrecognized and unreported in the schools and other mental health vicinity.

Therefore, the need for the present study on Manipuri adolescents is highly felt. This study would be an attempt to study the relations between academic performance and other psychosocial variables like Self efficacy, Perceived social support and emotional and behavioral problem among the early adolescents of Manipur. By attending directly at the personal, environmental and behavioral factors, the present study could be of great implications to the school authorities, teachers, family members and clinician to understand the need for attending at the importance of these factors for the overall development of the adolescents, who often goes undetected and the service gets limited to only when the symptoms gets severe and attend psychiatric wards. This study would be the first of its kind in Manipur to explore the importance of psychosocial variables - self efficacy and perceived social support and to understand the detrimental impact of the presence of emotional and behavioral problems in the overall academic performance of the adolescents by

incorporating the theoretical framework of Social cognitive theory and stress buffering hypothesis. Moreover, Manipur being a collectivist society, the emphasis on social support could be of great implication to the whole society as well to understand the role it plays in the overall development of a child. Also, screening the adolescents for emotional and behavioral problems in the school context may help in identifying at-risk adolescents and needful assistance may be addressed. The study could further insist in planning and development of interventions to target school population in both academics and behavioral realms by properly identifying the academic and the behavioral needs of the school going early adolescents. Therefore, the need for the present study is highly justifiable. In order to fill the research gap the following objectives were formulated.

Objectives of the Study:

1. To study the relation between academic performance and self efficacy, perceived social support; and emotional behavioral problems.
2. To determine the degree of self efficacy, perceived social support and emotional and behavioral problem with the levels of academic performance.
3. To highlight the relationship of socio-demographic characteristics and the variables under study i.e. academic performance, self efficacy, perceived social support; and emotional and behavioral problems.
4. To explore moderating effects of self efficacy and perceived social support in the relation between academic achievement and emotional and behavioral problem.
5. To assess the prevalence and patterns of emotional and behavioral problems among early adolescents with low academic performance.
6. To assess the psychometric adequacies of the measures under study.

Hypotheses:

In order to achieve the objectives of the study, the following hypothesis have been set forth to understand the research questions proposed:-

1. There will be a significant positive relation between Academic performance and Self - efficacy.
2. There will be a significant positive relation between Academic performance and Perceived social support.

3. There will be a significant inverse relationship between Academic performance and emotional and behavioral problem.
4. There will be a significant difference in the degree of Self Efficacy among the Low, Average and High performing adolescents.
5. There will be a significant difference in the degree of Perceived social support among Low, Average and High performing Adolescents.
6. There will be significant differences in the extent of emotional and behavioral problems among Low, Average and High performing Adolescents.
7. Self efficacy and Perceived social support will have a significant moderating effect in the relation between academic performance and emotional-behavioral problem.
8. The prevalence of emotional and behavioral problems will be higher among low performing adolescents.
9. The socio-demographic characteristics will have a significant positive relation with the variables under study i.e. Academic performance, Self efficacy, Perceived social support and emotional-behavioral problems.

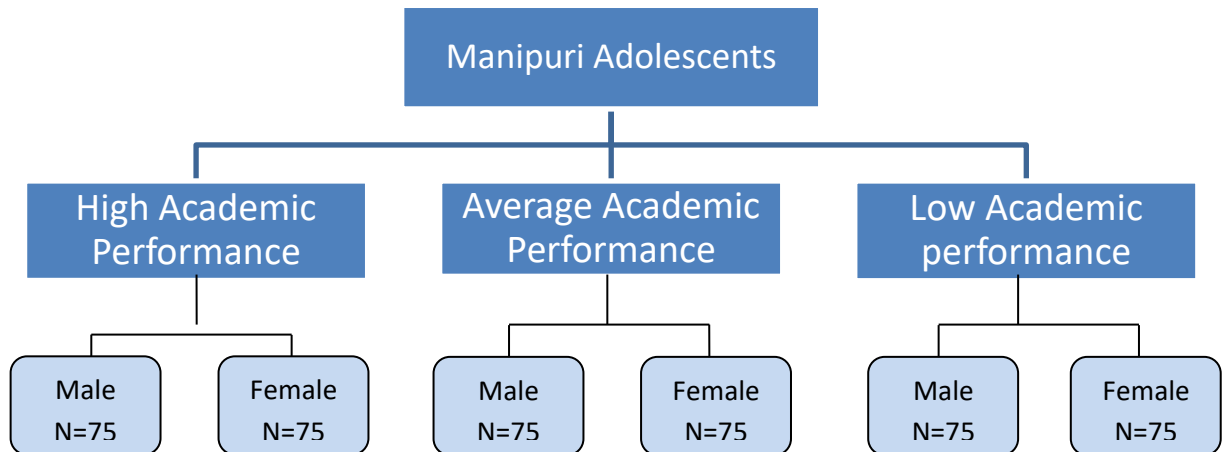
CHAPTER III

METHODS AND PROCEDURES

Design of the study: It is a descriptive research incorporating three way classifications of the samples consisting of low, average and high academic performing early adolescents. These adolescents were further divided into equal number of boys and girls to elucidate the relation of Academic Performance with self efficacy, perceived social support and emotional and behavioral problems among the early adolescents of Manipur.

Sample and Sampling Method:

Multistage sampling technique was employed for the study. First of all, the list of all the schools affiliated under the Board of Secondary Education, Manipur located in Imphal East and West district were obtained from the registered office of the said board. English medium private schools located in Imphal were further sorted out from the list. Altogether there were 37 schools and out of those, only 15 schools were conveniently selected. Out of these 15 schools, only 8 schools had the database record of the past consecutive years' annual examinations score. With the permission and assistance from the schools authorities the aggregate of the past two years' annual examination scores of the students within the age group of 11 to 14 years reading in 6th, 7th and 8th standard fulfilling the desired research criteria were calculated. Later on stratified random sampling technique were employed Based on the aggregate, the students were stratified as low (Scoring below 45%), average (45% to 75%) and high academic performer (75% & above). Out of the pool of the categorised students' population, 75 boys and 75 girls each from 6th, 7th and 8th standard falling under the academic performance category of low, average and high were randomly selected for the study. Therefore, a total of 450 participants were randomly selected for this research.



Inclusion Criteria:-

- Students studying in the same school for the past three consecutive years, in order to ascertain a uniform pattern of grading.
- Students from English Medium State Board Schools.

Exclusion Criteria:-

- Students from special schools with marked special abilities

Psychological Tools used for the study:-

1. Generalized Self Efficacy Scale (Schwarzer,R., & Jerusalem,M., 1995)

The Generalized Self Efficacy scale (GSE) was developed by Ralf Schwarzer and Matthias Jerusalem in 1995 to measure the general self efficacy of the adolescents, youth and general adult population. It is a 10 item, 4-point scale that measures self efficacy, ranging from 1 =not at all true, 2 =hardly true, 3 = moderately true and 4 = exactly true. The total score ranges between 1 to 40, with a higher score indicating higher self efficacy. The total score in this scale is calculated by

adding the sum of all the responses score of all the items. The psychometric properties for this scale have been reported to be excellent. The internal consistencies, item total correlation, factor loading and fit indices of the confirmatory factor analysis in a study conducted by Scholz et al (2002) over 25 nations, indicated that GSE is a reliable, homogenous and unidimensional across 25 nations. Moreover, the Cronbach Alpha internal consistency for the present research was found to be 0.79 which is indicative of acceptable reliability.

2. Strengths and Difficulties Questionnaire (Goodman, R., 1997)

Strength and Difficulties Questionnaire (SDQ) is a brief emotional and behavioral screening questionnaire for children and adolescents. It is a 25 item, 5 point scale developed by child psychiatrist Robert N. Goodman in 1998 to be used for screening and research purposes. The scale includes 5 subscale i.e. emotional symptoms, conduct problem, hyperactivity/inattention, peer relationship and prosocial behavior subscale. A total difficulty score can be calculated by adding the scores obtained in all the facets except prosocial behavior. The total score ranges from 0-40. Different sub-scores can also be generated in order to examine if there is a particular area of difficulty for them. There are three version of this questionnaire, namely Parents Version, Teacher Version and Youth Self report version. For the present study, the youth self report version (11-16years) has been used. The total difficulties scores for self report has been categorized as close to average (0-14), slightly raised (15 to 17), high (18-19) and very high (20-40). The internal consistency reliability of the scale for this research population has been found to be 0.87. The internal consistency reliabilities for the other subscales were found to be 0.93 for emotional problem. 0.71 for conduct problem, 0.97 for hyperactivity and 0.72 for peer problem respectively.

3. Child and Adolescents Social Support Scale (Malecki, Demaray & Elliot , 2000)

The child and Adolescent Social Support Scale (CASSS) was developed by Malecki et al in 2000. It is a screening and research self report measure that can be used to assess the social support perceived by 3rd to 12 graders from multiple sources. It is a useful psychological tool for school psychologists, school social workers and educators. It is a 60 items scale that measures perceived social support from 5 perspectives i.e. parents, teacher, classmate, close friend and people in the school. Each subscale consists of 12 items. The students have to read and rate 'how often' they perceived that support and 'how important' it is to them that they perceived that support. The frequency rating are on a 6-point scale ranging from 1-never, 2- Almost never, 3- Some of the time, 4-Most of the time, 5- Almost always to 6- Always. Similarly, the important rating are on a 3 point scale ranging from 1-not important, 2- important to 3- very important. The 'Frequency' rating of each subscale are to be summed to find the overall total social support. The total social support score ranges from 60 to 360. Similarly, the 'Importance' ratings are also summed to find the total importance. For the purpose of this current research, only the frequency rating has been used. The scale has been reported to have excellent psychometric properties. The Cronbach alphas for the total frequency score for perceived social support is .97, indicating an excellent level of reliability. The cronbach alpha internal consistency reliability coefficient for the present study is found to be 0.94, which is indicative of excellent reliability. The scale has been correlated significantly with the Strength and Difficulties Questionnaire (SDQ, Goodman 1997), Behavior Assessment Scale for Children, 2nd edition (BASC-2; Reynolds & Kamphaus, 2004) self-report composite scores, The Social Support Scale for Children (SSSS; Harter 1985).

4. Academic Performance:-

Due to non availability of a standardized index to categories the academic performance index of the students, the average of the last two consecutive final examinations score has been used as an index of academic performance of the students. Students scoring below 45% were categorized as low performer, above 45% to 75% as average and above 75% were categorized as high performer.

5. Socio-demographic Performa:-

A semi-structured general socio-demographic performa was constructed and used for the purpose of recording various relevant details. The information such as name, age, gender, educational qualification, parental educational qualification, parental occupation, monthly family income, staying with grandparents, history of failure in school final exams, consultation with mental health professionals and participation in any mass protest or rally were explored using this semi structured performa.

Procedure:-

First of all, list of all the private schools affiliated under Board of Secondary education Manipur were collected from the official website. Further, English medium private schools residing in Imphal East and West districts of Manipur were sorted out for the purpose of the study. To show the authenticity of the research, prior request letter from the research supervisor were obtained. Later on, appointments were taken and the nature of the research was explained to the schools authorities. However, only few schools agreed to participate as the whole state had just started to resume their normal classes due to a difficult political scenario where the normal classes were highly affected during the then running year. Moreover, out of those schools, very few had the database records of marks scored by students over the past consecutive 2-3years annual examinations. These records were examined along with the school authorities and class teachers. The average of the two consecutive annual examination scores were used as an index to categorise the students as low, average and high academic performer. Once the lists of the students were obtained from the

respective schools, participants and their parent's consent forms were given explaining nature and the purpose of the research. They were assured of the confidentiality of the data to be collected. Prior to the main data collection, the entire questionnaire items were back translated from English to Manipuri and then back to English and pilot tested to ensure that the participants are well versed with and comprehend well. Later on the main data was collected on one-to-one interaction basis in order to generate honest response. The items were explained in local language in order to eliminate misunderstanding of the items been asked. The data was collected in the face to face interaction in an optimum environmental setting after the formation of a good rapport. Proper care was taken to ensure that their normal classes were not hampered and hence most of the data were collected during their library and physical education period. It took around 30-45 minutes for each participant to complete the questionnaire.

CHAPTER IV

RESULTS

The present study was primarily based on the samples of 450 Manipuri early adolescents within the age ranges of 11 – 14 years studying in 6th, 7th and 8th standard in schools affiliated under Manipur State Board, situated in the Imphal East and West district of Manipur. The data were coded, scored and entered manually. Appropriate statistical analysis comprising of descriptive, parametric and non parametric statistics were done using SPSS 17.0 version. The results are broadly grouped into the following sections:-

- **Section-I** deals with the characteristics of the study samples.
- **Section-II** assessed the psychometric adequacies of the measures under study.
- **Section-III** worked out the relation between academic performance and self-efficacy, perceived social support and emotional behavioural problems
- **Section-IV** determined the differences in the degree or level of self-efficacy, perceived social support and emotional behavioural problem with the levels of academic performance.
- **Section-V** deals with the moderating effects of self-efficacy and perceived social support in the relation between academic achievement and emotional and behavioral problem
- **Section-VI** deals the prevalence and patterns of emotional and behavioral problem among early adolescents with low academic performance
- **Section-VII** highlighted the relationship of socio-demographic characteristics and the variables under study i.e. academic performance, self-efficacy, perceive social support and emotional and behavioral problem

Section-I

Characteristics of the study samples

This section dealt with the socio-demographic and other relevant characteristics of the sample under study. The factors considered were Age Range, Gender, Educational Qualification, Academic Performance, Type of Family, Order of Birth, Sibling, Monthly Family Income, Father's Education, Mother's Education, Father's Occupation, Mother's Occupation, Staying with grandparents, History of repetition of a school year, Consultation with mental health professionals for psychological problems, and Participation in mass protest. The frequencies of cases with percentage are given in table no.1.

Table No.1

Characteristics of the study samples (N = 450)

Variables	Frequencies	Percentages
Age Range		
11 to 12 years	207	46.0
13 to 14 years	243	54.0
Total	450	100.0
Gender		
Female	225	50.0
Male	225	50.0
Total	450	100.0
Educational Qualification		
6 th Standard	150	33.3
7 th Standard	150	33.3
8 th Standard	150	33.3
Total	450	100
Academic Performance		
Low	150	33.3
Average	150	33.3
High	150	33.3

Total	450	100.0
Type of Family		
Nuclear	304	67.6
Joint	146	32.4
Total	450	100.0
Order of Birth		
First Born	274	60.9
Middle Born	61	13.6
Last Born	115	25.5
Total	450	100.0
Do they have siblings		
Yes	305	67.8
No	145	32.2
Total	450	100.0
Monthly Family Income		
Below 15,000	116	25.8
15,000 to 30,000	226	50.2
30,000 to 45,000	78	17.3
45,000 & Above	30	6.7
Total	450	100.0
Father's Education		
Higher Secondary	189	42.0
Graduate & Above	261	58.0
Total	450	100.0
Mother's Education		
High School	101	22.4
Higher Secondary	121	26.9
Graduate & Above	228	50.7
Total	450	100.0
Father's Occupation		

Self Employed	208	46.2
Private sector	70	15.6
Public Sector	172	38.2
Total	450	100.0
Mother's Occupation		
Unemployed	153	34.0
Self Employed	189	42.0
Private Sector	53	11.8
Public Sector	55	12.2
Total	450	100.0
Staying with grandparents		
Yes	277	61.6
No	173	38.4
Total	450	100.0
History of detention		
Yes	107	23.8
No	343	76.2
Total	450	100.0
Participation in mass protest		
Yes	191	42.4
No	259	57.6
Total	450	100.0
Consultation with mental health professional		
Yes	35	7.8
No	415	92.2
Total	450	100.0

Table No.1: This table shows the frequencies and the percentage of the various characteristics of the study samples. The study comprised of 450 early Manipuri adolescents between the ages ranges of 11 – 14 years. Out of these 450 study

samples, 207(46%) were found within the age range of 11 to 12 years and the remaining 243 i.e 54% were found within the age range of 13 to 14 years . When it comes to gender, the sample comprised of equal numbers of male and female gender i.e 225 each. Similarly the sample comprises of 150 adolescents each studying in 6th, 7th and 8th distributed equally with academic performance categories of low, average and high performance.

Further the highest representative of samples belongs to the nuclear family i.e. 304 (67.6%) and the remaining samples belong to joint family i.e. 146(32.4%).

In terms of order of birth, maximum number of representative samples in the present study were first born i.e. 274 (60.9%) followed by last born i.e. 115(32.2%) and the least by middle born i.e. only 61(13.6%) respectively where 305(67.8%) of them have siblings and the remaining 145 (32.8%)

Regarding the family monthly income, the maximum of representative sample i.e. 226 (50.2%) fall in the category of Rs. 15,000 to Rs.30,000, followed by 116 (25.8%) having below Rs. 15,000, while the remaining 78(17.3%) and 30(6.7%) fall in the category of Rs. 30,000 to 45,000 and Rs. 45,000 & above respectively.

Parental educational status were also included in the study and it was found that 261 (50.7%) of father were graduate and above and the remaining samples i.e. 189 cases (42%) had up to higher secondary. Similarly in terms of mother's education, 228 cases (50.7%) were graduate and above followed by 121 cases (26.9%) and 101(22.4%) had till higher secondary and the high school respectively.

Further, father's occupation were also analysed and found that 208 cases (46.2%) were self-employed followed by 172 cases (38.2%) working in public sector and the remaining 70 cases (15.6%) worked in private sector. Similarly mother's occupation were also included and found that 89 of them were self employed, followed by 153 cases (34%) were unemployed, 55 (12.2%) works in public sector and a least of 53 cases (11.8%) works in the private sector.

The study sample were further analysed in terms of whether they live with grandparents or not. It is found that 277 (61.6%) of them stays with grandparents and the remaining 173 (23.8%) does not stay with their grandparents.

History of detention were also included in the socio demographic details and it was found that 343(76.2%) of the sample did not report any history of repetition or failure

while 107 (23.8%) had history of detention. Further the occurrence of participation in mass protest were also included and found that 191(42.2%) were reported to have participated in a mass protest whereas the remaining 259(57.5%) have not participation in any mass protest.

Finally, it is observed that 35(7.8%) of the sample has had consultation with mental health professional and the remaining 415 (92.2%) have not consulted for professional help.

The graphical representation of the study characteristics are given below:-

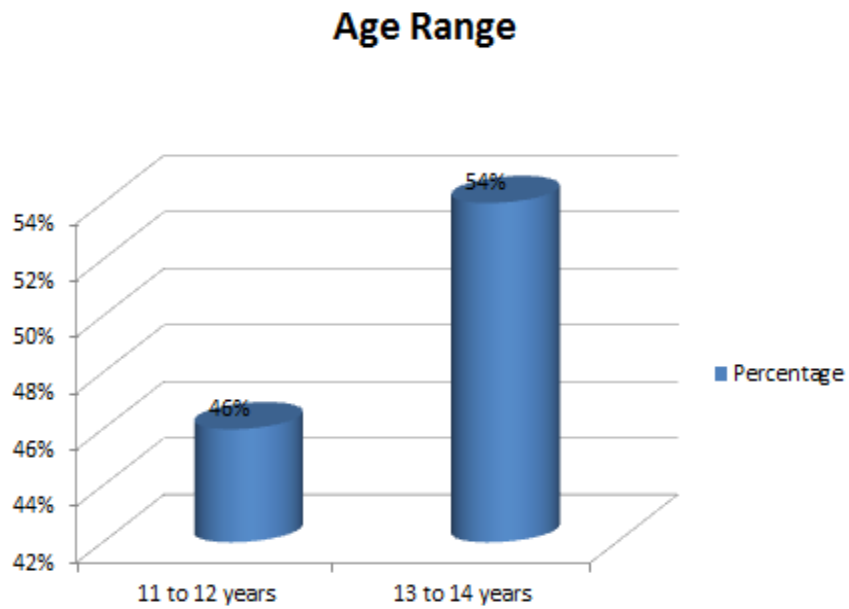


Figure 1.1 shows the distribution of age range

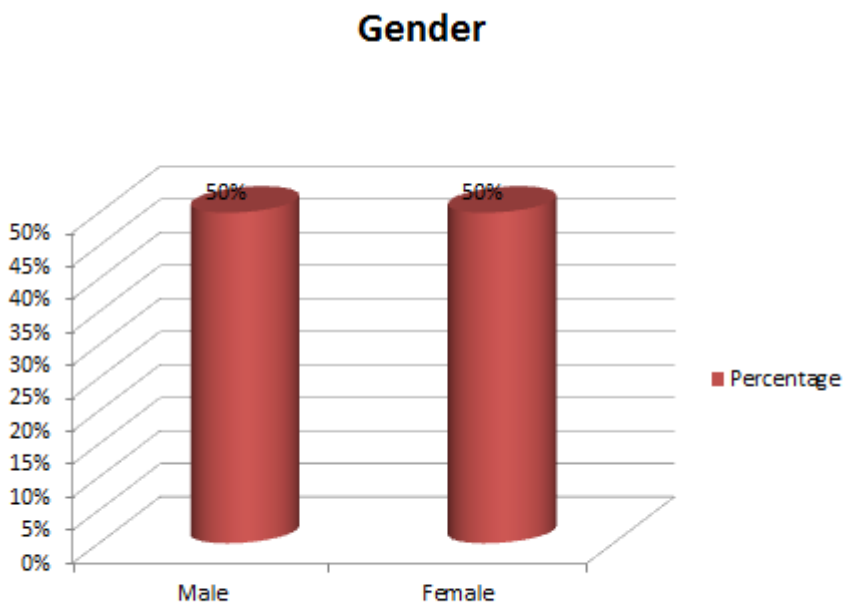


Figure 1.2 shows the distribution of Males and Females

Educational qualification

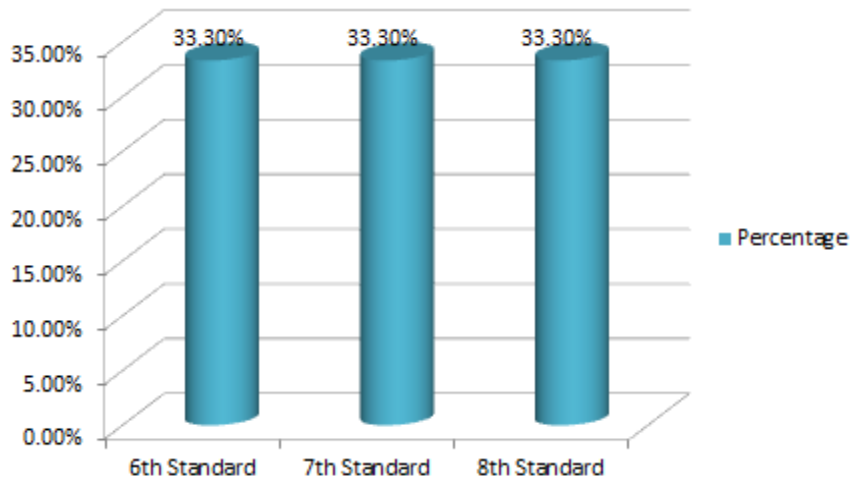


Figure 1.3 shows the educational attainment of the sample population

Academic performance

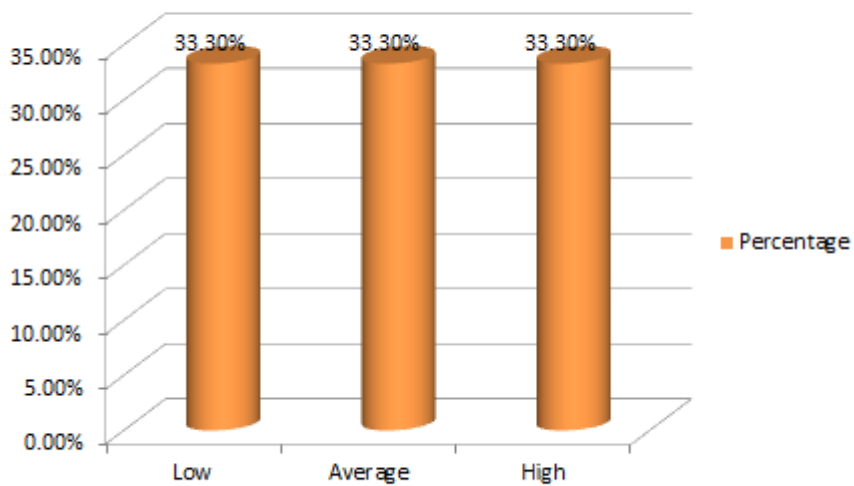


Figure 1.4 Showing distribution of the sample based on academic performance.

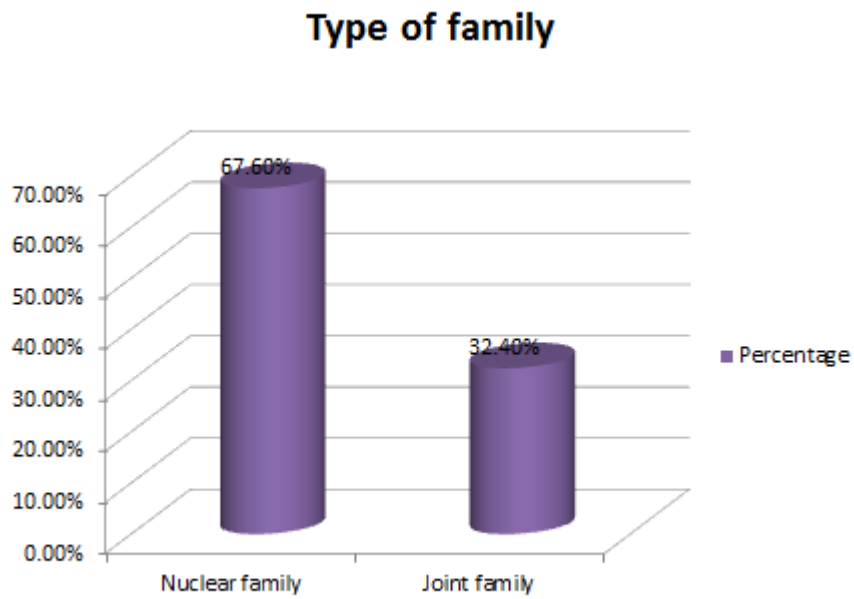


Fig.1.5 Shows distribution of types of family

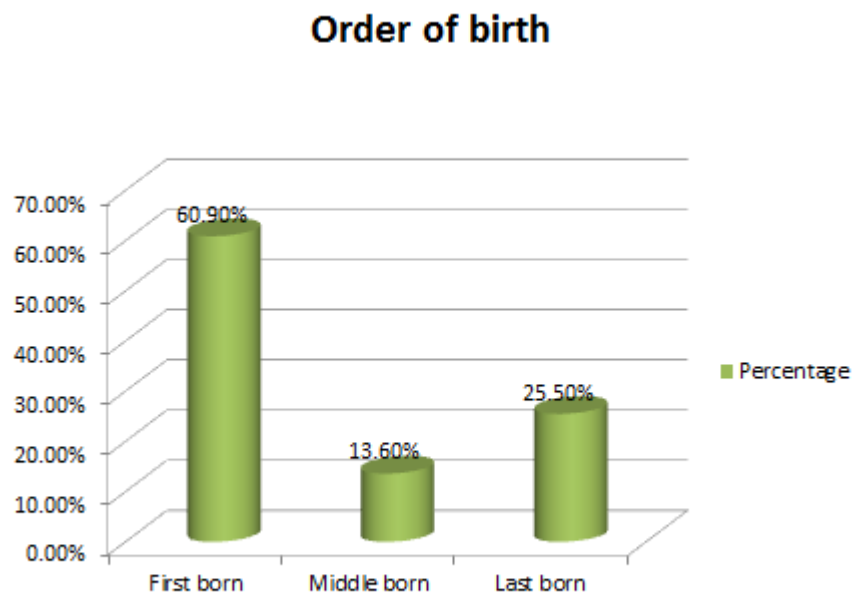


Fig.1.6 showing distribution of sample based on their order of Birth.

Do they have siblings

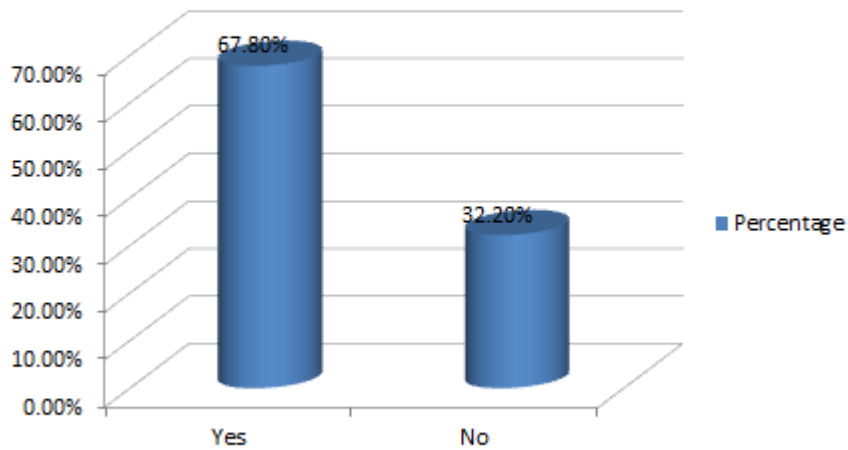


Fig.1.7 Showing distribution of sample based on whether they have siblings or not

Monthly family income

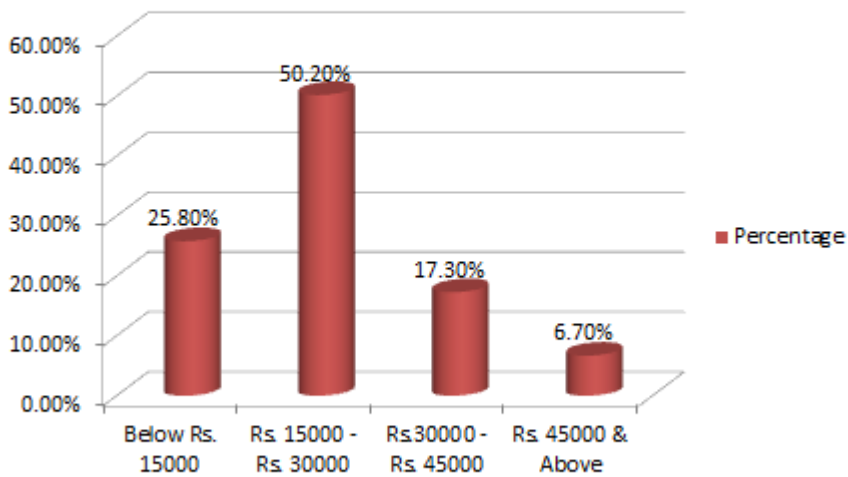


Fig.1.8 shows the monthly family income range of the sample

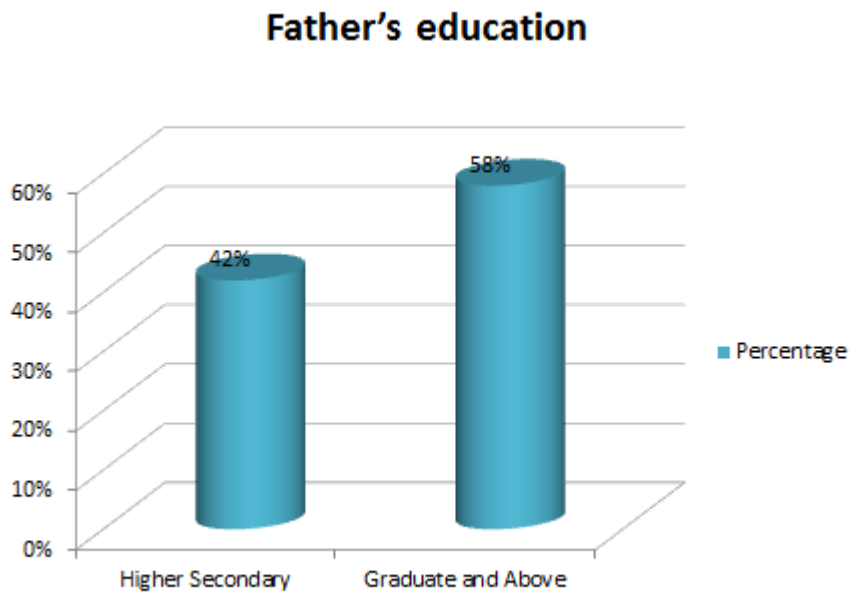


Fig.1.9 shows percentage of father's educational qualification.

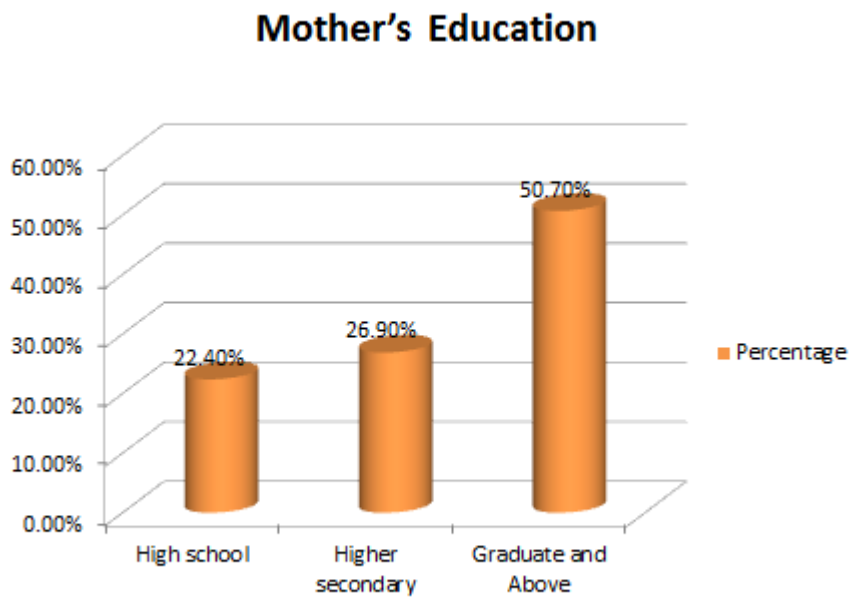


Fig.1.10 showing distribution of Mothers' educational qualification

Father's occupation

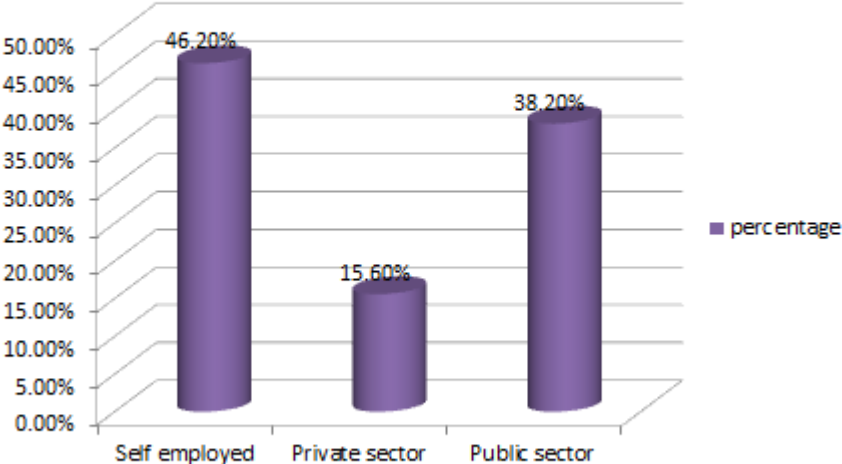


Fig.1.11 shows distribution of Fathers' Occupation.

Mother's occupation

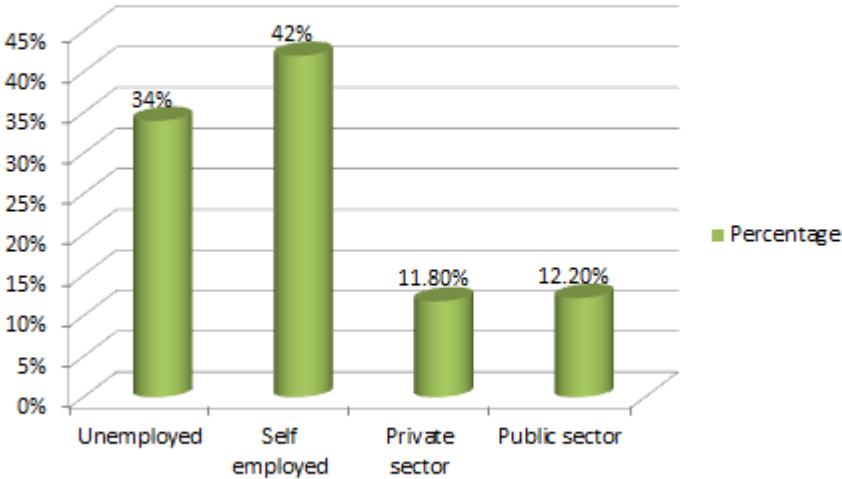


Fig.1.12 shows the distribution of Mothers' Occupations.

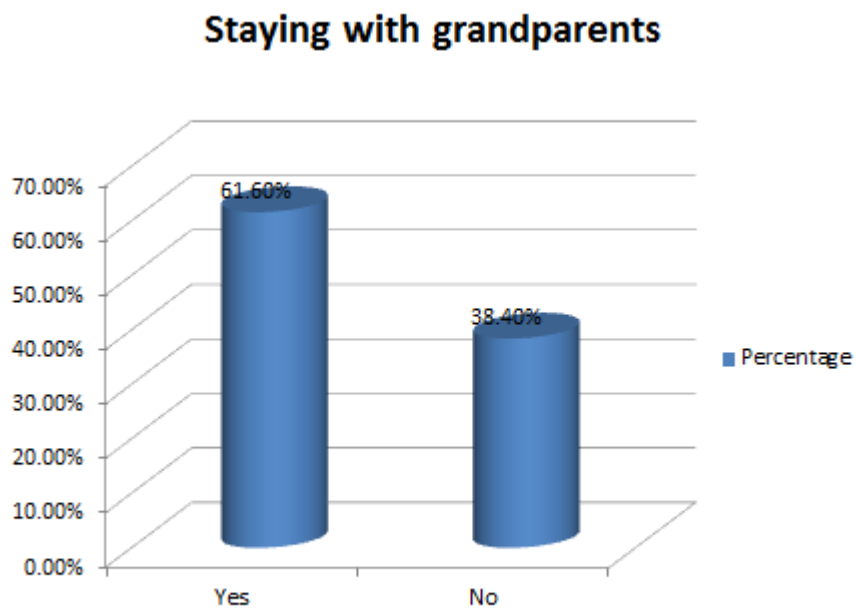


Fig.1.13 shows the distribution of samples staying with or without grandparents.

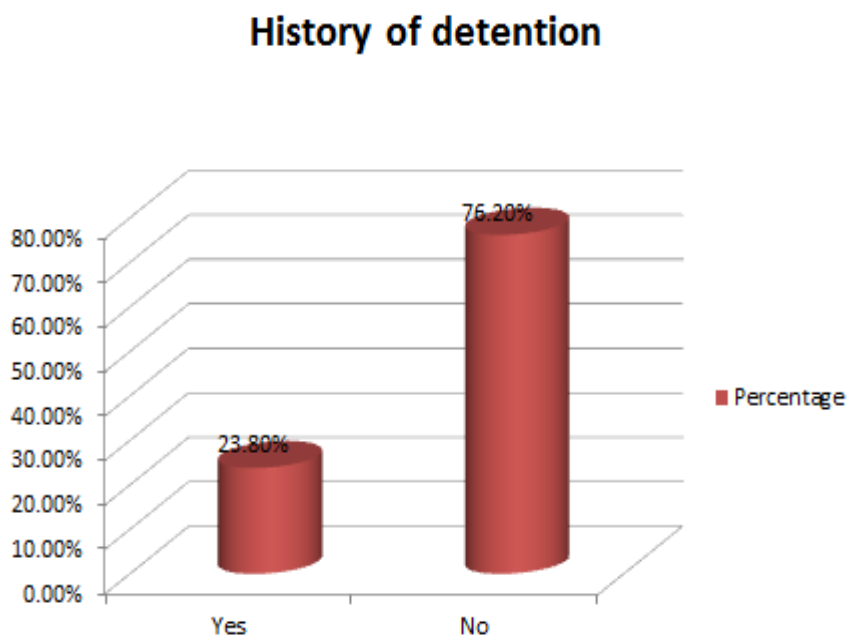


Fig.1.14. Shows distribution of the study population with and without history of detention

Participation of mass protest

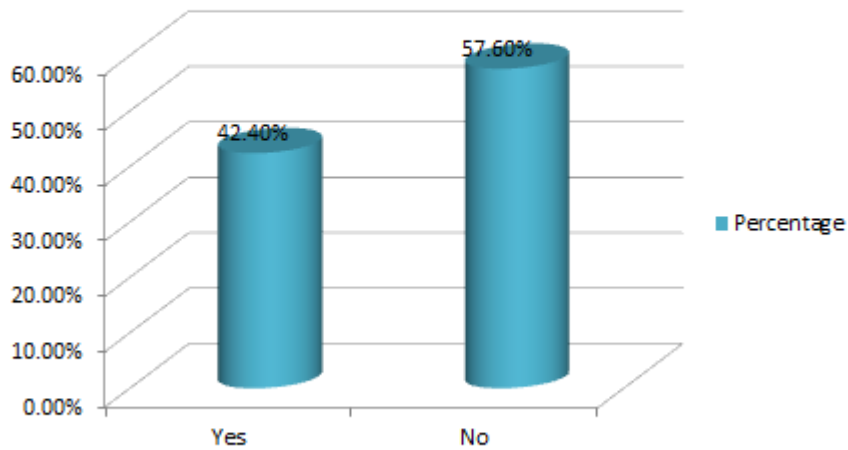


Fig.1.15 shows the distribution of population based on participation in Mass Protest.

Consultation with mental health professional

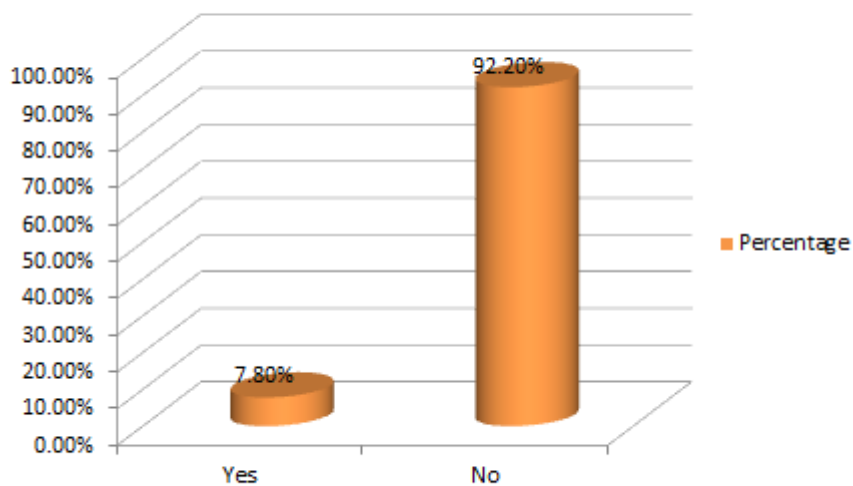


Fig.1.16 shows the sample characteristics with or without consultation with Mental Health Professionals.

Section-II

The psychometric adequacies of the measures under study

The psychometric adequacies of the measures under study i.e. The ‘General self-efficacy scale’ (Schwarzer & Jerusalem, 1995), ‘Strength and Difficulties Questionnaire’ (Goodman, 1997) and Child and Adolescents Social Support Scale (Malecki, Demaray & Elliot, 2000) were assessed . In order to eliminate the difference on cultural norms, the reliability and predictive validity were employed to confirm the psychometric adequacy of the scales used for the study. The reliability scores of each of the tools used under study were extensively shown in table No. 2.

Table No. 2

Reliability measures of the study samples on Strength and Difficulties questionnaires, General Self-efficacy Scale and Child and Adolescents Social Support Scale

Psychological tools	Internal consistency reliability (Cronbach’s Alpha)	Interpretation
1) Strength and Difficulties Questionnaire	0.876	Good Reliability
a) Emotional Problem	0.937	Excellent Reliability
b) Conduct Problem	0.719	Acceptable Reliability
c) Hyperactivity	0.972	Excellent Reliability
d) Peer Problem	0.725	Acceptable Reliability
2) General Self-efficacy	0.799	Acceptable Reliability
3) Child and Adolescents Social Support Scale	0.948	Excellent Reliability
a) Parent’s support	0.917	Excellent Reliability
b) Teacher’s support	0.862	Good Reliability
c) Classmate support	0.901	Excellent Reliability
d) Close friend support	0.683	Acceptable Reliability
e) School support	0.950	Excellent Reliability

Internal consistency reliability was projected for each of the scales used in the present study using Cronbach’s coefficient alpha (Cronbach, 1951).The results revealed that, the overall internal consistency reliability of the “Strength and

difficulties questionnaires” was 0.876 and the reliability for the other 4 subscales of Strength and difficulties questionnaire i.e., emotional problem was 0.937, conduct problem was 0.719, hyperactivity was 0.972 and peer problem was 0.725.

Similarly, the internal consistency Cronbach’s alpha reliability score for General Self Efficacy scale is found to be 0.799.

The overall Cronbach alpha reliability score of the child and adolescents social support scale was 0.948. The reliability test for the other 5 subscales of social support was also estimated and the scores were found as, Parent’s support ($\alpha = 0.917$), teacher’s support ($\alpha = 0.862$), classmate support ($\alpha = 0.901$), close friend support ($\alpha = 0.683$) and school support ($\alpha = 0.950$). The finding indicated that all the reliability scores of scales and subscales falling above 0.65 proved the trustworthiness of the selected psychological scales for the present population under study.

Section-III

Relation between academic performance and self-efficacy, perceived social support and emotional behavioural problems

This section deals with the relationship between academic performance and self-efficacy, perceived social support and emotional behavioural problems of the study sample. Pearson correlation coefficient was utilized for the statistical analyses and the findings are shown in table No. 3.1, 3.2 and 3.3 respectively.

Table No. 3.1

Correlation between academic performance and self-efficacy

Variables	Pearson correlation	p-value	Remark
Academic performance and self-efficacy	0.538**	0.000	Highly Significant

** Correlation is significant at 0.01 level

* Correlation is significant at 0.05 level

Table No. 3.1: The table shows the correlation between academic performance and self-efficacy of the study samples. Pearson's correlation coefficient test was applied between these variables and is found to be positively correlated where $r = 0.538$ and $p \text{ value} < 0.000$

Table No. 3.2

Correlation between Academic performance and Perceived Social support

Variables	Pearson correlation (r-value)	p-value	Remark
Parent Support	0.023	0.624	Not significant
Teacher Support	0.241**	0.000	Highly significant
Classmate Support	0.254**	0.000	Highly significant
Close Friend Support	0.272**	0.000	Highly significant
People at the school Support	0.106*	0.024	Significant
Total Social Support	0.219**	0.000	Highly significant

** Correlation is significant at 0.01 level

* Correlation is significant at 0.05 level

Table No. 3.2: This table shows the coefficient of correlation (r-value) between academic performance and perceived social support. The overall “Total social support” was found to be positively correlated with academic performance at 0.01 level where $r = 0.219$. The domain wise correlation were also analyzed where “Parent support($r = 0.023$)”, were not found to have a significant correlation with academic performance as evident by $p\text{-value} = 0.624 > 0.05$. Other dimensions such as teacher support ($r = 0.241$), classmate support ($r = 0.254$) and close friend support ($r = 0.272$) were found to have a significant positive correlation with the academic performance at 0.01 level, whereas the people at the school support ($r = 0.106$) were found to have positively correlated with the academic performance at 0.05 significant level.

Table No. 3.3
Correlation between academic performance and emotional behavioural problems

Emotional and behavioural problems	Pearson correlation	p-value	Remark
Emotional symptoms	-0.100*	0.034	Significant
Conduct Problem	-0.382**	0.000	Highly Significant
Hyperactivity	-0.373**	0.000	Highly Significant
Peer Problem	-0.277**	0.000	Highly Significant
Total Difficulties	-0.418**	0.000	Highly Significant

** Correlation is significant at 0.01 level

* Correlation is significant at 0.05 level

Table No. 3.3: The table shows the coefficient correlation (r-value) between academic performance and emotional and behavioural problems of the study samples. The overall emotional behavioral problems are denoted as “Total difficulties” which is found to have significantly correlated negatively with academic performance at 0.01 level with r value of -0.418. Further, the domains wise correlation were also analysed where “Emotional symptoms” were found to be negatively correlated with academic performance at 0.05 level with r value of -0.10, whereas the rest of the domains namely “Conduct problem ($r = -0.382$), hyperactivity

($r = -0.373$) and peer problems ($r = -0.277$) were found to be negatively correlated with the academic performance at 0.01 significant level.

Section-IV

Differences in Self-efficacy, perceived social support and emotional-behavioural problem with the levels of academic performance

This section of the study deals with the differences in the degree or the levels of self-efficacy, emotional and behavioural problem and perceived social support among the various levels of academic performance of the study samples. One way ANOVA were applied for the statistical analyses. The findings are extensively shown in table No. 4, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 4.11 & 4.12 respectively.

Table No. 4.1

Mean and S.D. of self-efficacy and academic performance

Academic performance	Mean	S.D	f-value	p-value	Remarks
Low	22.50	5.12	102.838	0.000	Highly Significant
Average	29.70	5.69			
High	32.57	7.68			
Total	28.25	7.54			

Table No. 4.1: It is observed from the above table that, One way ANOVA analysis reveals a significant differences in the level of Self-efficacy among the adolescents over the three categories of academic performance i.e. low, average and high, indicated by the p value $0.000 < 0.01$. The mean score for the three categories of academic performance i.e. low, average and high are 22.50, 29.70 and 32.57, respectively.

Table No. 4.2

Mean and S.D. of Emotional and behavioural problems and Academic performance

Academic performance	Mean	S.D	f-value	p-value	Remarks
Low	15.36	3.79	39.708	0.000	Highly Significant
Average	13.62	4.14			
High	10.95	4.92			
Total	13.32	4.66			

Table No. 4.2: It is observed from the above table that, One way ANOVA analysis reveals a significant differences in the level of emotional and behavioral problems among the adolescents over the three categories of academic performance i.e. low, average and high, indicated by the p value $0.000 < 0.01$. The mean score of Emotional behavioral problems among the three categories of academic performance i.e. low, average and high are 15.36, 13.62 and 10.95 respectively.

Table No. 4.3

Mean and S.D. of Emotional symptoms and academic performance

Academic performance	Mean	S.D	f-value	p-value	Remarks
Low	4.20	1.69	2.832	0.060	Non-significant
Average	4.48	5.31			
High	3.55	2.10			
Total	4.08	3.46			

Table No. 4.3: It is observed from the above table that One way ANOVA analysis does not reveal a significant differences in the level of emotional and behavioral problems among the adolescents over the three categories of academic performance i.e. low, average and high, indicated by the p value $0.06 < 0.5$. The mean score of emotional symptoms among the three categories of academic performance i.e. low, average and high are 4.20, 4.48, and 3.55 respectively.

Table No. 4.4

Mean and S.D. of conduct problem and academic performance

Academic Achievements	Mean	S.D	f-value	p-value	Remarks
Low	3.08	1.20	36.856	0.000	Highly Significant
Average	2.43	1.03			
High	1.89	1.31			
Total	2.47	1.28			

Table No. 4.4: It is observed from the above table that the One way ANOVA analysis shows a significant differences in the level of conduct problems among the adolescents over the three categories of academic performance i.e. low, average and

high, indicated by the p value $0.00 < 0.01$. The mean score of conduct problems for the three categories of academic performance i.e. low, average and high are 3.08, 2.43 & 1.89 respectively.

Table No. 4.5
Mean and S.D. of hyperactivity and academic performance

Academic performance	Mean	S.D	f-value	p-value	Remarks
Low	4.86	1.81	34.810	0.000	Highly Significant
Average	4.66	1.82			
High	3.22	1.91			
Total	4.25	1.98			

Table No. 4.5: This table shows the relationship between hyperactivity and the three categories of academic performance of the study samples. The highest mean score of hyperactivity fall under the low academic performance category with a mean score of 4.86 followed by average academic performance category with a mean score of 4.66 and a least by high academic performance category with a mean of 3.22. The variation among the mean scores showed highly significant relationship between hyperactivity and over the three categories of academic performance of the study samples as evident by p-value = 0.000.

Table No. 4.6
Mean and S.D. of peer problem and academic performance

Academic performance	Mean	S.D	f-value	p-value	Remarks
Low	3.26	1.50	24.468	0.000	Highly Significant
Average	2.36	1.10			
High	2.22	1.52			
Total	2.61	1.46			

Table No. 4.6: It is observed from the above table that, One way ANOVA analysis shows a significant differences in the level of peer problems among the adolescents over the three categories of academic performance i.e. low, average and high,

indicated by the p value $0.00 < 0.01$. The mean score of peer problems for the three categories of academic performance i.e. low, average and high were found to be 3.26, 2.36 and 2.22 respectively.

Table No. 4.7

Mean and S.D. of overall perceived social support and academic performance

Academic performance	Mean	S.D	f-value	p-value	Remarks
Low	253.25	33.16	8.373	0.000	Highly significant
Average	258.98	28.12			
High	268.36	34.89			
Total	260.16	32.69			

Table No. 4.7: The above table shows the mean score of Perceived social support among the three categories of academic performance i.e. low, average and high of the study samples which were found to be 253.25, 258.98, and 268.36 respectively. The one way ANOVA test indicates a highly significant relationship between overall perceived social support and the three categories of academic performance as manifested by $p\text{-value } 0.000 < 0.01$.

Table No. 4.8

Mean and S.D. of parental support and academic performance

Academic performance	Mean	S.D	f-value	p-value	Remarks
Low	59.28	8.13	0.283	0.753	Non-significant
Average	58.58	7.50			
High	58.86	8.58			
Total	58.91	8.07			

Table No. 4.8: The above table shows the mean score of Parental support among the three categories of academic performance i.e. low, average and high of the study samples which were found to be 59.28, 58.58 and 58.86 respectively. The one way ANOVA analysis does not indicate a significant difference between parental support over the three categories of academic performance as manifested by $p\text{-value } 0.753 < 0.01$.

Table No. 4.9

Mean and S.D. of teachers support and academic performance

Academic performance	Mean	S.D	f-value	p-value	Remarks
Low	48.24	6.86	11.728	0.000	Highly Significant
Average	48.77	7.36			
High	52.07	7.95			
Total	49.69	7.57			

Table No. 4.9: It is observed from the above table that the One way ANOVA analysis shows a highly significant differences in the level of teachers support among the adolescents over the three categories of academic performance i.e. low, average and high, indicated by the p value $0.00 < 0.01$. The mean score of teachers support over the three categories of academic performance i.e. low, average and high were found to be 48.24, 48.77 and 52.07 respectively.

Table No. 4.10

Mean and S.D. of classmate support and academic performance

Academic performance	Mean	S.D	f-value	p-value	Remarks
Low	45.00	7.51	14.723	0.000	Highly Significant
Average	46.44	6.87			
High	49.69	8.52			
Total	47.04	7.89			

Table No.4.10: It is observed from the above table that the One way ANOVA analysis shows a highly significant differences in the level of classmates support among the adolescents over the three categories of academic performance i.e. low, average and high, indicated by the p value $0.00 < 0.01$. The mean score of classmates support among the adolescents over the three categories of academic performance i.e. low, average and high were found to be 45.00, 46.44 and 49.69 respectively.

Table No.4.11

Mean and S.D. of close friend support and academic performance

Academic performance	Mean	S.D	f-value	p-value	Remarks
Low	56.07	7.70	16.567	0.000	Highly Significant
Average	58.28	6.09			
High	60.95	8.07			
Total	58.43	7.58			

Table No.4.11: It is observed from the above table that the One way ANOVA analysis shows a highly significant differences in the level of close friends support among the adolescents over the three categories of academic performance i.e. low, average and high, indicated by the p value $0.00 < 0.01$. The mean score of classmates support among the adolescents over the three categories of academic performance i.e. low, average and high were found to be 56.07, 58.28 and 60.95 respectively.

Table No. 4.12

Mean and S.D. of People at the school support and academic performance

Academic performance	Mean	S.D	f-value	p-value	Remarks
Low	45.62	7.56	1.509	0.222	Non-significant
Average	46.92	7.18			
High	47.08	9.14			
Total	46.54	8.01			

Table No. 4.12: It is observed from the above table that the One way ANOVA analysis does not shows a significant differences in the level of support from people at the school among the adolescents over the three categories of academic performance i.e. low, average and high, indicated by the p value $0.22 > 0.01$. The mean score of people at the school support among the adolescents over the three categories of academic performance i.e. low, average and high were found to be 45.62, 46.92 and 47.08 respectively.

Section-V

The moderating effects of self-efficacy and perceived social support in the relation between academic achievement and emotional and behavioural problem

This section – V attempted to explore the moderating effects of self-efficacy and perceived social support in the relation between academic performance and emotional and behavioural problem of the study samples. Moderation Regression analysis were used and the results are given in table No. 7.1 and table No.7.2

Table No. 5.1

Moderating effect of self-efficacy in the relationship between academic performance and emotional and behavioural problems

Model	R Square	Adjusted R Square	Change Statistics				
			R Square Change	F Change	df1	df2	p-value
1	0.338	0.335	0.338	114.035	2	447	0.000
2	0.339	0.335	0.002	1.036	1	446	0.309

a. Predictors: (Constant), Self- efficacy, Academic performance

b. Predictors: (Constant), Self- efficacy, Academic performance, Moderator

c. Dependent Variable: Emotional and behavioural problems

It is observed from this table that "R Square Change", in model 1 is found to be 0.338 which is a proportion changed and when converted into percentage it is found to be 33.8%, which is the increased percentage in the development of emotional and behavioural problem when there is a decreased in the academic performance of the study sample. This increase was statistically significant as manifested by p-value = 0.000. However, in model 2, the R Square change is observed as 0.002, which means that there is 0.2% which increased in the variation explained by the interaction term. However, it is observed that the change in variation due to self efficacy is very minimal and therefore the moderation was not found to be significant as indicated by the p-value $0.309 \geq 0.01$.

Table No. 5.2

Moderating effect of perceived social support in the relationship between academic achievement and emotional and behavioural problems

Model	R Square	Adjusted R Square	Change Statistics				
			R Square Change	F Change	df1	df2	p-value
1	.352	.349	.352	121.202	2	447	.000
2	.352	.348	.001	.579	1	446	.447

- a. Predictors: (Constant), Perceived social support, academic performance
- b. Predictors: (Constant), Perceived social support, academic performance, Moderator
- c. Dependent Variable: Emotional and behavioural problems

It is observed from the table, that the R square change in model 1 is found to be 0.352 which is a proportion changed and when converted into percentage it is found to be 35.2%, which is the increased percentage in the development of emotional and behavioural problem when there is a decreased in the perceived social support of the study sample. This increase was statistically significant as manifested by p-value = 0.000. Further, it is observed that the "R Square Change", in model 2- an interaction between perceived social support and academic performance on emotional and behavioural problem is found to be 0.001 which is 0.1% increased in the variation explained by the interaction term. However, it is observed that perceived social support does not significantly moderate in the relationship between academic performance and emotional and behavioural problems in adolescents as indicated by the p-value $0.447 \geq 0.05$.

Section-VI

Prevalence and patterns of emotional and behavioural problem among early adolescents with low academic performance

This section assessed the prevalence and patterns of emotional and behavioural problem among early adolescents with low academic performance. The prevalence rate of emotional and behavioural problems with respect to academic performance are shown in table no. 6.1, 6.2, 6.3, 6.4, 6.5,6.6

Table No.6.1

Prevalence of overall emotional and behavioural problem among the three categories of academic performance

Academic performance	Prevalence	95% Confidence Interval
Low	50%	(42 – 58)%
Average	37%	(30 – 45)%
High	20%	(14 – 27)%

It is observed from the above table 6.1, that the prevalence of overall emotional and behavioural symptom was found highest among adolescents who had low level of academic performance categories with a percentage of 50% followed by average level of academic performance category of adolescents with 37% and a least by high level of academic performance category of adolescents with 20%. The graphical representation is given in fig.no.2.1

Prevalence of emotional and behavioural problem by academic performance

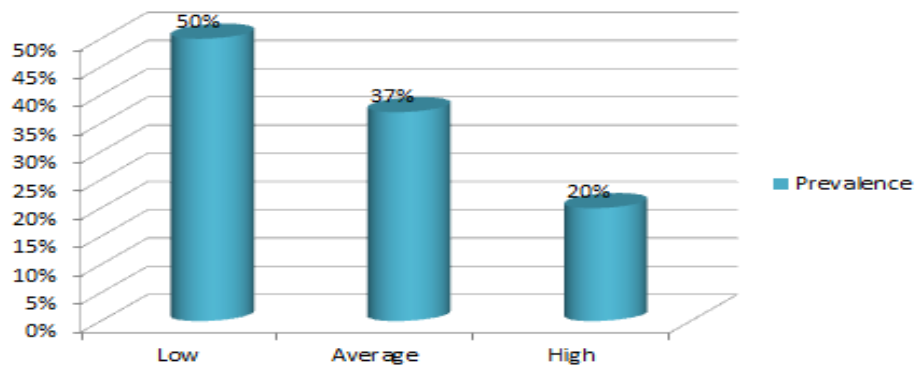


Fig.2.1. Showing the prevalence of emotional behavioral problems

Table 6.2

Prevalence of emotional and behavioural problems of the study samples

Emotional and behavioural problems	Prevalence	95% Confidence Interval
Emotional symptoms	26%	(22 – 30) %
Conduct problem	17%	(13 – 20)%
Hyperactivity	36%	(31 – 40)%
Peer problem	26%	(22 – 30)%
Total (Overall Emotional Behavioral Problems)	36%	(32 – 40)%

It is observed from the table 6.2, that the overall prevalence rate of emotional and behavioural problems of the study samples was 36%. The four domains of emotional behavioral problems were also analysed and found the highest prevalence rate falls on hyperactivity with a percentage of 36% followed by emotional symptoms and peer problems with 26% each and a least by conduct problems with a percentage of 17%. The graphical representation is given in figure no.2.2

Prevalence of emotional and behavioural problems

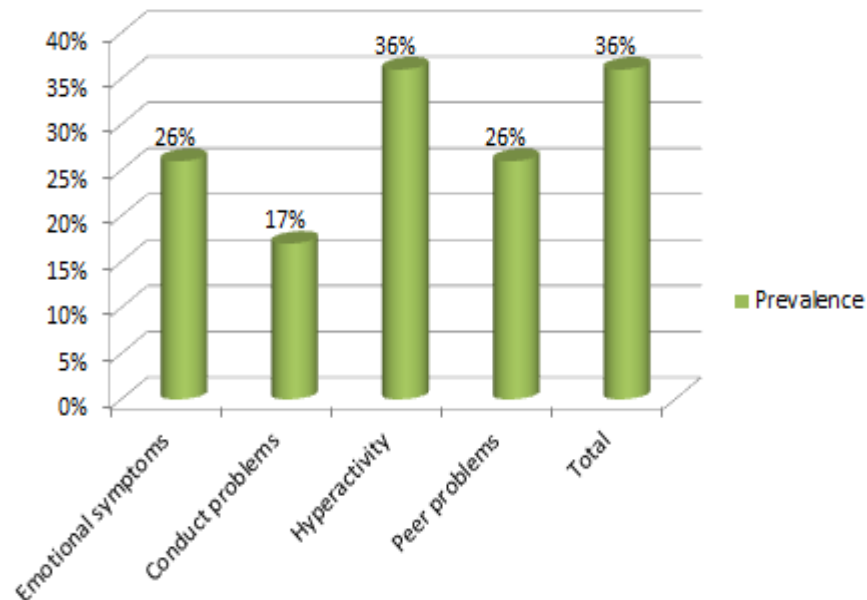


Figure No.2.3 prevalence of Emotional-Behavioural Problems of the study participants

Table No. 6.3

Prevalence of emotional symptoms by academic performance

Academic performance	Prevalence	95% Confidence Interval
Low	27%	(20 – 34)%
Average	30%	(23 – 37)%
High	21%	(15 – 28)%

Table No. 6.3: It is observed from the table that the prevalence of emotional symptom is found to be highest among adolescents in the average category of academic performance categories with 30% followed by 27% of adolescents with low level of academic performance category and the least by 21% of adolescents among the high level of academic performance. the graphical representation is given in fig.2.3

Prevalence of emotional symptoms by academic performance

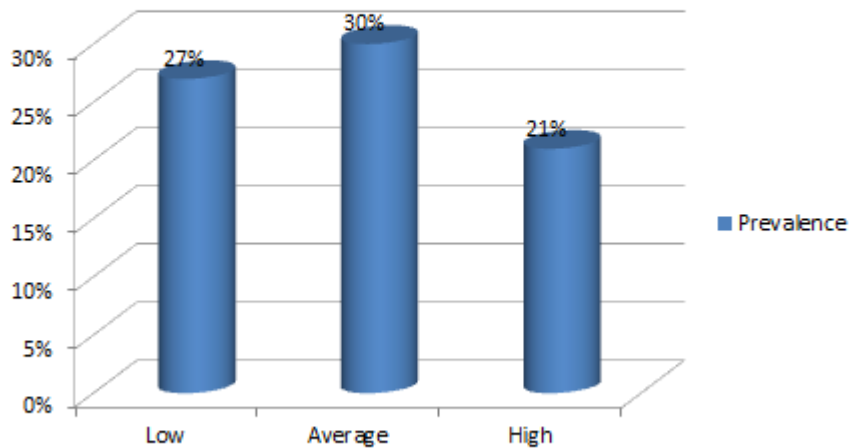


Figure No.2.3. Prevalence of Emotional Symptoms among the participants in different categories of academic performance.

Table No. 6.4

Prevalence of conduct problem by academic performance

Academic performance	Prevalence	95% Confidence Interval
Low	27%	(20 – 34)%
Average	13%	(07 – 18)%
High	11%	(06 – 16)%

Table No. 6.4: It is seen from the table that the prevalence of conduct problem was found highest among adolescents who had low level of academic performance categories with a percentage of 27%, followed by 13% adolescents in the average level of academic performance category and the least by 11% of adolescents among the high level of academic performance.

Prevalence of conduct problem by academic performance

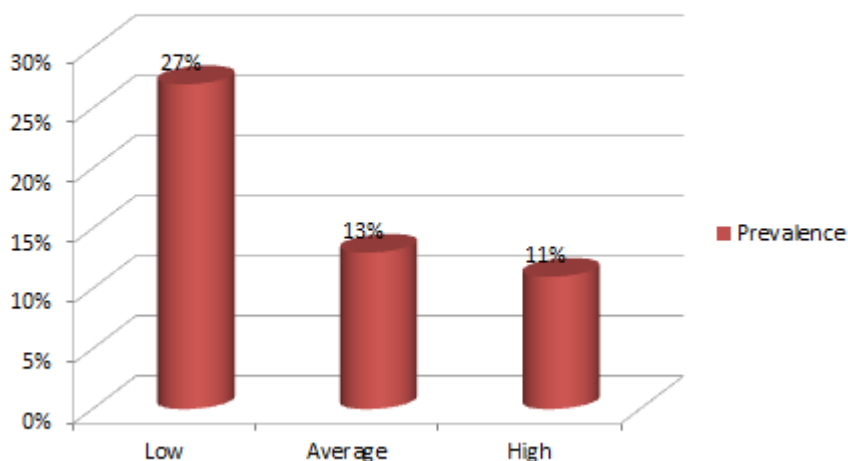


Figure No. 2.4 Prevalence of Conduct Problems among the participants in different categories of academic performances

Table No. 6.5

Prevalence of hyperactivity by academic performance

Academic performance	Prevalence	95% Confidence Interval
Low	47%	(39 – 55)%
Average	43%	(35 – 51)%
High	17%	(11 – 23)%

Table No. 6.5: Further it is observed that the prevalence of hyperactivity was found highest among adolescents who had low level of academic performance categories with a percentage of 47% followed by 43% of adolescents in average level of academic performance category and the least by 17% of adolescents belonging to the category of high level of academic performance. The graphical representation is given in fig 2.5.

Prevalence of hyperactivity by academic performance

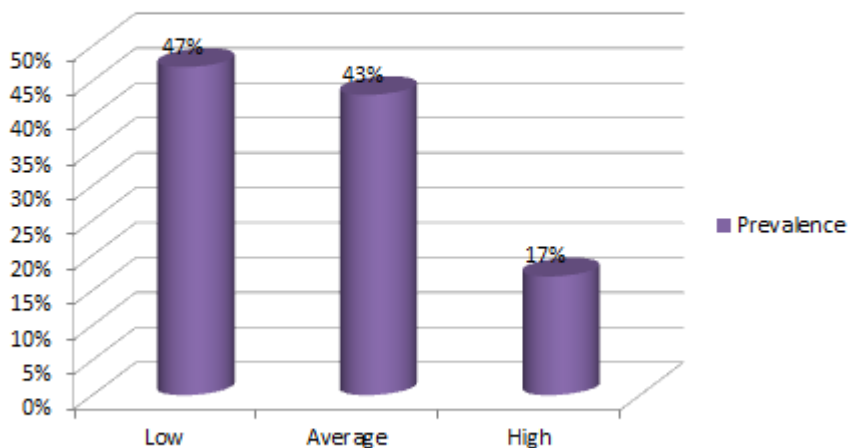


Figure No. 2.5. The prevalence of hyperactivity among the participants in different categories of academic performances

Table No. 6.6

Prevalence of peer problems among different categories of academic performance

Academic performance	Prevalence	95% Confidence Interval
Low	41%	(33 – 49)%
Average	14%	(08 – 20)%
High	22%	(15 – 29)%

It is also observed from the table, that the prevalence of peer problem was found highest with 41% of adolescents among low level of academic performance category, followed by 41% of adolescents in the high level of academic performance category of adolescents with 22% and the least by average level of academic performance category of adolescents with 14%. The graphical representation is given in figure 2.6

Prevalence of peer problems by academic performance

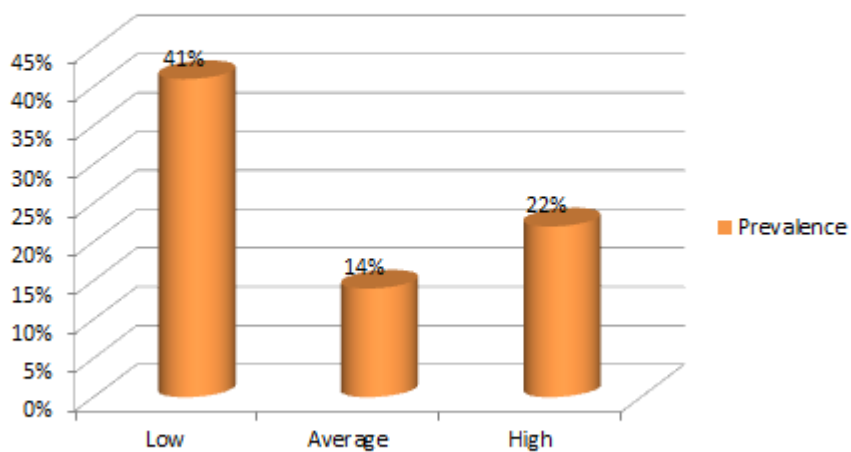


Figure No. 2.6. Prevalence of peer problems among the participants of different level of academic performances.

Section VII

Socio-demographic characteristics with academic performance, self-efficacy, perceived social support and emotional-behavioral problems

This section deals with the significance of the socio-demographic characteristics with the study variables i.e. academic performance, self-efficacy, perceived social support and emotional behavioral problems. The findings are given in table no.8.1, 8.2, 8.3 and 8.4 respectively.

Table No.7.1

Socio-demographic variables and Academic performance of the study samples

Socio-demographic variables	Academic Performance			
	Low	Average	High	Total
Educational qualification				
6 th Standard	50(33.3%)	50(33.3%)	50(33.3%)	150(33.3%)
7 th Standard	50(33.3%)	50(33.3%)	50(33.3%)	150(33.3%)
8 th Standard	50(33.3%)	50(33.3%)	50(33.3%)	150(33.3%)
Total	150(100%)	150(100%)	150(100%)	450(100%)
Chi-square = 0.120; d.f. =4; p-value =0.998; Remark = Non significant				
Age Range				
11 to 12 yrs	67(45%)	70(47%)	69(46%)	206(46%)
12 to 14 yrs	83(55%)	80(53%)	81(54%)	244(54%)
Total	150(100%)	150(100%)	150(100%)	450(100%)
Chi-square = 1.125; d.f. = 2; p-value = 0.939; Remark = Non significant				
Gender				
Female	75(50%)	75(50%)	75(50%)	225(50%)
Male	75(50%)	75(50%)	75(50%)	225(50%)
Total	150(100%)	150(100%)	150(100%)	450(100%)
Chi-square = 0.053; d.f. = 2; p-value = 0.974; Remark = Non significant				
Father's Education				
Higher School	61(41%)	69(46%)	59(39%)	189(42%)
Graduate & above	89(59%)	81(54%)	91(61%)	261(58%)
Total	150(100%)	150(100%)	150(100%)	450(100%)
Chi-square = 1.533; d.f. = 2; p-value = 0.465; Remark = Non significant				

Mother's Education				
High School	25(17%)	39(26%)	37(25%)	101(22%)
Higher School	44(29%)	35(23%)	42(28%)	121(27%)
Graduate & Above	81(54%)	76(51%)	71(47%)	228(51%)
Total	150(100%)	150(100%)	150(100%)	450(100%)
Chi-square = 5.171; d.f. = 4; p-value = 0.2.70; Remark = Non significant				
Father's Occupation				
Self Employed	88(59%)	77(51%)	43(29%)	208(46%)
Private sector	15(10%)	23(15%)	32(21%)	70(16%)
Public Sector	47(31%)	50(34%)	75(50%)	172(38%)
Total	150(100%)	150(100%)	150(100%)	450(100%)
Chi-square = 30.319; d.f. = 4; p-value = 0.000; Remark = Significant				
Mother's Occupation				
Unemployed	53(35%)	51(34%)	49(33%)	153(34%)
Self Employed	75(50%)	69(46%)	45(30%)	189(42%)
Private Sector	9(6%)	11(7%)	33(22%)	53(12%)
Public Sector	13(9%)	19(13%)	23(15%)	55(12%)
Total	150(100%)	150(100%)	150(100%)	450(100%)
Chi-square = 30.99; d.f. = 6; p-value = 0.000; Remark = Significant				
Monthly Family Income				
Below 15,000	55(37%)	45(30%)	17(11%)	117(26%)
15,000 to 30,000	61(41%)	85(57%)	79(53%)	225(50%)
30,000 to 45,000	28(19%)	15(10%)	35(23%)	78(17%)
45,000 & above	6(4%)	5(3%)	19(13%)	30(7%)
Total	150(100%)	150(100%)	150(100%)	450(100%)
Chi-square = 44.181; d.f. = 6; p-value = 0.000; Remark = Significant				
Siblings				
Yes	98(65%)	91(61%)	116(77%)	305(68%)
No	52(35%)	59(39%)	34(23%)	145(32%)
Total	150(100%)	150(100%)	150(100%)	450(100%)
Chi-square = 10.155; d.f. = 2; p-value = 0.006; Remark = Significant				
Order of Birth				
First Born	90(60%)	100(67%)	84(56%)	274(61%)
Middle Born	25(17%)	11(7%)	25(17%)	61(14%)
Last Born	35(23%)	39(26%)	41(27%)	115(26%)
Total	150(100%)	150(100%)	150(100%)	450(100%)
Chi-square = 8.344; d.f. = 4; p-value = 0.080; Remark = Non significant				

Staying with Grandparents				
Yes	98(65%)	90(60%)	89(59%)	277(62%)
No	52(35%)	60(40%)	61(41%)	173(38%)
Total	150(100%)	150(100%)	150(100%)	450(100%)
Chi-square = 1.371; d.f. = 2; p-value = 0.504; Remark = Non significant				
Types of family				
Nuclear	97(65%)	112(75%)	95(63%)	304(68%)
Joint	53(35%)	38(25%)	55(37%)	146(32%)
Total	150(100%)	150(100%)	150(100%)	450(100%)
Chi-square = 5.252; d.f. = 2; p-value = 0.072; Remark = Non significant				
History of Detention				
Yes	65(43%)	30(20%)	12(8%)	107(24%)
No	85(57%)	120(80%)	138(92%)	343(76%)
Total	150(100%)	150 (100%)	150 (100%)	450 (100%)
Chi-square = 49.724; d.f. = 2; p-value = 0.000; Remark = Highly Significant				
Participation in Mass Protest				
Yes	81(54%)	44(29%)	66(44%)	191(42%)
No	69(46%)	106(71%)	84(56%)	259(58%)
Total	150(100%)	150(100%)	150(100%)	450(100%)
Chi-square = 3.030; d.f. = 2; p-value = 0.220; Remark = Non-significant				
Consultation with mental health professionals				
Yes	19(13%)	1(1%)	15(10%)	35(8%)
No	131(87%)	149(99%)	135(90%)	415(92%)
Total	150(100%)	150(100%)	150(100%)	450(100%)
Chi-square = 16.606; d.f. = 2; p-value = 0.000; Remark = Highly Significant				

The above table no. 7.1, shows the Chi square analysis to determine the relationship between academic performance and the socio demographic variables under study. It is observed from the table that there is no significant relation between educational qualification and the academic performance among the study participants which is indicated by the chi square value = 0.125 with the corresponding p-value = 0.93 > 0.01. Similarly, the relation between age range and academic performance were also analysed and was found to be non-significant as indicated by the chi-square value = 0.053 and the p value = 0.974 > 0.01.

Parental educational qualification and its relationship with academic performance were also analysed and was found to be non significant as indicated by the p-value =0.465. It is observed from the table that 39% of the participants who had studied up to higher school and 61% of the participants who had studied till graduation and above had higher academic performance. Similarly, the educational qualification of mothers were also analysed and was found to be non significant as indicated by the p-value = 0.270>0.01. It is seen that 25% of the participants who had their mothers studied up to high school, 28% of them who had up to higher school and 47% of them who had their mothers up to graduation and above had higher academic performance. Further, 26% of the participants having mothers who studied up to high school, 23% who had up to higher secondary and 51% of them who had up to graduation and above had average level of academic performance. Also it is seen that 17% of the participants who had up to high school, 29% of those who had up to higher secondary and 54% with mothers having up to graduation and above had lower level of academic performance.

Further, parental occupation and its relationship with academic performance were also analysed and found to be significant as indicated by the chi square value of 30.31 and the corresponding p-value = 0.00≤0.01. It is observed from the table that 29%, 21% and 50% of the participants with their fathers who were self, employed, working in private and public sector respectively had higher academic performance. Similarly, 51%, 15% and 34% of the participants in the average categories of academic performance had their fathers who were self employed, working in private and public sector respectively. Further it is also observed that 59%, 10% and 31% of the participants having low academic performance had fathers who were self employed, working in private and public sector respectively. Similarly, the relationship between mothers' occupation and academic performance were also found to be significant as indicated by the p-value 0.000≤0.01. It is observed from the table that 33%, 30%, 22% and 15% of the participants having higher academic performance belong to mothers who were unemployed, self employed, working in the private and public sectors respectively. Similarly, 34%, 46%, 7% and 13% of the participants having average level of academic performance had their mothers who

were unemployed, self employed, working in the private and public sectors. Further it is also observed that 35%, 50%, 6% and 9% of the participants having low academic performance had their mothers who were unemployed, self employed, working in the private and public sector respectively.

Significant relationship between monthly family income and the academic performance were also found to be significant as indicated by the chi square value =44.18 and p-value $0.000 \leq 0.01$. It is observed that majority of the participants have their family income within the range of Rs.15,000 to Rs.30,000 as 41%, 57% and 53% of the participants belong to low, average and high level of academic performance were from this range of monthly family income.

Later the relationship between the presence of siblings and academic performance were also analysed and found to be significant as indicated by the chi square value of 10.155 and p-value = $0.006 \leq 0.01$. It is observed from the table that 65%, 61% and 77% of the study participants having low, average and high academic performance have siblings whereas 35%, 39% and 23% of the participants belonging to low, average and high academic performance group were single born or does not have any siblings.

Further, the birth order, types of family and whether they stay with grandparents or not and their relationship with academic performance were also analysed and found to be non significant as indicated by the p-value $0.080 \geq 0.01$, $0.504 \geq 0.01$ and $0.072 \geq 0.01$ respectively. It is seen from the table that 60%, 67% and 56% of the participants who were first born had low, average and high academic performance. Further, 17%, 7% and 17% of the participants were middle born had low, average and high academic performance. Whereas 23%, 26% and 26% who were last born had low, average and high level of academic performance. Further, it is also observed that 65%, 60% and 59% of the participants who stays with their grandparents had low, average and high level of academic performance as compared to 35%, 40% and 41% of those who did not stay with their grandparents. It is also observed that 65%, 75% and 63% of the study participants belonging to nuclear family have low, average and high academic performance. Also, 35%, 25% and 37%

of the participants belonging to joint family have low, average and high level of academic performance.

Later the relationship between history of detention, participation in mass protest and consultation with mental health professionals were also analysed and were found to be significant indicated by the chi square value = 53.435, 18.903 and 16.606 with the corresponding p-value $0.000 \leq 0.01$, $0.000 \leq 0.01$ and $0.000 \leq 0.001$ respectively. It is observed 43%, 20% and 8% of the participants with the history of detention have low, average and high academic performance whereas 57%, 80% and 92% of the participants without the history of detention have low, average and high academic performance. Later it is also seen that 54%, 29% and 44% of the participants who had participated in any mass protest had low, average and high academic performance, whereas 46%, 71% and 56% of the participants who had not participated in mass protest had low, average and high academic performance. Further it is also seen that 13%, 1% and 15% of the participants who had consulted with mental health professionals had low, average and high academic performance respectively as compared 87%, 99% and 90% of the participants belonging to low, average and high academic performance who had not consulted with any mental health professionals.

Table No. 7.2

Socio-demographic characteristics and self-efficacy of the study samples

Socio-demographic variables	Self-Efficacy			
	High (36 & above)	Average (21-35)	Low (20 & below)	Total
Educational qualification				
6 th Standard	29 (33%)	105 (35%)	16 (25%)	150 (33.3%)
7 th Standard	32 (36%)	94 (31%)	24 (38%)	150 (33.3%)
8 th Standard	27 (31%)	100 (34%)	23 (37%)	150 (33.3%)
Total	88 (100%)	299 (100%)	63 (100%)	450 (100%)
Chi-square = 2.850; d.f. = 4; p-value = 0.583; Remark = Non-significant				
Age Range				

11 to 12 yrs	41 (47%)	141(47%)	25 (40%)	207 (46%)
12 to 14 yrs	47 (53%)	158 (53%)	38 (60%)	243 (54%)
Total	88 (100%)	299 (100%)	63 (100%)	450 (100%)
Chi-square = 1.186; d.f. = 2; p-value = 0.553; Remark = Non-significant				
Gender				
Female	50 (57%)	144 (48%)	31(49%)	225 (50%)
Male	38 (43%)	155 (52%)	32 (51%)	225 (50%)
Total	88 (100%)	299 (100%)	63 (100%)	450 (100%)
Chi-square = 2.057; d.f. = 2; p-value = 0.358; Remark = Non-significant				
Father's Education				
Higher School	34 (39%)	125 (42%)	30 (48%)	189 (42%)
Graduate & above	54 (61%)	174 (58%)	33 (52%)	261 (58%)
Total	88 (100%)	299 (100%)	63 (100%)	450 (100%)
Chi-square = 1.230; d.f. = 2; p-value = 0.541; Remark = Non-significant				
Mother's Education				
High School	27 (31%)	65 (22%)	9 (14%)	101(22%)
Higher School	23 (26%)	82 (27%)	16 (26%)	121 (27%)
Graduate &Above	38 (43%)	152 (51%)	38 (60%)	228 (51%)
Total	88 (100%)	299 (100%)	63 (100%)	450 (100%)
Chi-square = 6.831; d.f. = 4; p-value = 0.145; Remark = Non-significant				
Father's Occupation				
Self Employed	30 (34%)	137 (46%)	41(65%)	208 (46%)
Private sector	19 (22%)	48 (16%)	3 (5%)	70 (16%)
Public Sector	39 (44%)	114 (38%)	19 (30%)	172 (38%)
Total	88 (100%)	299 (100%)	63 (100%)	450 (100%)
Chi-square = 16.414; d.f. = 4; p-value = 0.003; Remark = Significant				
Mother's Occupation				
Unemployed	33 (38%)	107 (36%)	13 (21%)	153 (34%)
Self Employed	32 (36%)	119 (40%)	38 (60%)	189 (42%)
Private Sector	13 (15%)	36 (12%)	4 (6%)	53 (12%)
Public Sector	10 (11%)	37 (12%)	8 (13%)	55 (12%)
Total	88 (100%)	299 (100%)	63 (100%)	450 (100%)
Chi-square = 12.285; d.f. = 6; p-value = 0.056; Remark = Non-significant				

Monthly Family Income				
Below 15,000	18 (21%)	72 (24%)	26 (41%)	116 (26%)
15,000 to 30,000	47 (53%)	159 (53%)	20 (32%)	226 (50%)
30,000 to 45,000	15 (17%)	49 (16%)	14 (22%)	78 (17%)
45,000 & above	8 (9%)	19 (6%)	3 (5%)	30 (7%)
Total	88 (100%)	299 (100%)	63 (100%)	450 (100%)
Chi-square = 14.337; d.f. = 6; p-value = 0.026; Remark = Significant				
Siblings				
Yes	58 (66%)	206 (69%)	41(65%)	305 (68%)
No	30 (34%)	93 (31%)	22 (35%)	145 (32%)
Total	88 (100%)	299 (100%)	63 (100%)	450 (100%)
Chi-square = 0.522; d.f. = 2; p-value = 0.770; Remark = Non-significant				
Order of Birth				
First Born	52 (59%)	189 (63%)	33 (52%)	274 (61%)
Middle Born	12 (14%)	35 (12%)	14 (22%)	61(14%)
Last Born	24 (27%)	75 (25%)	16 (26%)	115 (25%)
Total	88 (100%)	299 (100%)	63 (100%)	450 (100%)
Chi-square = 5.435; d.f. = 4; p-value = 0.246; Remark = Non-significant				
Staying with Grandparents				
Yes	51(58%)	192 (64%)	34 (54%)	277 (62%)
No	37 (42%)	107 (36%)	29 (46%)	173 (38%)
Total	88 (100%)	299 (100%)	63 (100%)	450 (100%)
Chi-square = 2.908; d.f. = 2; p-value = 0.234; Remark = Non-significant				
Types of family				
Nuclear	66 (75%)	200 (67%)	38 (60%)	304 (68%)
Joint	22 (25%)	99 (33%)	25 (40%)	146 (32%)
Total	88 (100%)	299 (100%)	63 (100%)	450 (100%)
Chi-square = 3.791; d.f. = 2; p-value = 0.150; Remark = Non-significant				
History of Detention				
Yes	4 (5%)	69 (23%)	34 (54%)	107 (24%)
No	84 (95%)	230 (77%)	29 (46%)	343 (76%)
Total	88 (100%)	299 (100%)	63 (100%)	450 (100%)
Chi-square = 49.724; d.f. = 2; p-value = 0.000; Remark = Highly Significant				

Participation of Mass Protest				
Yes	37 (42%)	121 (40%)	33 (52%)	191 (42%)
No	51 (58%)	178 (60%)	30 (48%)	259 (58%)
Total	88 (100%)	299 (100%)	63 (100%)	450 (100%)
Chi-square = 3.030; d.f. = 2; p-value = 0.220; Remark = Non-significant				
Consultation about mental health problem				
Yes	4 (5%)	16 (5%)	15 (24%)	35 (8%)
No	84 (95%)	283 (95%)	48 (76%)	415 (92%)
Total	88 (100%)	299 (100%)	63 (100%)	450 (100%)
Chi-square = 26.311; d.f. = 2; p-value = 0.000; Remark = Highly Significant				

It is observed from the above table no.7.2, that 33%, 35% and 25% of the adolescents belonging to 6th std had high, average and low level of self efficacy respectively. Similarly 36%, 31% and 24% of the study sample belonging to 7th standard had high, average and low level of self efficacy. Also it is seen 31%, 34% and 37% of the adolescents belonging to 8th std had high, average and low level of self efficacy respectively. Further the Chi square value is found to be 2.85 with the corresponding p-value 0.58 which indicate that there is no significant relation between the educational qualification and the level of self efficacy among early adolescents.

Further the relation between age range and self efficacy were also analysed using chi square. It is observed from the table that 47%, 47% and 40% of the study sample belonging to the age group of 11 to 12years of age have high, average and low level of self efficacy. Further the Chi square value of 1.18 with the corresponding p-value of $0.55 > 0.05$ indicates no significant relation between the age range and self efficacy among early adolescents. as evident by p-value = 0.553.

The relation between gender and self efficacy were also analysed, which were not found to be significant as indicated by the chi square value of 2.057 with corresponding p-value $0.358 > 0.05$. It is also observed from the 57%, 48% and 31% of the female sample had high, average and low level of self efficacy. Similarly 43%, 52% and 51% of the male had high, average and low level of self efficacy respectively.

The relation between father's education and self efficacy of the study sample were analysed and was not found to be significant indicated by the chi square value of 1.23 with the corresponding p-value $0.54 > 0.05$. It is observed from the table that 39%, 42% and 48% of the study sample having father's with educational qualification up to higher school have high, average and low level of self efficacy. Similarly, 61%, 58% and 52% of the adolescents having their father studied up to graduation and above have high, average and low level of self efficacy. Similarly, the relation between mother's educational attainment and self efficacy of the study sample were also analysed. It was found that 31%, 22% and 14% of the study samples having their mother studied up to high school level were found to have high, average and low level of self efficacy. Further 26%, 27% and 26% of the study sample with having their mother up to higher school educational attainment were found to have high, average and low level of self efficacy. Also, 43%, 51% and 60% of the adolescents having their mother up to graduation and above were found to have high, average and low level of self efficacy respectively. Further, the chi square value of 6.83 with corresponding p-value of $0.145 > 0.05$ indicates a non significant relation between self efficacy and the mother's educational

Later, the relationship between parental occupations and self efficacy were also analysed and found that father's occupation have a significant relationship with self efficacy among the study sample population where p-value $0.003 < 0.01$ with the corresponding chi square value of 16.41. It is seen from the table that 34%, 46% and 65% of the sample with self employed father had high, average and low level of self efficacy. Further, 22%, 16% and 5% of the sample with father working in private sector were found to have high, average and low level of self efficacy respectively. Moreover, 44%, 38% and 30% of the sample with father who works in a public sector were found to have high, average and low level of self efficacy.

Similarly, mother's occupation on self efficacy were also analysed and was not found to be significant. It is observed from the table that 38%, 36% and 21% of the study sample with unemployed mother had high, average and low level of self efficacy respectively. Further, 36%, 40% and 60% of the study sample having self employed mothers have high, average and low level of self efficacy. Similarly, 15%, 12% and 6% of them having mothers working in private sector have high, average

and low level of self efficacy. Finally 11%, 12% and 13% of the sample whose mothers work in public sector have high, average and low level of self efficacy. These figures fails to established a significant relation where chi square value is 12.85 with corresponding p-value $0.056 > 0.05$.

Later, the relationship between Monthly family income and self efficacy were analysed using chi square which were found to be significant with the chi-square value of 14.37 and the corresponding p-value $0.026 < 0.05$. Further it is seen from the table that 21%, 24% and 41% of the study sample having monthly family income of below Rs.15,000/- had a high, average and low level of self efficacy. Further, sample having family income of Rs.15000-20000 have 53%, 53% and 32% of them had high, average and low level of self efficacy. Similarly, study sample having family income between Rs.30,000-40,000 had 17%, 16% and 22% of them have high, average and low level of self efficacy. Similarly, 9%, 6% and 55 of the study sample had high, average and low level of self efficacy.

The relation between presence of siblings and self efficacy were also analysed and it was not found to be significant with chi square value of 0.522 with the corresponding p-value of 0.077. It is further observed from the table that 66%, 69% and 66% of study sample having siblings and 34%, 31% and 35% of the study sample having siblings have high, average and low level of self efficacy

It was also attempted to find significant relationship between order of birth and self efficacy. It is observed from the table that the chi square value is 5.43 with the corresponding p-value of 0.24 which were not found to be significant. Further it is observed from the table that 52%, 63% and 52% of the sample had high, average and low level of self efficacy. Whereas 14%, 12% and 22% of the study sample have high, average and low level of self efficacy. The differences of percentages among the different levels of self-efficacy of the study samples with respect to three categories of order of birth were minimal and was found to be a non-significant relationship between order of birth and the levels of self-efficacy of the study samples as evident by p-value = 0.246.

It is also observed from the table that 58%, 64% and 54%, of adolescents staying with grandparents and 42%, 36% and 46% of the adolescents not staying

with grandparents had high, average and low level of self efficacy respectively. The chi-square value is found to be 2.90 with the corresponding p-value of 0.23 which is suggestive of no significant relationship between self efficacy and their status of living or not living with grandparents.

Further it is also observed that 75%, 67% and 60% of the study sample belonging to nuclear and joint family had high, average and low level of self efficacy. The chi square value is found to be 3.79 with the corresponding p-value 0.15 which suggest no significant relationship between self efficacy and the type of family.

Adolescents' history of detention or repetition of a school year were also analysed and was found to have a significant relationship with self efficacy of the study sample indicated by the chi square value = 49.72 with the corresponding p-value 0.00. Early adolescents with no history of detention or failure had higher self efficacy than those with history of detention as 95%, 77% and 46% of study sample with no history of detention had high, average and low level of self efficacy as compared to 5%, 23% and 54% of the study sample with history of detention.

Further, the relationship between participation in mass protest and self efficacy were also analysed and was found to have no significant relationship indicated by the chi-square value = 3.03 with the corresponding p value $0.22 > 0.05$. It is observed that 42%, 40% and 52% of adolescents participated in mass protest and 58%, 60%, and 48% of those who have not participated in any of the mass protest had high, average and low level of self efficacy respectively.

Finally the relationship between the participants' consultation with mental health professional and self efficacy was also analysed and was found to be highly significant indicated by the p value $0.00 \leq 0.01$. It is observed that the study sample who have had consulted with mental health professional had lower level of self efficacy as compared to those who have not consulted with any mental health professional as indicated by 5%, 5% and 24% of the study sample have high, average and low level of self efficacy as compare to those who have had consulted with mental health professional.

Table No. 7.3

Socio-demographic characteristics and perceived social support of the study samples

Socio-demographic variables	Perceived Social support			
	High (293 & above)	Average (228-292)	Low (227 & below)	Total
Educational qualification				
6 th Standard	24 (31%)	107 (34%)	19 (34%)	150 (33.3%)
7 th Standard	27 (35%)	99 (31%)	24 (43%)	150 (33.3%)
8 th Standard	26 (34%)	111 (35%)	13 (23%)	150 (33.3%)
Total	77 (100%)	317 (100%)	56 (100%)	450 (100%)
Chi-square = 4.138; d.f. = 4; p-value = 0.388; Remark = Non-significant				
Age Range				
11 to 12 yrs	35 (46%)	142 (45%)	30 (54%)	207 (46%)
12 to 14 yrs	42 (54%)	175 (55%)	26 (46%)	243 (54%)
Total	77 (100%)	317 (100%)	56 (100%)	450 (100%)
Chi-square = 1.487; d.f. = 2; p-value = 0.475; Remark = Non-significant				
Gender				
Female	43 (56%)	165 (52%)	17 (30%)	225 (50%)
Male	34 (44%)	152 (48%)	39 (70%)	225 (50%)
Total	77 (100%)	317 (100%)	56 (100%)	450 (100%)
Chi-square = 10.228; d.f. = 2; p-value = 0.006; Remark = Highly Significant				
Father's Education				
Higher School	28 (36%)	135 (43%)	26 (46%)	189 (42%)
Graduate & above	49 (64%)	182 (57%)	30 (54%)	261(58%)
Total	77 (100%)	317 (100%)	56 (100%)	450 (100%)
Chi-square = 1.500; d.f. = 2; p-value = 0.472; Remark = Non-significant				
Mother's Education				
High School	20 (26%)	70 (22%)	11(20%)	101(22%)
Higher School	18 (23%)	89 (28%)	14 (25%)	121 (27%)

Graduate &above	39 (51%)	158 (50%)	31(55%)	228 (51%)
Total	77 (100%)	317 (100%)	56 (100%)	450 (100%)
Chi-square = 1.521; d.f. = 4; p-value = 0.823; Remark = Non-significant				
Father's Occupation				
Self Employed	33 (43%)	147 (46%)	28 (50%)	208 (46%)
Private sector	11(14%)	55 (17%)	4 (7%)	70 (16%)
Public Sector	33 (43%)	115 (36%)	24 (43%)	172 (38%)
Total	77 (100%)	317 (100%)	56 (100%)	450 (100%)
Chi-square = 4.708; d.f. = 4; p-value = 0.319; Remark = Non-significant				
Mother's Occupation				
Unemployed	29 (38%)	105 (33%)	19 (34%)	153 (34%)
Self Employed	32 (42%)	136 (43%)	21 (38%)	189 (42%)
Private Sector	8 (10%)	35 (11%)	10 (18%)	53 (12%)
Public Sector	8 (10%)	41 (13%)	6 (11%)	55 (12%)
Total	77 (100%)	317 (100%)	56 (100%)	450 (100%)
Chi-square = 3.187; d.f. = 6; p-value = 0.785; Remark = Non-significant				
Monthly Family Income				
Below 15,000	12 (16%)	88 (28%)	16 (29%)	116 (26%)
15,000 to 30,000	42 (55%)	158 (50%)	26 (46%)	226 (50%)
30,000 to 45,000	17 (22%)	52 (16%)	9 (16%)	78 (17%)
45,000 & above	6 (8%)	19 (6%)	5 (9%)	30 (7%)
Total	77 (100%)	317 (100%)	56 (100%)	450 (100%)
Chi-square = 6.214; d.f. = 6; p-value = 0.400; Remark = Non-significant				
Siblings				
Yes	56 (73%)	204 (64%)	45 (80%)	305 (68%)
No	21 (27%)	113 (36%)	11 (20%)	145 (32%)
Total	77 (100%)	317 (100%)	56 (100%)	450 (100%)
Chi-square = 6.623; d.f. = 2; p-value = 0.036; Remark = Significant				
Order of Birth				
First Born	47 (61%)	201 (63%)	26 (46%)	274 (61%)

Middle Born	11 (14%)	38 (12%)	12 (21%)	61 (14%)
Last Born	19 (25%)	78 (25%)	18 (32%)	115 (26%)
Total	77 (100%)	317 (100%)	56 (100%)	450 (100%)
Chi-square = 6.506; d.f. = 4; p-value = 0.164; Remark = Non-significant				
Staying with Grandparents				
Yes	49 (64%)	196 (62%)	32 (57%)	277 (62%)
No	28 (36%)	121 (38%)	24 (43%)	173 (38%)
Total	77 (100%)	317 (100%)	56 (100%)	450 (100%)
Chi-square = 0.612; d.f. = 2; p-value = 0.736; Remark = Non-significant				
Types of family				
Nuclear	47 (61%)	217 (69%)	40 (71%)	304 (68%)
Joint	30 (39%)	100 (31%)	16 (29%)	146 (32%)
Total	77 (100%)	317 (100%)	56 (100%)	450 (100%)
Chi-square = 1.992; d.f. = 2; p-value = 0.369; Remark = Non-significant				
History of Detention				
Yes	12 (16%)	77 (24%)	18 (32%)	107 (24%)
No	65 (84%)	240 (76%)	38 (68%)	343 (76%)
Total	77 (100%)	317 (100%)	56 (100%)	450 (100%)
Chi-square = 5.060; d.f. = 2; p-value = 0.080; Remark = Non-significant				
Participation of Mass Protest				
Yes	40 (52%)	131 (41%)	20 (36%)	191 (42%)
No	37 (48%)	186 (59%)	36 (64%)	259 (58%)
Total	77 (100%)	317 (100%)	56 (100%)	450 (100%)
Chi-square = 4.048; d.f. = 2; p-value = 0.132; Remark = Non-significant				
Consultation about mental health problem				
Yes	5 (7%)	24 (8%)	6 (11%)	35 (8%)
No	72 (93%)	293 (92%)	50 (89%)	415 (92%)
Total	77 (100%)	317 (100%)	56 (100%)	450 (100%)
Chi-square = 0.869; d.f. = 2; p-value = 0.648; Remark = Non-significant				

The above table 7.3 shows the chi square analysis to find the relation between perceived social support and the various socio demographic variables under study. It is observed from the table that there is no significant relation between perceived social support and the educational qualification or attainment of the study sample which is indicated by the chi square value 4.13 and the corresponding p-value $0.38 > 0.05$. It is seen from the table that 31%, 34% and 34% of adolescents belonging to 6th standard have high, moderate and low level of perceived social support. Similarly, 35%, 31% and 43% of the 7th std adolescents have high, moderate and low level of perceived social support. Further it is also seen that 34%, 35% and 23% of 8th std have high, moderate and low level of perceived social support.

Further it is seen from the table that there is no significant relationship between age range and the levels of perceived social support among the study sample which is indicated by the chi square value = 1.48 and the corresponding p-value = $0.47 > 0.05$. It is observed from the table that 46%, 45% and 54% of the sample between the age range of 11-12 years have high, moderate and low level of perceived social support as compared to 54%, 55% and 46% of adolescents belonging to the age range of 12-14 yrs old.

Later, gender were also analysed to have a significant relationship with perceived social support, which were found to be significant as indicated by the chi square value = 10.22 and the corresponding p value $0.006 < 0.01$. It is further seen from the table that female had higher level of perceived social support as compared to male as 56%, 52% and 30% of female and 44%, 48% and 30% of male had high, moderate and low level of perceived social support.

The relation between father's educational qualification and perceived social support were also analysed and found to have no significant relationship as indicated by the p value $0.42 > 0.05$. It is seen that 36% and 64% of father who had studied up to higher school and graduate and above have high level of perceived social support. Later it is also seen that 43% and 46% of the study sample who their father studied up to higher school level had moderate level of perceived social support and the remaining 57% and 54% of the study sample had low level of perceived social support. Similarly, the relation between mothers educational qualification were also included and found that mother's educational qualification has nothing to do with

perceived social support as indicated by the p value $=0.823 > 0.05$. It is seen that 26%, 23% and 51% of study sample whose mother had studied up to high school, higher school and graduation and above had high level of perceived social support.

Further parental occupations also analysed to determine if there is any significant relationship with perceived social support. Chi square analysis does not reveal a significant relationship between father's occupations and mother's occupations indicated by the chi square value of 4.70 and 3.18 and their corresponding p -value 0.31 and 0.78 respectively. The percentage wise distribution of high, moderate and low level of perceived social support among the study samples are given in the table.

The relationship between monthly family income with perceived social support were also analysed and found to be of no significant relationship as indicated by the p value $0.4 > 0.05$. The disparities in the level of distribution of high, moderate and low level of perceived social support are given in the table.

Later the relationship between the presence of siblings and perceived social support were analysed and found to have a significant relationship as indicated by the p value $0.03 > 0.05$. It is seen that 7373% of the adolescents having siblings have higher level of perceived social support as compared to the 27% of those with no siblings.

The relationship between birth order and perceived social support were also analysed and found no significant relationship at the p -value $0.16 > 0.05$. The distribution of high, moderate and low level of perceived social support among the study samples are given in the table. Further effort were also made to understand the relationship between staying with grandparents and perceived social support were analysed and found to have no significant relationship as indicated by the p -value $0.73 > 0.05$. The type of family were also analysed to determine if there is any significant relationship with perceived social support. The p -value $0.36 > 0.05$ indicates that there is no significant relationship between the two. The disparities in the levels of perceived social support among the study samples belonging to joint and nuclear families are given in the table.

Later, history of detention or repetition of a school year were also analysed to determine if it has a significant relationship with perceived social support. The chi

square analysis reveal no significant relationship as indicated by the p-value $0.08 > 0.05$. Further the relation between participation in mass protest and perceived social support were analysed and found to be not significant as indicated by the p value $0.13 > 0.05$. It is seen from the table that 52%, 41% and 36% of the adolescents who have participated in mass protest had high, moderate and low level of perceived social support as compared to 48%, 59% and 64% of the sample had high, moderate and low level of perceived social support. Further consultation with mental health professionals were also analysed and found that there is no significant relation with perceived social support as indicated by the p-value $0.64 > 0.05$. The distribution of different levels of perceived social support among adolescents having had or no consultation with mental health professionals are given in the table.

Table No. 7.4

Socio-demographic characteristics and overall emotional and behavioural problems of the study samples

Socio-demographic variables	Overall emotional and behavioural problems			
	Average	Slightly Rise	High	Total
Educational qualification				
6 th Standard	106 (37%)	35 (29%)	9 (22%)	150 (33.3%)
7 th Standard	85 (29%)	47 (39%)	18 (44%)	150 (33.3%)
8 th Standard	97 (34%)	39 (32%)	14 (34%)	150 (33.3%)
Total	288 (100%)	121 (100%)	41 (100%)	450 (100%)
Chi-square = 7.139; d.f. = 4; p-value = 0.129; Remark = Non-significant				
Age Range				
11 to 12 yrs	140 (49%)	53 (44%)	14 (34%)	207 (46%)
12 to 14 yrs	148 (51%)	68 (56%)	27 (66%)	243 (54%)
Total	288 (100%)	121 (100%)	41 (100%)	450 (100%)
Chi-square = 3.345; d.f. = 2; p-value = 0.188; Remark = Non-significant				
Gender				
Female	144 (50%)	60 (50%)	21 (51%)	225 (50%)

Male	144 (50%)	61 (50%)	20 (49%)	225 (50%)
Total	288 (100%)	121 (100%)	41 (100%)	450 (100%)
Chi-square = 0.033; d.f. = 2; p-value = 0.984; Remark = Non-significant				
Father's Education				
Higher School	118 (41%)	51(42%)	20 (49%)	189 (42%)
Graduate & above	170 (59%)	70 (58%)	21(51%)	261(58%)
Total	288 (100%)	121(100%)	41(100%)	450(100%)
Chi-square = 0.900; d.f. = 2; p-value = 0.638; Remark = Non-significant				
Mother's Education				
High School	68 (24%)	28 (23%)	5 (12%)	101(22%)
Higher School	72 (25%)	33 (27%)	16 (39%)	121(27%)
Graduate & above	148 (51%)	60 (50%)	20 (49%)	228 (51%)
Total	288 (100%)	121 (100%)	41(100%)	450 (100%)
Chi-square = 4.840; d.f. = 2; p-value = 0.304; Remark = Non-significant				
Father's Occupation				
Self Employed	121(42%)	66 (54%)	21(51%)	208 (46%)
Private sector	47 (16%)	18 (15%)	5 (12%)	70 (16%)
Public Sector	120 (42%)	37 (31%)	15 (37%)	172 (38%)
Total	288 (100%)	121 (100%)	41 (100%)	450 (100%)
Chi-square = 6.352; d.f. = 4; p-value = 0.174; Remark = Non-significant				
Mother's Occupation				
Unemployed	100 (35%)	42 (35%)	11 (27%)	153 (34%)
Self Employed	111 (39%)	60 (50%)	18 (44%)	189 (42%)
Private Sector	35 (12%)	9 (7%)	9 (22%)	53 (12%)
Public Sector	42 (15%)	10 (8%)	3 (7%)	55 (12%)
Total	288 (100%)	121 (100%)	41 (100%)	450 (100%)
Chi-square = 12.440; d.f. = 6; p-value = 0.053; Remark = Non-significant				
Monthly Family Income				
Below 15,000	63 (22%)	42 (35%)	11(27%)	116 (26%)
15,000 to 30,000	143 (50%)	62 (51%)	21(51%)	226 (50%)

30,000 to 45,000	58 (20%)	13 (11%)	7 (17%)	78 (17%)
45,000 & above	24 (8%)	4 (3%)	2 (5%)	30 (7%)
Total	288 (100%)	121 (100%)	41 (100%)	450 (100%)
Chi-square = 13.304; d.f. = 6; p-value = 0.038; Remark = Significant				
Siblings				
Yes	201 (70%)	76 (63%)	28 (68%)	305 (68%)
No	87 (30%)	45 (37%)	13 (32%)	145 (32%)
Total	288 (100%)	121 (100%)	41 (100%)	450 (100%)
Chi-square = 1.907; d.f. = 2; p-value = 0.385; Remark = Non-significant				
Order of Birth				
First Born	176 (61%)	75 (62%)	23 (56%)	274 (61%)
Middle Born	39 (14%)	17 (14%)	5 (12%)	61 (14%)
Last Born	73 (25%)	29 (24%)	13 (32%)	115 (26%)
Total	288 (100%)	121 (100%)	41 (100%)	450 (100%)
Chi-square = 0.990; d.f. = 4; p-value = 0.911; Remark = Non-significant				
Staying with Grandparents				
Yes	178 (62%)	75 (62%)	24 (59%)	277 (62%)
No	110 (38%)	46 (38%)	17 (41%)	173 (38%)
Total	288 (100%)	121 (100%)	41 (100%)	450 (100%)
Chi-square = 0.175; d.f. = 2; p-value = 0.916; Remark = Non-significant				
Types of family				
Nuclear	196 (68%)	84 (69%)	24 (58%)	304 (68%)
Joint	92 (32%)	37 (31%)	17 (42%)	146 (32%)
Total	288 (100%)	121 (100%)	41 (100%)	450 (100%)
Chi-square = 1.747; d.f. = 2; p-value = 0.418; Remark = Non-significant				
History of Detention				
Yes	45 (16%)	43 (35%)	19 (46%)	107 (24%)
No	243 (84%)	78 (65%)	22 (54%)	343 (76%)
Total	288 (100%)	121 (100%)	41 (100%)	450 (100%)
Chi-square = 31.312; d.f. = 2; p-value = 0.000; Remark = Highly significant				

Participation of Mass Protest				
Yes	115 (40%)	59 (49%)	17 (42%)	191 (42%)
No	173 (60%)	62 (51%)	24 (58%)	259 (58%)
Total	288 (100%)	121(100%)	41(100%)	450 (100%)
Chi-square = 2.737; d.f. = 2; p-value = 0.254; Remark = Non-significant				
Consultation about mental health problem				
Yes	12 (4%)	10 (8%)	13 (32%)	35 (8%)
No	276 (95%)	111 (92%)	28 (68%)	415 (92%)
Total	288 (100%)	121(100%)	41(100%)	450 (100%)
Chi-square = 38.007; d.f. = 2; p-value = 0.000; Remark = Highly significant				

Table no. 7.4 This table represents the combined chi-square analysis to determine the relationship between various socio demographic characteristics with Emotional behavioral problems among early adolescents. It is observed from the above table that, the educational qualification of the study sample does not have a significant relationship with emotional behavioral problems as indicated by the p-value $0.12 > 0.05$. It is seen that 37%, 29% and 22% of the study sample belonging to 6th std had average, slightly raised and high on Emotional behavioral problems. Similarly 29%, 39% and 44% of the study sample belonging to 7th std had average, slightly raised and high level of emotional behavioral problems. Further it is seen that 34%, 32% and 34% of the study sample had average, slightly raised and high level of emotional and behavioral problems.

The age range and its relationship with emotional behavioral problems were also analysed and found not to be significant, as indicated by the p-value $0.18 > 0.05$. It is seen from the table that the percentage of average, slightly rise and high levels of emotional and behavioural problems of 11 to 12 years age group of adolescents were 49%, 44% and 34%, respectively, and for 13 to 14 years age group of adolescents were 51%, 56%, and 66% respectively.

The relationship between gender and emotional behavioral problems were also found to be not significant as indicated by the p-value $0.98 > 0.05$. It was found from the table that the percentage of average, slightly rise and high levels of

emotional and behavioural problems of female adolescents were 50%, 50% and 51%, respectively and for male adolescents were 50%, 50%, and 49% respectively.

Parental educational qualification and its relationship with emotional behavioral problems were also analysed and found that father's education has no significant relationship with emotional behavioral problems as indicated by the p-value $0.63 > 0.05$. Similarly, it is also seen that mother's educational qualification has no significant relation with the emotional behavioral problems of the study sample as indicated by the p-value $0.34 > 0.05$. It is also observed that 12% of the study sample who had their mother studied up to high school, 39% of them had up to higher school and 49% up to graduation and above had high emotional and behavioural problems. Further parental occupations and its relationship with emotional behavioral problems among the study sample were analysed and found to be not significant as indicated by the p-value $0.17 > 0.05$. It is observed that 51% of the sample with self-employed father, 12% with father working in private sector and 37% of them whose fathers work in public sector had high level of emotional and behavioural problems. Similarly, the relationship between mother's occupation and emotional behavioral problems were analysed and was found to be not significant as indicated by the chi square value of 12.4 with corresponding p-value $0.053 > 0.05$. It is observed from the table that 27% of the sample with unemployed mother, 44% with self-employed, 22% who worked in a private sector and 7% of the sample whose mother worked in a public sector had high level of emotional and behavioural problems.

The monthly family income were also analysed and found that there is a significant relationship between monthly family income and the emotional behavioral problem among the study sample as indicated by the chi square value = 13.30 with the corresponding p-value $0.03 < 0.05$. Early adolescents belonging to higher income group have lesser emotional behavioral problems than the other categories. The cases of high emotional problems were observed to be more in the low income group.

Further, the presence of siblings and its relationship with emotional behavioral problems were also analysed and was not found to be significant as indicated by the p-value $0.38 > 0.05$. It is observed from the table that 70% of the

participants having siblings have lower level of emotional behavioral problems as compared to 30% having no sibling.

The relationship between birth order of the participants and emotional behavioral problems were also analysed and were not found to be significant as indicated by $p\text{-value} = 0.91 > 0.05$. It is observed from the table that the levels of emotional behavioral problems are unevenly distributed over the three categories of birth order. However the first born have higher level of emotional behavioral problems as compared to the other order of birth.

Further the relationship between staying with or without grandparents and emotional behavioral problems were analysed, which were not found to be significant as indicated by the $p\text{-value} 0.91 > 0.05$. Majority of the participants stays with their grandparents and it is also observed that 59% of adolescents having higher level of emotional behavioral problems stay with their grandparents as compared to 41% of the adolescents who stays with their grandparents and having high level of emotional behavioral problems. The relation between types of families were also determined and was not found to be significant as indicated by the $p\text{-value} 0.41 > 0.05$. It is observed that 58% of the study sample who had higher level of emotional behavioral problems belongs to Nuclear family while 42% of them belonged to joint family.

History of detention and its implication with emotional behavioral problems were analysed and found to have a significant relationship as indicated by the $p\text{ value } 0.00$. It is observed from the findings that adolescents with no history of detention had higher emotional and behavioural problems as compared to adolescents with the history of detention as the percentage of participants without history of detention were 54% and for those with the history of detention as 46%. Similarly for 'slightly raised' level of emotional behavioral problems adolescents with no history of detention were higher i.e.65% as compared to those with the history of detention i.e.35%.

Later the relationship between emotional behavioral problems and participation of the study sample in any mass protest were also determined and was not found to be significant which is indicated by the $p\text{-value} 0.25 > 0.05$. It is observed from the table that the percentage of average, slightly raised and high

levels of emotional and behavioural problems of adolescents participated in mass protest were 40%, 49% and 42%, respectively, and for adolescents not participated in mass protest were 60%, 51%, and 58% respectively.

Further the relation between the consultation with mental health professionals and emotional behavioral problems were analysed and found to be highly significant as indicated by the p-value 0.00. It is observed from the table, that the participants who have not had any consultation with mental health professionals have higher emotional behavioral problems than those who have consulted.

CHAPTER V

DISCUSSION

The first section of the study emphasized on the psychometric adequacy of the psychological measures been used for the entire research. The psychological tools used were originally made for other culture and therefore may not carry their identical psychometric properties when taken into another cultural milieu and may not be suitable to use unless preliminary checks are made. Therefore in order to eliminate the differences on cultural norms, the reliability and predictive validity were employed to confirm the psychometric adequacy of the scales used for the study. Cronbach Alpha reliability test were utilised and the overall reliability score emerged to be satisfactory which indicates that the trustworthiness of the scale namely – Generalised Self Efficacy Scale (Schwarzer and Jerusalem, 1995), Strength and Difficulties Questionnaire (Goodman, 1997) and Child and Adolescents Social Support Scale (Malecki et al, 2000). The overall internal consistency reliability of Generalized Self Efficacy was 0.799 which indicates acceptable reliability. Similarly, the Cronbach Alpha for Strength and Difficulties Questionnaire (SDQ) was found to be 0.87 indicating good reliability. Further, the subscales of SDQ namely emotional problems, conduct problems, hyperactivity and peer problem were found to be indicative of good to excellent reliability with the corresponding Cronbach alpha reliability score of 0.93, 0.71 and 0.97 respectively. Similarly, the cronbach alpha reliability score for Child and Adolescents Social Support Scale (CASSS) was also found to be 0.94 which is indicative of excellent reliability. The subscales of CASSS were also further analysed and found to be of excellent reliability i.e. Parents support ($\alpha = 0.91$), teachers' support ($\alpha = 0.86$), classmate support ($\alpha = 0.90$), close friend support ($\alpha = 0.68$) and people in the school support ($\alpha = 0.95$). It is observed that the scales used for the present study is of excellent psychometric adequacy and can be used for the target populations.

The second section of the study mainly targeted to study the relationship between academic performance and self efficacy, perceived social support and the emotional behavioral problems. As it is observed from the result section, that there is a positive relation between self efficacy and academic performances of the early adolescents as indicated by the $p \leq 0.01$. This indicates that higher the self efficacy,

higher is the academic performance i.e adolescents with higher self efficacy has a higher academic performance and vice versa. This may be explained in a sense where adolescents with high self efficacy are more determined takes in more challenging task by putting more efforts and persisting longer (Bandura 1997; Schwarzer, 1992). The finding is consistent with the finding by Turner, Chandler and Heffer (2009) which found that students with high self efficacy are believed to be positively motivated in academic activities and possess positive attitude that drive towards their further higher studies. Louis and Mistele (2011) also found self efficacy to be a good predictor of the achievement score. The strong connections between self efficacy and academic achievement have also been found by many researchers across the globe which not only confirms the strong connections but also as a strong predictor of academic performance (Multon & Leni, 1991; Motlagh et al 2004; Carrol et al, 2007; Louis & Mistele, 2011; Tenaw, 2013 cited in Basith et al, 2020). Therefore according to the findings, self efficacy can be considered as a vital force or belief which enables and enhances human motivation and commitment to accomplish their goals. Adolescents who have belief in their capabilities tend to work towards their goal and therefore it can be considered as a crucial factor in accounting for academic performance (Hwang et al, 2015). It can also be concluded that it is this belief that makes the difference between how adolescents approach or avoid towards their targeted goals. A Study by Kommaraju and Naddler (2013) indicated that students with low self efficacy tends to believe that intelligence is innate and unchangeable whereas high self efficacious students believes that intelligence is about mastery of goals and targets which can be attained through appropriate knowledge acquisition in addition to focussing on performance. It can also be considered that self efficacy enhances in the development of grit among young adolescents which not only act as a driving force but also as a self regulatory mechanism (Rosal et al, 2017) which aids in holding on to and moving forward despite difficulties and setbacks (Maddux & Volkman, 2010). This regulatory mechanism may not only determine their goals but also adapt, cope and persists in times of difficulties (Scott, Lynch & Esphanade, 2005; Heslin & Klehe, 2006) which contribute to their high school grades (Capara et al. 2011). Therefore, from the research findings and literatures supporting the significant correlation between self

efficacy and academic performance, it can be concluded that early adolescents with high self efficacy are more determined and takes in more challenging tasks by putting more efforts and persisting longer (Bandura 1997; Schwarzer, 1992). This self efficacy belief that adolescents hold regarding their abilities to succeed may be a key to their development of a strong academic achievement and enhances their resiliency. The wide range of literatures in supporting the finding of the current study is strong enough to conclude that there is a significant positive correlation between Self efficacy and Academic performance among early adolescents and hence the hypothesis is accepted.

Further it was hypothesized that there will be a strong positive correlation between perceived social support and academic performance among early adolescents. As shown in the result section, it has been observed that there is a significant positive relation ($r=0.219$, $p \leq 0.01$) between perceived social support and the academic performance among the early adolescents. Since it is known from the literature section, that a wide range of research have emphasized that social context play an important role in determining a students or an adolescents where social support have been considered as an essential influence as the adolescents are also more inclined towards these social connection and support . The finding of the current study is consistent with and supported by the previous study done by Rosenfeld et al(2000); Dubow et al(1991); Yasin and Dzulkifli (2011);Robin et al (2004) and Domagala and Zysk (2006) which found a significant relationship between social support and academic achievement among students. Further, studies conducted by Goodenow,1993; Levitt et al,1994;Wentzal, 1998 also found that adolescents who perceived the parents, peers, teachers as supportive perform better than their counterparts. Further, it is also supported by the finding by Steinberg and Darling (2005) where they found that students with high support from family and friends has a greater influences on adolescents' educational achievement and long term educational plans. Also studies conducted by Deberad et al (2004) partially supported the findings where they found that perceived social support uniquely predicted future academic achievement over a variety of variables like high school GPA, smoking and coping behavior. The significant positive correlation between

perceived social support and academic performance among the study population aids in considering that higher the perceived social support, higher is their academic performance. This may further be explained that the presence of social support influences academic achievement through motivational and affective pathways which then tend to reflect higher level of academic achievement and social emotional competence (Wondimu et al, 2010).

The present study also attempted to explore the relationship between the different domains of perceived social support i.e parents, teachers, classmates, close friends and people at the school support and the academic performance among the early adolescents. It is well observed from the statistical analysis that there is a significant positive correlation between teachers' support ($r = 0.24$, $p = 0.00 \leq 0.01$), classmates support ($r = 0.25$, $p = 0.00 \leq 0.01$), close friends supports ($r = 0.27$, $p = 0.00 \leq 0.01$) and people at the school support ($r = 0.10$, $p = 0.02 \leq 0.01$). However, parental support ($r = 0.02$, $p = 0.62 \geq 0.01$) fails to establish a significant correlation with academic performance though positive it were. Therefore from the findings it is clearly observed that there is significant positive relation between teacher's, classmates, close friends and people at the school's support and the academic performance of the early adolescents which implies that their academic performances increased when they have support from various sources. Since adolescents are known to be more inclined towards their peers and schools as they spend most of their time at school. Apart from the social and emotional needs, adolescents are also known to have certain developmental needs which usually comprises of high quality friendships, peer acceptance and close relationships not only with family members but also with the non familial adults like teachers and other significant people (Brown, 2004; Eccles & Roeser, 2011) which enhances their motivation and positive adjustment in school (Deci et al, 1991). It is observed from the result and analysis that teachers', close friends' and peer support as well as the support from people in the school have been found to have a highly significant correlation with the academic performance among the early adolescents. The finding is consistent with various study which suggest that teachers and peers support can have a profound influence on students success (Wang & Eccles, 2013) . The interaction with teachers and peers

play an important role in supporting young adolescents' academic classroom engagement and a sense of belonging to school (Wentzal et al,2010; Wentzal & Wifield,2007). Further a study done by Kiefer, Alley and Ellerbrock (2015) on middle school going young adolescents to investigate teachers and peers support on academic motivation, classroom engagement and school belonging which in turn facilitates their learning environment. This facilitation which enhances their learning environment in turn will enhance their academic performance in the long run. Teachers support may be in the form of informational, non controlling languages and gestures like constructive criticism (Assor & Kaplan, 2002). Not only teachers, peers can also be a source of support in sharing valuable intellectual information and resources which induces desirable behavior and learning skills (Schunk,1987 and Wentzal,1993). Peers support can be considered as one of the basic developmental needs and the perception of their peer support has been associated with success in school (Goodenow, 1993; Anderman, 2003;Bishop & Pflaum,2005). Yeo et al (2016) also demonstrated that adolescents spend a large amount of time with their peers at school and therefore it can be considered to have some influences in their academic achievement and other academic related activities. Further, Fuligni et al (2001) also found that peer support plays a significant role in influencing students' academic engagement. Similar findings were demonstrated by Steinberg et al (1995). Apart from teachers, close friends and classmates, other people at school's support were also found to be significant and supported by the findings by Jackson & Davis who found that the presence of atleast one non familial adult in school who understand their needs and make them feel cared for makes them comfortable which increases their chances of being successful. The previous findings are supportive enough to conclude that perceived social support from close friends, teachers and classmates as well as people in the school plays a significant role in the academic performance of the study population i.e higher the perceived social support, higher is the academic performance. However it is observed that the parental supports fails to establish a significant relationship ($r = 0.023$, $p\text{-value } 0.62 > 0.01$) with academic performance among the early adolescents. This finding is contradictory to the well known notion that parental support is one of the most important source of supports that a child needs and have a significant impact on academic performance (Cutrona et al,1994;

Sanders, 1998; Dennis et al, 2005; Bean et al.2006) these parental support are usually in terms of providing intellectual resources like books, monitoring and time around, helping in their homework and spending time with them discussing their academic related matters. Children who experiences such supports are known to better behaved, better motivated to learn and devote more time to academics and perform better than their counterparts (Yao 1985, Schneider & Lee, 1990; Chao & Sue, 1996). The correlation between parental support and academic performance in the present study is no doubt positive but statistically fails to establish significant relationship. However, this contradictory result is supported by other research which also found a non-significant relationship between perceived parental support and academic performance or achievement of adolescents (Milne et al,1986; Amato & Keith,1991; Singh et al,1995). The study by Chen (2006) also found conflicting results which was explained in the sense that adolescents find it conflicting with their developmental need where they start to seek for autonomy and detachment from their parents and further develops the desire to rely on their own efforts (Furman & Buhrmester,1992; Fuligni & Eccles, 1993) which further prove to be interfering with their needs and thereby creating an adverse reaction (McNeal,1999). Further , this contradictory result may be attributed to the unexplored pattern of parenting style and other socio demographic variables in the present study as suggested by Masud et al (2019) where parenting style can also be independently associated with academic performance in adolescents. However, the overall perceived social support comprising of all the domains i.e. parental, teachers', close friends, classmates' and people in the school has been found to have a significant positive correlation with academic performance among early adolescents and hence our hypothesis is accepted. The wide range of previous studies as well as the present research findings adds to the existing pool of knowledge that social context play an important role in determining students and have considered parents, teachers and peers as a source of significant influence on the academic performance.

The study was further attempted to study the relationship between Emotional-behavioral problems and academic performance among the early adolescents. It is evident from the statistical analysis that there is a significant inverse relationship ($r =$

-0.41, p -value $0.000 \leq 0.01$) between emotional-behavioral problems and academic performance which indicated that higher the emotional behavioral problems lower is the academic performance and vice versa. The finding is found to be consistent and supportive with the findings that the presence of emotional-behavioral problems deteriorate adolescents' academic performance and achievements (Hindsaw,1992; Bardone et al.1996; Roeser et al.1998; Beriga et al, 2002; Skaalshi & Smith,2006; Jaycox et al.2009; Demary & Jetkins,2011; Soomro & Clarbour, 2012; Sitjsema et al.2014; Riglin et al.2014. The various domains of emotional behavioral problems such as emotional symptoms, conduct problem, hyperactivity and peer problems were further analysed and found to have a significant inverse relationship with the academic performance of the early adolescents. The emotional symptoms such as features of depression and anxiety were found to be inversely correlated with academic performance ($r = -0.10$, p value $0.03 \leq 0.05$) i.e. higher the emotional symptoms, the academic performance drops down. The finding is consistent with the previous study that children with anxiety disorder and depressive symptoms shows lower level of school functioning, difficulty concentrating, school anxiety and negative attitude which in turn affects the students' academic performance (Mychailysyn et al, 2010; Beriga et al ,2002). The result is further supported by study done by Riglin et al,2014 and Levin (2008) which reported that depression, anxiety and other internalising behavior is associated with increased school failure, which may be due to the interference of anxiety in learning due to its rigid thinking and limited intellectual processing which reduces the limitation to reorganise and process new information necessary for learning. These anxiety and depressive symptoms are known as internalising problems which are often neglected or hardly receives any professional care. The presence of these internalising problems and the lower academic performance may also be attributed to the hindrance cause by anxiety to academic performance as it lead to impaired cognitive functions, troubles with recall and difficulty concentrating (Ma,1996; Wood, 2006 and Levine,2008). The finding is further supported by the study done by Verboom et al (2014) where a bidirectional relation between depressive symptoms and academic performance were found i.e higher level of depressive problem was related to lower academic performance and also decrease in academic performance was also associated with increased in

depressive problems. It is further supported by the longitudinal studies which indicated that children with anxious or internalising symptoms score significantly low in academic and even predicted more depressive or anxious symptoms in the following school year (Grover et al.2007; Weidman et al, 2015)

The other domains of emotional behavioral problems such as conduct problems and hyperactivity were further analysed and found to have significant ($r = -0.38$ & -0.373 respectively with p - value $0.000 \leq 0.01$) inverse relationship with academic performance among the early adolescents. The features of Hyperactivity and conduct problems are usually manifestation of externalising problems in children and adolescents which has been associated with direct negative effect on adolescents' school performance (Miech et al, 1999). Similar findings were also reported by VanLier et al (2012), where they found small to moderate negative effect in the direction of early behavioral difficulties and lower academic achievement in middle and high school going children. Further, the bidirectional relationship between externalising problems and academic achievement from fifth to ninth grade German and U.S Children (Zimmerman et al.2013; Okana et al.2020). This inverse relationship indicates that higher the presence of conduct problems leads to lower academic performance which is consistent with the finding that conduct problems lead to reduced classroom productivity (Moilanen et al, 2010; Soomro & Clarbour, 2012). Moreover the hyperactivity problem behaviours has been consistently associated with academic achievement and tend to display poorly in math, reading, language, and global measures of academic achievement (e.g., Adams, Snowling, Hennessy, & Kind, 1999; Barriga et al., 2002; DuPaul, 1991; Fergusson & Horwood, 1995; Merrell & Tymms, 2001; Rapport et al., 1999). Also it has been reported to predict academic achievement assessed up to 10 years later (Fergusson, Lynskey, & Horwood, 1997; McGee, Prior, Williams, Smart, & Sanson, 2002; Rabiner & Malone, 2004; Rapport et al., 1999). The wide range of studies and the current result indicates that externalising behavioral problems is associated with low academic performance and vice versa. The strength and difficulties questionnaire used for the study also measured the peer relationship problem, which is also found to have a significant inverse relationship ($r = -0.27$, p value $0.00 \leq 0.01$) with academic

performance which indicates that early adolescents who had difficulty in forming and maintaining peer relationship usually have lower academic performance. Steinberg (2005) mentioned that peer group plays a significant role in social, emotional and academic development of students which usually begins at early childhood and then persists into teenage and youth. And further emphasised that academic performance is multidimensional which encompasses a student's ability and performance which is associated to human growth and emotional and social development. Therefore, the inverse relationship between peer relationship problems and academic performance among the early adolescents in the present study may be attributed to the fact that adolescents who fail to establish a healthy relationship with peers or not being able to be part of a group might have affected their socio-emotional growth which hampers their motivation and orientation towards their academic performance. Since adolescents spend most of their time at school in the company of their peers having both good and bad experiences (Ladd,1990 and Junonen,2018) serves as one of the most important source of socialisation as well as reference group (Thijs &Verkuyten,2013) as it is their social arena for coordinating school activities within and outside school (Cavicchiolo et al, 2022). Based on this empirical and theoretical foundation, it can be assumed that adolescents having problems in establishing and maintaining peer relationship may have difficulties in academics as the influence of peers on academic development begins at an early age which increases through teenage (Steinberg, 2005). Therefore, it can be concluded that early adolescents who has difficulties in peer relationship may also have difficulties in their academic performance. Since it has been observed that there is a significant inverse relationship emotional behavioral and its various domains with the academic performance among the early adolescents and hence the third hypothesis of the study is been accepted.

The third section of study attempted to explore the differences in the degree or extent of self efficacy, perceived social support and emotional behavioral problems among the various categories of academic performance. It was hypothesised that there will be significant difference in the levels of the studied variables among the adolescents in the low, average and high category of academic

performances. The statistical analysis reveals that there is a significant difference in self-efficacy among various categories of academic performances as evident by the p- value ≤ 0.01 . The finding reveals that adolescents in the high category of academic performance has higher self efficacy as indicated by their mean value of 32.57 which is higher than the mean value of average category i.e 29.70 and the low category i.e 22.50 respectively. This finding further strengthen the relationship between self efficacy and academic performance as indicated in the previous section of the study i.e. higher the self efficacy higher is the academic performances and the other way around. Self-efficacy has been known as the most powerful self agent to enhance human motivation to accomplish the desired goal and is also an essential factor in human activities (Bandura, 1997). The results reflects that adolescents with higher level of academic performance has higher level of self-efficacy as compared to the other categories i.e. average and low academic performance which can be explained through the concept given by Bandura (1997) on social cognitive theory where he emphasized the ways through which an individual can develop and maintain a strong sense of self efficacy. One of the ways is through 'Performance accomplishment', in which a person's own experiences of success or failure determine his self-efficacy. This further means that if a person is successful in completing or mastering a task, his sense of self efficacy will enhance while failure in mastering the task will decrease his self efficacy. Bandura further emphasized performance accomplishment as the most important source of self efficacy which later affects their overall self concept. Therefore, the pattern of high self efficacy among the early adolescents in the present study may be attributed to their sense of accomplishment which they gained through the mastery of their goals by doing well in the academics which in turn enhances their sense of self efficacy as compared to those who are not able to perform up to the mark or higher level. This strong sense of self efficacy can further enhance their motivation and commitment to accomplish their goals.

Further, the present study also hypothesized that there will be a significant difference in the level of perceived social support among the adolescents belonging to different categories of academic achievement, i.e. low, average and high level of academic performance. Statistical analysis reveals a significant difference (p-value

0.000 \leq 0.01) in perceived social support among the early adolescents in varying categories of academic performance. It is observed from the analysis that adolescents with high academic performance have higher level of perceived social support with the mean score of 268.83, as compared to the average and low academic performance with the mean score of 258.98 and 253.25 respectively. The result indicates that adolescents with high academic performance have higher level of perceived social support receiving more social support perform better in academics. This can further be considered that adolescents. This finding is supported by the previous studies which found that students with high level of social support from parents, peers and teachers achieve better grades as well as have a greater influence on educational achievement and long term educational plans than those without such supports (Stienberg & Darling, 2005; Goodenow et al., 1993; Levitt et al., 1994; Wentzal, 1998; Rosenfeld et al., 2000; and Dubow et al. 1991).

The different domains of perceived social support namely- parental, close friends, classmates, teachers' and people in the schools were also analysed separately. It is observed from the statistical analysis that there is no significant difference in the parental support (p value 0.75 $>$ 0.01) among the three categories of academic performance as indicated by their mean score i.e 58.86, 58.58 and 59.28 respectively. These mean differences were found to be minimal and hence there are not many differences in the level of parental support. However, the differences in the classmate's supports reveal a significant difference (p value 0.00 \leq 0.01) among the adolescents belonging to the varying categories of academic performance. The mean score of high academic performance category are found to be 49.69 which is higher than the other two categories. The mean score for average and low level of academic performance were 46.44 and 45.00 respectively. Similarly, the close friends support were also analysed and found to have a significant difference (p value 0.00 $<$ 0.01) among the three categories where early adolescents belonging to high academic performance category have higher classmates' support with the mean score of 60.95 as compared to the other categories i.e average academic performance with mean score of 58.28 and the least among the low academic performance with the mean score of 56.07. Further, a significant difference were also found in the level of

teacher's support among the adolescents belonging to different group of academic performance with the high academic performance category having higher teachers' support with the mean score of 52.00 as compared to 48.77 and 48.24 for average and low category of academic performance respectively. Finally, the level of support from the 'people in the school' were also analysed and found not to have any significant differences among the adolescents belonging to different academic performing categories. The mean score for the three categories were found as 47.08, 46.92 and 45.62 for high, average and low academic performance categories respectively. These mean differences were very minimal and they receive almost similar support from the people in the school irrespective of their academic performance status. However, it is observed and already mentioned in the earlier section that there is a significant differences in the overall perceived social support among the adolescents belonging to the different categories of academic support.

The present study also attempted to explore the differences in the level of emotional behavioral problems among the varying levels of academic performances. The statistical analysis reveals a significant differences among the groups in the emotional-behavioral problems as indicated by the p value $0.00 \leq 0.01$, where the adolescents in the lower level of academic performance scored higher with the mean score of 15.63, followed by the average performing students with mean score of 13.62 and the least by high performing with mean score of 10.95. The sub categories of emotional behavioral problems namely emotional symptoms, Conduct problems, hyperactivity and inattention and peer relationship problems were also analysed. It has been observed from there is no significant differences among the three categories of academic performance on the 'emotional symptoms' as evident by the $p > 0.01$ with the mean score and std. of 3.55 ± 2.10 , 4.48 ± 5.31 and 4.20 ± 1.69 for the high, average and low level of academic performance respectively. The mean difference is very minimal and therefore fails to establish a significant difference. However it can be concluded that adolescents have emotional symptoms irrespective of their status of academic performance. The remaining other domains such as conduct, hyperactivity and inattention and peer relationship problems were found to have significant difference among the adolescents across the various categories of academic

performance. The mean score of conduct problems were found to be highest among adolescents with low academic performance (3.08 ± 1.20), followed by the average category (2.43 ± 1.03) and the least among high academic performing adolescents (1.89 ± 1.31) respectively. This finding is suggestive that adolescents with low academic performance are more prone to conduct problems than their counterparts. Similarly, hyperactivity and inattention were also found to have a significant difference ($p < 0.000 \leq 0.01$) among adolescents belonging to different categories of academic performance. The level or degree of hyperactivity and inattention were found to be highest among low academic performance category with the mean score of 4.86 ± 1.81 , followed by the average and the low academic performance categories with the mean score of 4.66 ± 1.82 and 3.22 ± 1.91 respectively. Further, peer relationship problems were also found to have significant difference among the adolescents belonging to different category of academic performance. Adolescents in the low category of academic performance have higher level of peer relationship problem with mean score of 3.26 ± 1.50 , followed by the average and higher level of academic performance with the mean score of 2.36 ± 1.56 and 2.22 ± 1.52 respectively.

It is observed from the finding that there is a significant difference in the degree or the extent of emotional behavioral problems among the adolescents belonging to varying categories of academic performance as hypothesised. Therefore, the hypothesis that there will be significant differences in the level of emotional behavioral problems among the study sample is proved and accepted.

In the previous section of the discussion, it has been well understood that there is a significant relationship between self-efficacy, perceived social support and academic performance among the early adolescents where these variables were not only significant but also varies according to their level of academic performances. The strong correlation between self efficacy and academic performance has been established as well as the relation between emotional behavioral problems and academic achievement. The vital role of self efficacy has been mentioned in the literature section as well as the result of the present study also reveals a strong connection with the academic performance. Self efficacy has also been known an important factor in maintaining the mental health of adolescents where higher self

esteem has been found to be closely associated with avoidance of sadness and control over their feelings (Rivaz & Fernandez, 1995) and also as a determinant of well being (Carpara et al). Since the study have also established the correlation between academic performance and emotional behavioral problems. Taking the theoretical backgrounds and the assumption that self efficacy might play a vital role in determining the relation between academic performance and emotional behavioral problems, the present study further aimed to explore if there is any moderating role of self efficacy in the existing relationship between academic performance and emotional behavioral problem among the early adolescents. Logistic moderation analysis was applied to explore the moderating effect of self efficacy. It is observed from the analysis that self efficacy is found to bring a slight variation of 0.2% in the relationship between academic performance and emotional behavioral problems. The variation is found to be very minimal to qualify for moderating effect as indicated by the p value > 0.01 . The finding is partially consistent with the study by White (2016) which suggested that self efficacy has a positive relation with GPA and mental health problems have a negative relation with GPA but there is no interaction between these constructs producing an impact on academic performance. Apart from this, there has not been much research or direct studies addressing the moderating effect of self efficacy in the relationship between emotional behavioral problems and academic performance. However, a study on school students in Nigeria have found a significant moderating effect of self efficacy on academic performance and emotion regulation (Iheanyichukwu, Ademji & Omanuwai , 2017). Also a study Rashid et al (2021) explored the moderating effect of Self efficacy on psychological distress, psychosocial adjustment and educational adjustment among the university student was found to be significant. These few studies might serve as the empirical support to suggest that self efficacy definitely has a role in moderating the relationship between academic performance and emotional behavioral problems. However the present study fails to establish the significant moderating effect and therefore the hypothesis that self efficacy has a significant moderating effect is not accepted.

The present study further attempted to explore if there is any significant contribution or the moderation of perceived social support in the relationship

between academic performance and emotional behavioral problems among the early adolescents. Perceived social support is an important variable which is often considered as a buffer between the stressful life events or any undesirable effects of stress (Bliese & Brit,2001; Cankaya, 2002; Clara et al.2003; Uchino,2009). Today's education system has been a source of stress for young adolescents to be able to fit in this competitive world and the presence of social support is very much important as human have a tendency to belong to or have a high quality social relationship. It is clearly understood from the literatures as well as the present study findings, that there is a strong correlation between perceived social support and academic performance. Not only this, but a strong inverse relationship between academic performance and emotional behavioral problems also been observed in the study. Keeping in view that a person's outcome is the dynamic interplay between the individual and the environmental factors, the present study attempted to find if there is any significant role of perceived social support in moderating the relation between academic performance and emotional behavioral problems. It was observed from the moderation analysis that the change or variation brought by the interaction between perceived social support and academic performance on emotional behavioral problems were found to be very minimal i.e around 0.1%. This changes or variation were not strong enough to establish a significant moderating effect of perceived social support in the relationship between academic performance and emotional behavioral problems and therefore the hypothesis that there will be significant moderating effect of perceived social support in the relationship between academic performance and emotional behavioral problems is not accepted as the $p=0.447>0.01$. There has been little or no direct literature done in the past to highlight the moderation of perceived social support in the relationship between academic performance and emotional behavioral problems. However, few studies that centres around the moderating effect of perceived social support centred around the buffering and as well as predictive factor against stressful life event such as Miloseva et al (2017) found the significant moderating role of perceived social support in the relation between negative life events and depression in the subclinical group which clearly suggest the buffering effect of perceived social support which may have shielded from potential stressors. Further Talwar (2016) also found significant

moderating effect of perceived social support in the interaction between stress and depression among university students. Also a study done by Song et al.,(2015) emphasised on how the perceived social support from parents, teachers and peers are found to be most beneficial in predicting stronger mastery goals, lesser tendency for avoidance, buffer their anxiety and thereby enhancing their academic achievements. However, there has been no direct study done on similar age group or population to ascertain the moderating effect of perceived social support. Therefore a more detailed study shall be of much contribution to better explore the importance of social support in the developmental years of early adolescents where the social context and the need to belong to or identify in a group becomes a very important part of growing up.

The present study also dealt with the prevalence of emotional behavioral problems among the study sample especially among the low achievers, but then the other categories of academic performance students were also included for the analysis. It is observed from the finding that the overall prevalence rate of emotional behavioral problems was found to be 36%. The different domains of emotional behavioral problems were also analysed and found that 36% of the study participants had hyperactivity and inattention, 26% each with emotional symptoms and peer relationship problems while 17% with conduct problems. The prevalence were further analysed for different categories of academic performance and it is observed that the highest level of emotional behavioral problems i.e. 50% were found among the adolescents belonging to low academic performance, followed by 37% and 20% among the average and high academic performance categories. The distribution of the different domains of emotional behavioral problems were further analysed and it has been observed that the emotional symptoms were found highest i.e 30% among the average performance category followed by 27% and 21% among the low and high performing categories respectively. Similarly, it is seen that the highest level of conduct, hyperactivity and inattention problems as well as peer relationship problems were found highest among the low academic performance category, followed by average and high academic performing adolescents.

The present study further aimed to explore the significance of the socio-demographic characteristics on the variables under study i.e. academic performance, self efficacy, perceived social support and emotional behavioral problems. Chi square was applied for the statistical analysis. It was observed from the statistical analysis that. The first subsection dealt with the relationship between the socio-demographic characteristics and the academic performance of the participants. It is observed from the analysis that their educational qualification, age range, gender, birth order, staying with grandparents, parental educational qualifications and staying with grandparents were found to have no significant relationship with the academic performance as indicated their p-values<0.01. However certain characteristics like Father's occupation ($\chi^2 = 30.31$, p value $0.00 \leq 0.01$), mothers' occupation ($\chi^2 = 30.99$, p value $0.00 \leq 0.01$), monthly income ($\chi^2 = 44.18$, p value $0.00 \leq 0.01$), having sibling ($\chi^2 = 10.15$, p $0.06 \leq 0.01$), history of detention or repetition due to failure ($\chi^2 = 53.43$, p $0.00 \leq 0.01$), participation in mass protest ($\chi^2 = 18.90$, p $0.00 \leq 0.01$) and consultation with mental health professionals ($\chi^2 = 16.60$, p $0.00 \leq 0.01$) were found to have a significant relationship with the academic performance of the study participants as indicated by their p value<0.01.

Parental educational, their occupation as well as their monthly income have been considered as one of the most important factor in determining a child academic performance which is also found to be significant for the present study. This finding is consistent with the study done by Shah and Hussain (2021) which found parental educational qualification and occupations as the most determining factor for generating income which affects the overall development of young ward especially their academic development and progress. This is also supported by Zehri and Abdelbaki (2013) which also mentioned that parental level of education and occupation determines their income, which further determines the type of education and support the student gets. As parents with stable job and income make adequate provision for the child's economic, psycho-social and emotional support which further enhances the child to perform well in the academics (Gachathi, 1976). This is further supported by Memo et al.(2010) which suggested that parents with less income are not in the condition to provide modern facilities to enhance their

children's education due to the instability and financial problems. Based on the previous research findings and the result of the current study, it can be assumed that parental occupation and family income has a significant relationship with academic performance of the study sample. Further the presence of sibling in their life has also been found to have a significant relationship with academic performance. Apart from parents, sibling is also considered as an important asset that can influence academic performance. As it has been understood that siblings plays an important role in each other's cognitive development from an early age where young children observed and imitate older siblings (Azmitia & Hesser,1993; Brody, 1998, Patterson 1984) and the older sibling provide guidance and advice (Dunn,1996; Melby et al.2008). They also provide support and companionship (Cicirelli,1980; Conger, Conger & Elder,1994; Melby et al,2008). The significance of having sibling is also manifested in the present study but does not predict the type of bonding they have to specifically conclude as earlier studies do not limit to the presence of siblings but to the type of relation they have, either positive or negative. Yeh and Lempers (2004) found that positive relation between siblings are more likely to experience warmth, encouragement and support which further results in the development of self worth, competence and self confidence. This relationship is associated with adolescents' school's related competencies that could influence academic performance (Amato,1989) and also improve adolescents academic achievement (Smith, 1990 &1993; qouted by in Ryherd,2011). History of detention or repetition in a school year (due to failure or unable to pass the school annual exam) was also found to have a significant relationship with academic performance. It is observed from the results that more number of adolescents with high academic performance and average performance does not have any history of detention. Later the 'participation in mass protest' were also found to have a significant relationship with the academic performance where adolescents with no history of participation in any of the mass protest have better academic performance as compared to those who had participated. Further, consultations with mental health professionals were also found to have a significant relationship with academic performance. It has already observed in the earlier section that there is a strong inverse relation between emotional and behavioral problems with academic performance and hence it can be assume that

adolescents seeking mental health professional must be for valid reason either they have some psychological issues to be taken care of or because parents have become more aware of the need for psychological problems that may be creped in the lives of many young adolescents. In most of the cases, the reason for consultation with a mental health professional is usually made for emotional and other psychological reason; and a strong relation have already been established. Therefore it can be concluded that adolescents with previous history of consultation with mental health professional affects their academic performance in one way or the other as majority of the adolescents with history of consultation had lower academic performance. The reason for the impact in the academic performance may not be attributed to being consulted with the mental health professionals, but to the reason for their consultation could be of more appropriate.

Further the study aimed to find the relationship between socio-demographic characteristics and self efficacy. It was observed from the statistical analysis that the educational qualification, age , gender, parental educational qualification, having sibling, birth order, staying with grandparents, types of family and participation in mass protest were not found to have a significant relationship with self efficacy as indicated by the $p > 0.01$. The other socio demographic characteristics such as parental occupation both mother's and father's, monthly family income were found to have a significant relationship with self efficacy as $p \text{ value} \leq 0.01$. Further, 'the consultation with a mental health professional' and 'history of detention' were also found to be significant.

The relationship between Socio-demographic characteristics and perceived social support were also analysed. The characteristics such as educational qualification, age range, birth order, parental educational qualification and occupations, monthly family income, type of family, staying with grandparents, history of detention, participation in mass protest, consultation with mental health professionals were found to have no significant relationship with perceived social support. However, gender and having siblings were found to have a significant relation with perceived social support. It has been observed from the result that gender has a significant relationship with perceived social support ($p < 0.01$) where

female found to have more social support than the male counterparts. Similar findings were observed by Hameed, Riaz and Muhammad (2019) where females have more social support than males. Moreover, Taylor (2007) also stated that females have more tendencies to turn to social group in time of stress and hence as a result may have received more support from others. Further it is also observed that having a sibling also has a significant relation with perceived social support ($p < 0.01$). Since siblings spend a significant amount of time together, even more than that with parents (McHale & Crouter, 1996), their relationships are less likely to be broken and are more impactful than other relationships (Lee, Mancini & Maxwell, 1990). Therefore, having a sibling might have the potential to uniquely influence several areas of development such as emotional, cognitive and social development (Dunn, Slomkowski & Beardsall, 1994; Kramer, 2010). Moreover, perceived support from a sibling has also been negatively related to externalizing and internalizing problems; in fact differential developmental trajectories of adolescents' adjustment are associated with siblings' support and problem behavior (Susan et al, 2008). Therefore, a more detailed exploration on sibling and its relationship with perceived social support need to be expanded.

Lastly, the relation of socio-demographic details with emotional behavioral problems were also analysed and found that family income, history of detention and consultation with mental health professional had a significant relation with emotional behavioral problems. The rest of the characteristics such as educational qualification, age range, gender, type of family, parental educational level and occupation, family income, staying with grandparents or not, participation in mass protest were not found to have a significant relationship with emotional behavioral problems. As discussed in the previous section that parental occupation and income has a significant relation with academic performance as well as with self efficacy. Therefore it can also be assumed that the family income also has some connection with the emotional behavioral problems because in the earlier section it was mentioned that income determines the level of aids a parent can give to their children, which later determines their sense of security. It is seen from the result that, income has a significant relation with emotional behavioral problems which us

consistent with the findings that family income and socioeconomic status are linked to behavioral problem in children and adolescents (Brooks and Duncan, 1997; Fitzsimons et al., 2016; Mazza et al., 2017). Further, it is also consistent with the finding that family income is associated with externalising and internalising problems in children which may be mediated by other pathway directly or indirectly (Boe et al, 2014). Piotrowska et al (2022) also found that low socioeconomic backgrounds exhibit more behavioral difficulties than those from more affluent families.

Further, it is also observed that the history of detention (repetition in a school year) has a significant relation with emotional behavioral problems among the study participants. It has been well known that emotional behavioral problems to be a significant barrier to learning (Catalano, et al.2004). Bradley, Doolittle and Bartolotta (2008), also found that students with emotional behavioral problems dropout of school, 75% of them achieve below expected grade levels in reading and 97% achieve below expected grade levels in maths. These students are often found to be negatively associated with interest in school (Millones et al.2013; Moksnes et al, 2016). Ogundele (2018) also found that children with emotional and behavioral problems have been associated with poor academics, occupational and psychosocial functioning. These students further tend to present a more negative representation of themselves as they are often criticised by teacher (Osti & Brenelli, 2013) and tend to develop internalising symptoms such as depression, anxiety, social withdrawal, somatic complaints, excessive worry, sadness and shyness which can generate insecurities, isolation and school repetition. However, these findings as well as the present study's finding does not indicate the direction of the association – whether the history of detention or failure in an academic year lead to emotional behavioral problems or the other way around. Moreover the finding of the current research is found to be little bit contradictory when we look in to the figures, where it is seen that adolescents with no history of repetition of a school year had more emotional behavioral problems as compared to those with the history of repetition. However, this result should be treated with caution as the number of samples were not

distributed equally for those with and without the history of detention or repetition of a school year.

Later, the history of consultation with mental health professionals were also found to have a significant relationship with emotional behavioral problems as indicated by $p < 0.0$. However, it is observed that adolescents with no history of having consulted with mental health had higher emotional behavioral problems than those who had consulted.

It is observed from the present findings as well as the past literatures, that there is a solid relation between self-efficacy and perceived social support with emotional-behavioral problems and the academic performance. It is found that, the early adolescents high in self-efficacy as well as perceived social support were also found to score and perform better in their academics. Moreover the subtle moderation of self-efficacy and perceived social in the relationship between academic performance and emotional-behavioral problems can be viewed as the interaction of these factors yielding to an outcome. This outcome may be somehow attributed to the reciprocal determinism where the interaction of the individual factor in the form of self efficacy, environmental factor in the form perceived social support and biological factor mainly comprising of the emotional-behavioral problems, imposing their impact on academic performances of the early adolescents. Further, a significant positive correlation between perceived social support and academic performances and the evidence of less prevalence of emotional behavioral problems, may be also an indicator of the stress buffering mechanism where the presence of strong social support tends to prevent from the set back or stressful life events. Therefore, the research findings strongly direct the need to recognise the importance of enhancing one self-efficacy by strengthening the social context and support that will facilitate healthy growth and wellbeing of the early adolescents.

CHAPTER VI

SUMMARY & CONCLUSION

It is known from the wide range of literature that ‘Adolescence’ is often considered as a stressful period during the developmental stage because it involves pivotal transition from childhood into adulthood spanning from the age of 10 to 19 years. The prime focus of the present study is on the ‘Early Adolescents’ which spans from ages 10 to 14 years of age (WHO) which is often considered as the road between childhood and adulthood. This phase is particularly considered to be a particularly vulnerable to many behavioral and other problems. This vulnerability comes from the combination of biological, cognitive and social changes that occurs at this stage. The transformation at this stage may also get transformed in the patterns of emotional and behavioral difficulties as they are faced with a lot of challenges and stresses, especially the social context and the academic demands. Academic demands have been long considered and acknowledge as a significant source of stress among the adolescents (Sweta, 2016) and is becoming increasingly common and widespread (Garcia,1986 &Gupta,1989). It is assumed that the composite environment of family and school consisting of parents, teachers, close friends, classmates and other significant people in the school plays a significant role in the overall development of the individual. Therefore the present study attempted to explore the importance and relevance of psychosocial variables i.e. self efficacy, perceived social support on the emotional-behavioral problems and academic performance among the early adolescents of Manipur. The state Manipur is well known to the World for its contribution and achievements in the field of sports and Arts. However, Manipur was once known for its uncertainties because of the social conflicts that have been affecting the normal life of the people, inflicting a sense of terror and fear among the people including the young students who were often made to take active parts in the chaos directly or indirectly by taking parts in bandh-blockades, protests etc. Moreover, the lack of opportunities in the state makes people to rely on government jobs and agriculture. This notion has been ingrained in our society and education system for years. These social scenarios have been posing a lot of challenge in the young school going children who tries to cope with the demanding situation which at times might have proved to be detrimental. The need for psychological aid has been

felt a long time ago but the field of psychological practices and awareness in the state is also in a very infancy stage and hence the pool of literature on the psychosocial impact on the young adolescents is also very meagre. Therefore, the present study was attempted to understand the importance of certain psychosocial variables such as self efficacy and perceived social support as an important correlates of Emotional behavioral problems and academic performance among the emerging early adolescents of Manipur. Self efficacy has been known as the most essential driving force towards one's goal. Further perceived social support has also been included in the study as social context and social relationship has been considered as one of the important aspects during adolescents. The study further attempted to examine if there is any moderating role of self efficacy and perceived social support in the relationship between academic achievement and emotional behavioral problems. The study also attempted to find if the study population significantly differ among themselves based on their level of academic performance. The significance of the sociodemographic characteristics were also attempted. In order to meet the objectives of the study, 10 hypotheses were formulated and statistical analyses were carried out on SPSS 17.0 version. The findings are as follows:-

Hypothesis 1.

It was hypothesised that, there will be a significant positive correlation between self efficacy and academic performance. The statistical analysis reveals a significant positive relation between self-efficacy and academic performance, which indicates that higher the self efficacy, higher is the academic performance or when the academic performances increases self –efficacy also increases.

Hypothesis 2

It was hypothesised that, there will be a significant positive correlation between perceived social support and academic performance among the early adolescents. The statistical analysis reveals a significant positive relation as indicated by $r = 0.219$, $p\text{-value } 0.00 \leq 0.01$. The domain wise analysis of perceived social support, i.e parental, close friends, teachers, classmates and people in the school with academic

performance also reveals significant positive relation. This indicates that higher the perceived social support, higher is the academic performance and vice versa.

Hypothesis 3

It was predicted that there will a significant inverse relationship between Emotional behavioral problems and academic performance. A significant inverse relationship was observed between emotional behavioral problems and academic achievement of the study population. The results indicates that the academic performance decreases as there is an increase in emotional-behavioral problems or the emotional behavioral also decreases when there is an increase in academic performance.

Hypothesis 4,

It was hypothesised that there will be differences in the level of self efficacy among the adolescents belong to different categories of academic performance. The statistical analysis reveals a significant difference in the level or extent of self efficacy among the early adolescents belonging to different categories of academic performances. It was observed that high academic performance score highest self efficacy, followed by the average and the low academic performance category respectively.

Hypothesis 5,

It was predicted that there will be differences in the level of self perceived social support among the adolescents belong to different categories of academic performance. The statistical analysis reveals a significant difference in the level or extent of perceived social support among the early adolescents belonging to different categories of academic performances. It was observed that the study participant belonging high academic performance score higher in perceived social support, followed by the low and the average academic performance category respectively.

Hypothesis 6,

It was hypothesised that there will be a significant differences in emotional behavioral problems among the adolescents belong to different categories of academic performance. The statistical analysis reveals significant differences, where early adolescents in low academic performance category have highest level of emotional behavioral problems, followed by the average and high performance categories. Similarly, all the other domains of emotional behavioral problems also indicated significant differences where emotional symptoms, conduct problems, hyperactivity and peer relationship problems were found to be higher among the low academic performing category, followed by the other two categories i.e. Average and high level of academic performances.

Hypothesis 7,

It was hypothesised that there will be a moderating effect of self efficacy and perceived social support in the relationship between academic performance and emotional behavioral problems. The moderation analysis reveals that the variation brought by self efficacy on the relationship between emotional behavioral problems and academic performance were found to be very minimal for around 0.6% and fails to establish significant moderating effect.

Further, the variation brought by perceived social support in the relationship between emotional behavioral problems and academic performance were also found to be very minimal around 0.2% and fails to establish significant moderating effect.

Hypothesis 8,

Lastly, it was hypothesised that the prevalence of emotional behavioral problems would be higher among the low academic performer. It has been observed in the result section that 36% of the study population have emotional behavioral problems. Further as hypothesised, early adolescents in lower academic performance group has the highest prevalence of emotional-behavioral problems as 50% of the adolescents

in lower academic performance category have emotional behavioral problems, while 37% of adolescents in average group and 20% in the high academic performance category respectively had emotional behavioral problems. The different domains of emotional behavioral problems were also analysed and found that 26% of the study population have emotional symptoms, 17% have conduct problems, 36% of them have hyperactivity and inattention problems and 26% of them have peer relationship problems.

Hypothesis 9,

Further, it was predicted that the socio-demographic variables will have a significant relationship with the variables under study i.e. academic performance, Self-efficacy, perceived social support and emotional behavioral problems. It is observed from the result analyses that socio-demographic characteristics such as educational qualification, age, gender, birth order, parental educational qualification, types of family and staying with grandparents were found to have no significant relationship with academic performance of the study population. However, parental occupation, family income, having sibling, history of detention or repetition in a school year, participation in mass protest and consultation with mental health professional were found to have a significant relationship with the academic performance of the study participants. Similarly, in case of self efficacy, parental occupation, monthly income, history of detention or repetition in a school year and consultation with mental health professionals were found to have a significant relationship with self efficacy, while the rest of the variables fails to establish a significant relationship. In case of perceived social support, the socio demographic characteristic of having siblings and gender are found to have a significant relationship with perceived social support among the early adolescents, while the rest fails to establish a significant relationship. Further in case of emotional behavioral problems, the family income, history of detention or repetition in a school year and consultation with mental health professionals were found to be significant. Therefore, the socio-demographic variables / characteristics were found to be partially supporting the hypothesis.

LIMITATION & SUGGESTIONS FOR FUTURE RESEARCH:

The study has certain limitations which seems appropriate to acknowledge for a better future research. First of all the sample may not be the good representative of the target population as the grades and marks given by their respective schools may differ even though they have the same syllabus under a common Board. Therefore, better standardised measures of academic performance like a standardized achievement test other than the grades and marks given by their teacher could have been a better uniformed and a more reliable way to categorise the study participants. Moreover, a specific tool designed specifically for adolescents could have been a better measure of self efficacy. Further, relying on a parents and teachers report format could have been a more precise measure of emotional-behavioral problems among the target population, as adolescence is also known as a phase where they are more concerned towards their public self image and hence there is a high tendency for them to misrepresent themselves and therefore may tend to give more socially appealing and appropriate behavioral patterns. Also, a detailed exploration of the significance of certain demographic variables in the study would be an additional asset to further understand their significant contributing role in the overall personality development of the early adolescents. Moreover a more extensive statistical approach would have made this study more authentic. Therefore, incorporating the limitations mentioned as well as a more detailed methodological approach would be a great effort to strengthen and generalise this research findings.

IMPLICATION OF THE STUDY:

It is ascertained from the findings of the present study, that the psychosocial components such as self efficacy and perceived social support have a significant role in relation with academic performance as well as the psychological problems especially the emotional behavioral problems among the early adolescents. Though self- efficacy and perceived social support failed to establish a statistically significant moderating role, their contribution in buffering the emotional behavioral problems among the early adolescents cannot be side lined. Therefore, the present research finding can considered as a curtain raiser for further longitudinal studies

strengthening the role of instilling positive self efficacy and enhancing the support extended by the significant people. The findings can also serve as an eye opener for the State policy makers, Mental health practitioners and all the other stakeholders for strengthening school mental health such as the school authorities, teachers and parents. The school mental health perspective is very limited in the State and hence this study calls for various primary and intervention plans specially targeting this young population. The importance and need for strengthening school mental program is highly implicated as 36% of the study participants were found to have emotional-behavioral problems and many of them might have even gone undetected. Since the young population spends most of their quality time in school in the composite complex, comprising of teachers, close friends and peer groups which plays a significant role in their overall development. Therefore, the need for the schools to collaborate with mental health professionals is highly recommended. Thus the rational and the need for hiring school psychologists or school guidance and counselors in every school is highly felt and recommended to strengthen the primary intervention plans by incorporating various school based interventions programmes.

Appendix I

Participant's Consent Form

Dear Participants and Parents,

I am Thangjam Shivata, a PhD research scholar under the guidance of Prof. Zoengpari in the Department of Psychology, Mizoram University. I am conducting this research entitled "Academic performance in Relation to Self-efficacy, Perceived Social Support and Psychological Problems among Early Adolescents". For the purpose of the study, I would like to request for your participation. Your Participation in this research would be of great contribution to the existing data in the School Mental Health initiatives. The nature of the study is given below:

- It is purely questionnaire based and therefore you will not be required to sit in laboratory.
- You will only be required to answer/respond to the statements or questions given in the questionnaires which will hardly take 30-40mins. There is no right or wrong answers
- There are no risks involved and your identity and confidentiality will be highly maintained. All the data will be analyzed collectively.

If you agree to participate in the study, please kindly indicate below.

I have read the above given information and willing to be part of this research.

Parents/Guardian's Signature Student's Signature

APPENDIX –I.1

Socio-demographic details

Dear participants, you are requested to fill in the below given particulars. The details of the data will be analyzed collectively and kept confidential. There is no right or wrong answers. Therefore, please kindly give your honest genuine response. Thank you for your corporation.

Name: Class:

Age: Gender:.....(Male/Female)

Name of the school:

Address.....

Academic record (in terms of %) of the last two final exams:

I) Previous Year.....

II) Previous to previous year.....

Father's educational qualification: illiterate/ below 10th /10th passed/ 12th passed/Graduate & above

Mother's Educational qualification: illiterate/ below 10th /10th passed/ 12th passed/ Graduate & Above

Father's Occupation: unemployed/ self employed/private sector/ public sector

Mother's Occupation: unemployed/ self employed/ private sector/ public sector

Do you have siblings: yes/no Your Birth Order: first born/middle born/last born

Family Type: Joint / Nuclear Monthly Family Income :

Do you stay with your Grandparents: Yes/ No

Have you been studying in the same school for the past two years? Yes/ No

Have you ever repeated in any of the class or school year? Yes /No

Have you ever participated in any of the mass protest/ Rally/ Bandh etc? Yes / No

Have you ever been to a counselor or a mental health professionals for personal problems or other issues? Yes / No

APPENDIX 1.2

Form II

Generalized Self Efficacy Scale (Schwarzer,R., & Jerusalem, M.,1995)

Dear participants, here some statements related to your general abilities are given. You are requested to rate them on a 4 point scale. The point will range from 1 to 4, where

1 = Not at all true 2 = Hardly true 3 = moderately true 4 = exactly

STATEMENTS	Not at all True 1	Hardly True 2	Moderately True 3	Exactly True 4
1. I can always manage to solve difficult problems if I try hard enough.				
2. If someone opposes me, I can find the means and ways to get what I want.				
3. It is easy for me to stick to my aims and accomplish my goals.				
4. I am confident that I could deal efficiently with unexpected events				
5. Thanks to my resourcefulness, I know how to handle unforeseen situations.				
6. I can solve most problems if I invest the necessary effort.				
7. I can remain calm when facing difficulties because I can rely on my coping abilities.				
8. When I am confronted with a problem, I can usually find several solutions.				
9. If I am in trouble, I can usually think of a solution.				
10. I can usually handle whatever comes my way.				

APPENDIX –1.3

Form III

Strength and Difficulties Questionnaire (SDQ – Goodman,R.1998)

Dear participants, the following are few statements for which the response should be mark in the box as ‘Not True’, ‘Somewhat True’ and ‘Certainly true’. Please give the answers on the basis of how things have been for you over the last six months.

	Statements	Not true	Somewhat true	Certainly true
1	I try to be nice to other people. I care about their feelings			
2	I am restless, I cannot stay still for long			
3	I get a lot of headache, stomach-ache, or sickness			
4	I usually share with others, for example CDs,game,food etc			
5	I get very angry and often lose my temper			
6	I would rather be alone than with people of my age			
7	I usually do what I am told to			
8	I worry a lot			
9	I am helpful if someone is hurt			
10	I am constantly fidgeting or squirming			
11.	I have one good friend or more			
12.	I fight a lot. I can make people do what I want			
13	I am often unhappy, depressed or tearful			
14.	Other people my age generally like me			
15	I am easily distracted, I find it difficult to concentrate			

16	I am nervous in new situation. I easily lose confidence			
17	I am kind to younger children			
18	I am often accused of lying or cheating			
19	Other children or young people pick on me or bully me			
20	I often volunteer to help others (parents, teachers, children)			
21	I think before I do things.			
22	I take things that are not mine from home, school or elsewhere			
23	I get along better with adults than with people of my own age			
24	I have many fears, I am easily scared			
25	I finish the work i am doing. My attention is good			

APPENDIX I.4

FORM 1V

Child and Adolescents Social Support Scale (CASSS, Malecki, C.K., Demaray, M.K. & Elliot, S.N., 2000)

Dear Participants, here you are requested to respond to sentences about some form of support or help that you might get from either a parent, a teacher, a classmate, or a close friend. Read each sentence carefully and respond to them honestly. There is no right or wrong answers.

For each sentence you are asked to provide two responses. First, rate how often you receive the support described and then rate how important the support is to you. Below is an example. Please read it carefully before starting your own ratings.

STATEMENTS	HOW OFTEN?						IMPORTANT?		
	NEVER	ALMOST NEVER	SOME OF THE TIME	MOST OF THE TIME	ALOMOST ALWAYS	ALWAYS	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT
1. My teacher (s) helps me solve problems	1	2	3	4	5	6	1	2	3

In this example, the student describes her 'teacher helps me solve problems' as something that happens '**some of the time**' and that is '**important**' to her.

Please ask for help if you have a question or don't understand something. Do not skip any sentences. Please turn to the next pages and answer the questions. Thank you!

FORM IV.A

My Parent(s)	HOW OFTEN?						IMPORTANT?		
	NEVER	ALMOST NEVER	SOME OF THE TIME	MOST OF THE TIME	ALOMOST ALWAYS	ALWAYS	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT
1.show they are proud of me.	1	2	3	4	5	6	1	2	3
2.understand me.	1	2	3	4	5	6	1	2	3
3.listen to me when I need to talk.	1	2	3	4	5	6	1	2	3
4.make suggestions when I don't know what to do.	1	2	3	4	5	6	1	2	3
5.give me good advice.	1	2	3	4	5	6	1	2	3
6. help me solve problems by giving me information.	1	2	3	4	5	6	1	2	3
7.tell me I did a good job when I do something well.	1	2	3	4	5	6	1	2	3
8..... nicely tell me when I make mistakes.	1	2	3	4	5	6	1	2	3
9..... rewards me when I've done something well.	1	2	3	4	5	6	1	2	3
10.help me practice my activities.	1	2	3	4	5	6	1	2	3
11. take time to help me decide things.	1	2	3	4	5	6	1	2	3
12.get me many of the things I need.	1	2	3	4	5	6	1	2	3

FORM IV.B

My Teacher(s)	HOW OFTEN?						IMPORTANT?		
	NEVER	ALMOST NEVER	SOME OF THE TIME	MOST OF THE TIME	ALOMOST ALWAYS	ALWAYS	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT
13.cares about me.	1	2	3	4	5	6	1	2	3
14.treats me fairly.	1	2	3	4	5	6	1	2	3
15.makes it okay to ask question.	1	2	3	4	5	6	1	2	3
16.explains things that I don't understand	1	2	3	4	5	6	1	2	3
17.shows me how to do things.	1	2	3	4	5	6	1	2	3
18. Helps me solve problems by giving me information.	1	2	3	4	5	6	1	2	3
19.tell me I did a good job when I do something well.	1	2	3	4	5	6	1	2	3
20..... nicely tell me when I make mistakes.	1	2	3	4	5	6	1	2	3
21..... tells me how well I do on tasks	1	2	3	4	5	6	1	2	3
22.makes sure I have what I need for school.	1	2	3	4	5	6	1	2	3
23. takes time to help me learn to do something well.	1	2	3	4	5	6	1	2	3
24. Spends time with me when I need Help.	1	2	3	4	5	6	1	2	3

FORM IV.C

My Classmates.....	HOW OFTEN?						IMPORTANT?		
	NEVER	ALMOST NEVER	SOME OF THE TIME	MOST OF THE TIME	ALOMOST ALWAYS	ALWAYS	NOT IMPORTANT	IMPORANT	VERY IMPORTANT
25treats me nicely.	1	2	3	4	5	6	1	2	3
26.like most of my ideas and opinions	1	2	3	4	5	6	1	2	3
27.pay attention to me.	1	2	3	4	5	6	1	2	3
28.give me ideas when I don't know what to do	1	2	3	4	5	6	1	2	3
29.give information so I can learn new things.	1	2	3	4	5	6	1	2	3
30. Give me good advice.	1	2	3	4	5	6	1	2	3
31.tells me I did a good job when I've done something well.	1	2	3	4	5	6	1	2	3
32..... nicely tell me when I make mistakes.	1	2	3	4	5	6	1	2	3
33..... notice when I have worked hard.	1	2	3	4	5	6	1	2	3
34.ask me to join activities.	1	2	3	4	5	6	1	2	3
35. Spend time doing things with me.	1	2	3	4	5	6	1	2	3
36..... help me with project in class	1	2	3	4	5	6	1	2	3

FORM IV.D

My Close friends...	HOW OFTEN?						IMPORTANT?		
	NEVER	ALMOST NEVER	SOME OF THE TIME	MOST OF THE TIME	ALOMOST ALWAYS	ALWAYS	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT
37understand my feelings.	1	2	3	4	5	6	1	2	3
38.sticks up for me if others are treating me badly.	1	2	3	4	5	6	1	2	3
39.spends time with me when I'm lonely.	1	2	3	4	5	6	1	2	3
40give me ideas when I don't know what to do	1	2	3	4	5	6	1	2	3
41. Give me good advice.	1	2	3	4	5	6	1	2	3
42 Explains things that I don't understand.	1	2	3	4	5	6	1	2	3
43.tells me he or she likes what I do.	1	2	3	4	5	6	1	2	3
44..... nicely tell me when I make mistakes.	1	2	3	4	5	6	1	2	3
45..... nicely tell me the truth about how I do on things.	1	2	3	4	5	6	1	2	3
46.helps me when I need it.	1	2	3	4	5	6	1	2	3
47. Shares his or her things with me.	1	2	3	4	5	6	1	2	3
48..... takes time to help me solve my problems.	1	2	3	4	5	6	1	2	3

FORM IV.E

People in My School...	HOW OFTEN?						IMPORTANT?		
	NEVER	ALMOST NEVER	SOME OF THE TIME	MOST OF THE TIME	ALMOST ALWAYS	ALWAYS	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT
49care about me.	1	2	3	4	5	6	1	2	3
50.understands me	1	2	3	4	5	6	1	2	3
51.listen to me when I need to talk.	1	2	3	4	5	6	1	2	3
52 Give me good advice.	1	2	3	4	5	6	1	2	3
53. help me solve my problems by giving me information.	1	2	3	4	5	6	1	2	3
54 Explains things that I don't understand.	1	2	3	4	5	6	1	2	3
55.tell me how well I do on tasks.	1	2	3	4	5	6	1	2	3
56..... tell me I did a good job when I've done something well.	1	2	3	4	5	6	1	2	3
57..... nicely tell me when I make mistake.	1	2	3	4	5	6	1	2	3
58.take time to help me decide things.	1	2	3	4	5	6	1	2	3
59. Spend time with me when I need help.	1	2	3	4	5	6	1	2	3
60..... makes sure I have the things I need for school.	1	2	3	4	5	6	1	2	3

Participant Consent Form

Dear Participants and Parents,

Eihak Thangjam Shivata, Mizoram University, Psychology Department da Prof.Zoengpari gi makha Phd research scholar amani. Eihakna research thesis “Academic performance in Relation to Self-efficacy, Perceived Social Support and Psychological Problems among Early Adolescents” haiba title asida toujabani. Eihakna nakhoigi mafamda study asibu thoughtpiduna research asida saruk yabinaba ningshinjari. Nakhoina saruk yabirakpana maram oiraga School Mental health ki hiram da chaoraba mateng ama oigadouribani. Study asida tougadaba makhei ei makhada sandokna takchari.:

- Masi yam sengna questionnaire da based toubani maram aduna nahak pu laboratory da famduna research toubagi thoidokpa darkar oiroy.
- Nakhakna tougadaba asi supnatagi questionnaire da yaoriba/hangliba adu khaktagi paokhum pibigadoubani maduda yamlabada 30-40mins gumba changani. Masida paokhum gi achum –araan haiba leite.
- Masida sokadaba kiningai amata yaojade amasung adomgi identity bu cheksinana ngakna thmajagani. Masigi data pumnamak mayamgi apunbagi oina analyse toujagani.

Study asida saruk yabagi ayaba leibiragadi, makhagi box asida takpiramnaba ningsingjari.

Eihak mathakta panbiriba information mayam asi pajare amasung study asida esana yana saruk yajage haina takchari.

Parents/Guardian’s Signature Student’s Signature

APPENDIX –II.1

FORM I

Socio-demographic details

Nungshijiaraba study asida saruk yabigadouriba satrasing, makha pijariba details sing asibu mensinbinaba ningsingjari. Nakhoina menliba details khudingmak mayamgi apunbagi oina analyse toujagani amasung adomgi details sing asi aronba oina thamjagani. Masida achum araan haiba leijade, maram aduna hangliba wahang sing asigi achumba paokhum pibinaba nolukna haijari. Adom na saruk yabibagidamak thagatchari.

Name: Class:
.....

Age: Gender:.....(Male/Female)

Name of the school:
.....

Home address:
.....

Academic record (in terms of %) of the last two final exams:

- I) Previous Year
- II) Previous to previous year

Father's educational qualification: illiterate/below 10th /10th passed/ 12th passed/
Graduate & Above

Mother's Educational qualification: illiterate/below 10th /10th passed/ 12th passed/
Graduate & Above

Father's Occupation: unemployed/ self employed/private sector/ public sector

Mother's Occupation: unemployed/ self employed/ private sector/ public sector

Do you have siblings: yes/no Your Birth Order: first born/middle born/last
born

Family Type: Joint / Nuclear Monthly Family Income :
.....

Do you stay with your Grandparents: Yes/ No

Have you been studying in the same school for the past two years? Yes/ No

Have you ever repeated in any of the class or school year? Yes /No

Have you ever participated in any of the mass protest/ Rally/ Bandh etc? Yes / No

Have you ever been to a counselor or a mental health professionals for personal problems or other issues? Yes /

APPENDIX II.2

General Self-Efficacy scale (Schwarzer, R., & Jerusalem, M.,1995)

Study asida saruk yabigadouriba nungshijaraba satrasing, makhada pijariba wahang sing asi adomgi general abilities ga mari leinaba ngaktani, masida nakhoina 4 point gi marking da rate toubinaba ningsingjari. Point sing adu 1 dagi 4 faobagi range ta pibiyu, maduda, 1 = sukchum chumde, 2 = tangaifadana chummi , 3 = changchat amada chummi, and 4 = chap chana chummi haina code toujabani.

STATEMENTS	Sukchum chumde 1	Tangaifadana chummi 2	Changchat amada chummi 3	Chap chana chummi 4
1. Khudongthiba fana leirabasu, eihakna ningthijanabu hotnarabadi khudingmak mai pakpa ngammi				
2. Kanagumba meei amana eingonda athing-apan pirak abasu eigi upai ama touduna apamba madu fangba ngamgani				
3. Eihakna touge khankhiba pandamda ei mai pakpa ngammi				
4. Khanghoudana thoklakpa thoudok wathok ta ei ningthijana maiyoknaba ngamgani haibagi thajaba lei				
5. Eigi lejariba mahei-lousing asi thagatchanigi, masina maram oiduna khangdouna thoklakpa thoudok sing ei maiyoknaba ngammi				
6. Ayamba khudong thiba pumnamak maiyoknaba ngamgani karigumba eihaknabu hotnarabadi				

7. Thoudok-wathok maiyoknaba ngambagi pambei leirubana maram oiduna khudong thiba maiyoknaba matamda ei chaning tana leiba ngamjei				
8. Khudong thiba ama mangda tarakpa matamda eihak pambei mayam ama thiba ngamjei				
9. Khudong thiba ama nangba matamda, eihak pambei ama hekta thiba ngammi				
10. Eingonda lakpa khudong thiba pumnamak ei thengnaba ngammi.				

APPENDIX –II.3

Strenght and Difficulties Questionnaire (SDQ – Goodman, 1998)

Nungshijaraba participant sing, makhada piriba wahei mayam asi adomna adomna houkhiba tha 6 muk asida thengnabiba gi matung inna box manungda laalli, kharakhara chummi natragana fajna chummi haina paokhum pibinaba ningsingjari.

	Items	lalli	Khara-khara chummi	Fajna chummi
1	Eihak atopa meeoibu ningthijana loinanaba hotnei. Eihak makhoina faoriba adugidamak khanjei.			
2	Eihak yamna charangei leitade. Eihak lengdana kuina leiba ngamde.			
3	Eihak kokchikpa, puk yekpa amasung esa nungaitaba yam toina tougalli			
4	Eihak ayamba matamda atopaga meeoinga share touminei, khudam oina cds,games or chananaba potchei			
5	Eihak yamna saogalli amasung maching toina hekta houwi			

6	Eihakki esung-lengaga pundou saruk ethanta leijage khalli			
7	Eidi ayambana eingonda touwo haibadu touwi			
8	Eihak wakhal yamna wagalli			
9	Eihak kanagumba meei ama sokpa,naba natraga mathwai nungaitaba matamda mateng pangalli			
10	Eihak khutsa asi yam toina lengba natraga mareng mareng chatkalli			
11.	Eihakki ama natraga amadagi henba afaba marup mapang lei			
12.	Ei mi yam khatnagalli. Eina pamliba adu mingonda touhanba ngammi.			
13	Eise ayamba matamda sukthei,thawai nungaigande natraga kapningalli			
14.	Eigi lengagi meei singna eibu loinaba pammi			
15	Eise yam laina dhyan chaidokalli, ei pukning changbasi wan thok ee.			
16	Eihak anouba mafamda pakhatkalli. Eigi thajaba (Confidence) yam thuna mangalli.			
17	Eihak makha taba angangsingda luna touwi			
18	Eise ayamba matamda oidaba ngaangi amasung nathak touwi haina eraal sibi.			
19	Atoppa angang amasung ekha thaba angangna toina laknabi amasung karem kathainabi.			
20	Ei ayamba matamda migi mateng pangnaba volunteer tougalli (Parents,			

	teachers, children)			
21	Thabak ama toudringeida ei wakhal khalli			
22	Ei yum,school or mafam ateidagi eigi nataba potchei lougalli			
23	Eihak eigi esung lengaga loinababudi eingondagi hanba singana henna fajna loinei			
24	Ei akiba kaya ama lei,ei yam laina kigalli.			
25	Eihak eina touriba thabak adu loisinba nai. Eigi dhyan asi yam fei.			

APPENDIX II.4

FORM IV

Child and Adolescents Social Support Scale (CASSS, Malecki & Demary 2000)

Nungshjaraba participants, makhada pijarabi wahei sing asi munna pabiduna adomna adomgi ema-epa, oja, luna tinnaba marup, classmate amasung school da leiba meei singdagi fangba mateng sing adugi matangda asengba paokhum pibinaba ningsingjari. Masida achum-araan haiba leijade. Makhada khudam oina ama hapchabani, madu munna yengbiyu. Wahang khuding gi adomna maru oiba meei sing asidagi fangbiba mateng adugi chang adu 1 dagina 6 faobagi scale da pibiyu. Adomgi rating pidringeigi mangoinana wahang sing asi munna pabibanaba ningsinjari.

STATEMENTS	Kayam Toina?						Maru oiba?		
	SUKTOU TOUDE	TOUBIDABA GUMBANI	KARIGUMBA MATAMDA	AYAMBA MATAMDA	ADUM ANAMBA MATAMDA	ADUM	MARU OIDE	MARU OI	YAMNA MARU OI
1. Eigi oja na eigi problems solve toubada mateng pangbi	1	2	3	4	5	6	1	2	3

Mathakki piriba khudam asida, satra amana mahakki oja na makhaki problem solve toubada “Karigumba matamda’ haina tick touriba asumaina nakhoinasu nakhoigi khanjaba achumba paokhum aduda tick toubiyu. Thangnabada yaoriba kayamuk maru oige haiba asidi tick toubidragasu yagani..

Gyan tadaba yaoragasu hangbiraknaba ningsingjari. Wahang amata kaanthokoiganu. Mathangi lamai singda yaoriba wahang mayam asigi paokhum pibinaba ningsingjari.

FORM IV.A

Eigi Ema-Epa na.....	Kayam Toina?						Maru oiba?		
	SUKTOU TOUDE	TOUBIDABA GUMBANI	KARIGUMBA MATAMDA	AYAMBA MATAMDA	ADUMANAMBA MATAMDA	ADUM	MARU OIDE	MARU OI	YAMNA MARU OI
1.Eigidamakta chaothokchaba utli	1	2	3	4	5	6	1	2	3
2.Eihakpu munna khangbi	1	2	3	4	5	6	1	2	3
3.Eina wari sananingba matamda munna tabi.	1	2	3	4	5	6	1	2	3
4.kari tougadabano haina chamamnaba matamda eingonda pambei kaya takpi	1	2	3	4	5	6	1	2	3
5.Eingonda afaba paotak kaya pibi..	1	2	3	4	5	6	1	2	3
6. Eingonda mahei lousing pibiduna eigi khudonthibabu mayoknaba ngamhalli.	1	2	3	4	5	6	1	2	3
7.eina afaba thabak ama touba matamda fei haina haibi	1	2	3	4	5	6	1	2	3
8..... eina soiba matamda ningthijana haibirak ee.	1	2	3	4	5	6	1	2	3
9..... eina afaba thabak ama touba matamda mana (Prize) pibi .	1	2	3	4	5	6	1	2	3
10.eigi thabak thouramda mateng pangbi	1	2	3	4	5	6	1	2	3
11.matam kaithokpiduna Eina phirep ama louba matamda mateng pangbi	1	2	3	4	5	6	1	2	3
12.eigi darkar oiba potlam kaya ama fanghalli	1	2	3	4	5	6	1	2	3

FORM IV.B

Eigi Oja (Singna)	Kayam Toina?						Maru oiba?		
	SUKTOU TOUDE	TOUBIDABA GUMBANI	KARIGUMBA MATAMDA	AYAMBA MATAMDA	ADUM ANAMBA MATAMDA	ADUM	MARU OIDE	MARU OI	YAMNA MARU OI
13.eigidamakta yengsinbi.	1	2	3	4	5	6	1	2	3
14.eihakpu ningthijana loinabi.	1	2	3	4	5	6	1	2	3
15.eina wahang hangbada apanba thambide.	1	2	3	4	5	6	1	2	3
16.eina gyan tadabasing bu sandokna takpi	1	2	3	4	5	6	1	2	3
17.eingonda thabak toubagi mawong matou takpi.	1	2	3	4	5	6	1	2	3
18. Eingonda gyan lousing pibiduna eigi khudongchadabu koknaba mateng pangbi.	1	2	3	4	5	6	1	2	3
19.eina afaba thabak ama touba matamda madu fei haina takpi	1	2	3	4	5	6	1	2	3
20..... eina asoiba ama touba matamdasu ningthijana takpi	1	2	3	4	5	6	1	2	3
21..... eina thabak kaya ningthijana touwi haina takpi	1	2	3	4	5	6	1	2	3
22.eigi school da darkar oiba khuding leiribra haina soidanaba hotnabi	1	2	3	4	5	6	1	2	3
23. Thabak amabu ningthijana tamnanaba eigidamak matam kaithokpi	1	2	3	4	5	6	1	2	3
24. eina darkar oirakpa matamda mateng pangbi	1	2	3	4	5	6	1	2	3

FORM IV.C

Eigi Classmates na.....	Kayam Toina?						Maru oiba?		
	SUKTOU TOUDE	TOUBIDABA GUMBANI	KARIGUMBA MATAMDA	AYAMBA MATAMDA	ADUM ANAMBA MATAMDA	ADUM	MARU OIDE	MARU OI	YAMNA MARU OI
25eibu fajana loinabi.	1	2	3	4	5	6	1	2	3
26.eigi wakhalon amasung eigi rai bu pambi	1	2	3	4	5	6	1	2	3
27.eingonda dhyan toubi.	1	2	3	4	5	6	1	2	3
28.kari tougadabano khangdaba matamda eingonda wakhalon mayam ama pibi	1	2	3	4	5	6	1	2	3
29.anouba thabak ama heinanaba eibu mahei lousing kaya ama pibi.	1	2	3	4	5	6	1	2	3
30. Eingonda afaba paotak pibi	1	2	3	4	5	6	1	2	3
31.eina karigumba afaba thabak ama touba matamda fajana touwi haina eingonda haibi	1	2	3	4	5	6	1	2	3
32..... eina asoiba ama touba matamda ningthijana haibi	1	2	3	4	5	6	1	2	3
33..... eina kanna hotnaba matamda makhoina masak khangbi	1	2	3	4	5	6	1	2	3
34.thabak thouram da saruk yanaba eibu koubirak ee	1	2	3	4	5	6	1	2	3
35.eiga thabak pangthokminanaba matam kaithokpi	1	2	3	4	5	6	1	2	3
36..... class ki project ta eigi mateng pangbi	1	2	3	4	5	6	1	2	3

FORM IV.D

Eigi luna tinnaba marup...	Kayam Toina?						Maru oiba?		
	SUKTOU TOUDE	TOUBIDABA GUMBANI	KARIGUMBA MATAMDA	AYAMBA MATAMDA	ADUM ANAMBA MATAMDA	ADUM	MARU OIDE	MARU OI	YAMNA MARU OI
37eigi pukning gi wakhalonbu masak khangbi	1	2	3	4	5	6	1	2	3
38.atopana eibu tathi-tawoina toubiba matamda eigidamak leppi	1	2	3	4	5	6	1	2	3
39.ethanta lonely faorakpa matamda eigidamak matam kaithokpi	1	2	3	4	5	6	1	2	3
40kari tougadabano khangdaba matamda eingonda ideas mayam ama pibi.	1	2	3	4	5	6	1	2	3
41. Eingonda afaba paotak pibi.	1	2	3	4	5	6	1	2	3
42 Eina bhap tadaba matamda sandokna takpi.	1	2	3	4	5	6	1	2	3
43.eina toubu thabakta pammi haina fongdokpi	1	2	3	4	5	6	1	2	3
44..... eina soiba matam ningthijana haibi.	1	2	3	4	5	6	1	2	3
45..... eina touriba thabak adu karamhaina touri haina sengna hairak ee	1	2	3	4	5	6	1	2	3
46.eina darkar taba matamda mateng pangbi.	1	2	3	4	5	6	1	2	3
47. Mahaki leijaba mapot macheising eiga punna sijinahalli	1	2	3	4	5	6	1	2	3
48.....matam thadaduna eigi problem bu solve tounaba hotnabi.	1	2	3	4	5	6	1	2	3

FORM IV.E

Eigi school da leiba meei(sing)...	Kayam Toina?						Maru oiba?		
	SUKTOU TOUDE	TOUBIDABA GUMBANI	KARIGUMBA MATAMDA	AYAMBA MATAMDA	ADUM ANAMBA MATAMDA	ADUM	MARU OIDE	MARU OI	YAMNA MARU OI
49eigidamak yengsinbi.	1	2	3	4	5	6	1	2	3
50.eihakpu masak khangbi	1	2	3	4	5	6	1	2	3
51.eina wa ama hainingba matamda ningthijana tabi	1	2	3	4	5	6	1	2	3
52 Eingonda afaba paotak pibirak ee.	1	2	3	4	5	6	1	2	3
53. Eingonda mahei lousing pibiduna eigi khudongchadababu maiyoknaba ngamhalli.	1	2	3	4	5	6	1	2	3
54 Eina khangdaba kaya yaorakpa matamda ningthijana takpirak ee	1	2	3	4	5	6	1	2	3
55.eina thabak mawong tana toubamda matamda mawong tai haina takpirak ee	1	2	3	4	5	6	1	2	3
56..... eina afaba thabak ama toubamda matamda fajna touwi haina haibirak ee.	1	2	3	4	5	6	1	2	3
57..... eina asoiba thabak ama toubamda matamda soire haina fajna takpirak ee.	1	2	3	4	5	6	1	2	3
58.eigi phirep ama loubamda matamda eigidamak matam kaithokpi	1	2	3	4	5	6	1	2	3
59. Mateng darkar oirakpa matamda eigidamak matam kaithokpi.	1	2	3	4	5	6	1	2	3
60..... eigi school da darkar tariba potlam sing leirabra haina yengsinbi	1	2	3	4	5	6	1	2	3

ANNEXURE - I

Descriptive Statistics			
	Mean	Std. D	N
Emotional and behavioural problems	13.3200	4.66946	450
Academic performance	63.9862	18.38208	450
Self- efficacy	28.1378	6.94417	450
Moderator	0.5369	0.88253	450

Correlations					
		Emotional and behavioural problems	Academic performance	Self- efficacy	Moderator
Pearson Correlation	Emotional and behavioural problems	1.000	-.418	-.570	.025
	Academic performance	-.418	1.000	.574	.034
	Self- efficacy	-.570	.574	1.000	.020
	Moderator	.025	.034	.020	1.000
Sig. (1-tailed)	Emotional and behavioural problems	.	.000	.000	.299
	Academic performance	.000	.	.000	.235
	Self- efficacy	.000	.000	.	.339
	Moderator	.299	.235	.339	.
N	Emotional and behavioural problems	450	450	450	450
	Academic performance	450	450	450	450
	Self- efficacy	450	450	450	450
	Moderator	450	450	450	450

Variables Entered/Removed ^a			
Model	Variables Entered	Variables Removed	Method
1	Self- efficacy, Academic performance ^b	.	Enter
2	Moderator ^b	.	Enter

a. Dependent Variable: Emotional and behavioural problems
b. All requested variables entered.

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3307.485	2	1653.743	114.035	.000 ^b
	Residual	6482.435	447	14.502		
	Total	9789.920	449			
2	Regression	3322.513	3	1107.504	76.375	.000 ^c
	Residual	6467.407	446	14.501		
	Total	9789.920	449			
a. Dependent Variable: Emotional and behavioural problems						
b. Predictors: (Constant), Self- efficacy, Academic performance						
c. Predictors: (Constant), Self- efficacy, Academic performance, Moderator						

Coefficients ^a										
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95% Confidence Interval for B		Collinearity Statistics	
		B	Std. Error	Beta			Lower Bound	Upper Bound	Tolerance	VIF
1	(Constant)	24.848	.792		31.381	.000	23.292	26.404		
	Academic performance	-.035	.012	-.136	-2.891	.004	-.058	-.011	.671	1.490
	Self- efficacy	-.331	.032	-.493	-10.484	.000	-.393	-.269	.671	1.490
2	(Constant)	24.758	.797		31.078	.000	23.193	26.324		
	Academic performance	-.035	.012	-.137	-2.919	.004	-.058	-.011	.671	1.491
	Self- efficacy	-.331	.032	-.493	-10.485	.000	-.393	-.269	.671	1.490
	Moderator	.207	.204	.039	1.018	.309	-.193	.608	.999	1.001
a. Dependent Variable: Emotional and behavioural problems										

Excluded Variables ^a								
Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics		
						Tolerance	VIF	Minimum Tolerance
1	Moderator	.039 ^b	1.018	.309	.048	.999	1.001	.671
a. Dependent Variable: Emotional and behavioural problems								
b. Predictors in the Model: (Constant), Self- efficacy, Academic performance								

Collinearity Diagnostics ^a							
Model	Dimension	Eigenvalue	Condition Index	Variance Proportions			
				(Constant)	Academic performance	Self- efficacy	Moderator
1	1	2.936	1.000	.01	.01	.00	
	2	.039	8.699	.67	.65	.00	
	3	.026	10.691	.33	.34	1.00	
2	1	3.281	1.000	.00	.00	.00	.03
	2	.655	2.238	.00	.00	.00	.97
	3	.039	9.209	.66	.65	.00	.00
	4	.026	11.312	.33	.34	.99	.00
a. Dependent Variable: Emotional and behavioural problems							

Residuals Statistics ^a					
	Minimum	Maximum	Mean	Std. Deviation	N
Predicted Value	8.7002	18.6636	13.3200	2.72026	450
Std. Predicted Value	-1.698	1.964	.000	1.000	450
Standard Error of Predicted Value	.210	1.118	.343	.107	450
Adjusted Predicted Value	8.5888	18.7069	13.3207	2.71973	450
Residual	-11.91062	11.88996	.00000	3.79526	450
Std. Residual	-3.128	3.122	.000	.997	450
Stud. Residual	-3.157	3.135	.000	1.001	450
Deleted Residual	-12.13970	11.98363	-.00065	3.83093	450
Stud. Deleted Residual	-3.189	3.166	.000	1.004	450
Mahal. Distance	.364	37.699	2.993	2.945	450
Cook's Distance	.000	.049	.002	.005	450
Centered Leverage Value	.001	.084	.007	.007	450
a. Dependent Variable: Emotional and behavioural problems					

ANNEXURE - II

Descriptive Statistics			
	Mean	Std. Deviation	N
Emotional and behavioural problems	13.32	4.66	450
Academic performance	63.98	18.38	450
Perceived social support	260.14	32.65	450
Moderator2	0.21	1.06	450

Correlations					
		Emotional and behavioural problems	Academic performance	Perceived social support	Moderator2
Pearson Correlation	Emotional and behavioural problems	1.000	-.418	-.501	-.058
	Academic performance	-.418	1.000	.218	.023
	Perceived social support	-.501	.218	1.000	.051
	Moderator2	-.058	.023	.051	1.000
Sig. (1-tailed)	Emotional and behavioural problems	.	.000	.000	.108
	Academic performance	.000	.	.000	.315
	Perceived social support	.000	.000	.	.140
	Moderator2	.108	.315	.140	.
N	Emotional and behavioural problems	450	450	450	450
	Academic performance	450	450	450	450
	Perceived social support	450	450	450	450
	Moderator2	450	450	450	450

Variables Entered/Removed^a

Model	Variables Entered	Variables Removed	Method
1	Perceived social support, Academic performance ^b	.	Enter
2	Moderator2 ^b	.	Enter

a. Dependent Variable: Emotional and behavioural problems

b. All requested variables entered.

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3442.270	2	1721.135	121.202	.000 ^b
	Residual	6347.650	447	14.201		
	Total	9789.920	449			
2	Regression	3450.496	3	1150.165	80.918	.000 ^c
	Residual	6339.424	446	14.214		
	Total	9789.920	449			
a. Dependent Variable: Emotional and behavioural problems						
b. Predictors: (Constant), Perceived social support, Academic performance						
c. Predictors: (Constant), Perceived social support, Academic performance, Moderator2						

Coefficients ^a										
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95% Confidence Interval for B		Collinearity Statistics	
		B	Std. Error	Beta			Lower Bound	Upper Bound	Tolerance	VIF
1	(Constant)	34.609	1.463		23.663	.000	31.735	37.483		
	Academic performance	-.082	.010	-.324	-8.309	.000	-.102	-.063	.952	1.050
	Perceived social support	-.062	.006	-.431	-11.034	.000	-.073	-.051	.952	1.050
2	(Constant)	34.579	1.464		23.622	.000	31.702	37.455		
	Academic performance	-.082	.010	-.324	-8.295	.000	-.102	-.063	.952	1.050
	Perceived social support	-.061	.006	-.429	-10.980	.000	-.072	-.050	.950	1.052
	Moderator2	-.127	.167	-.029	-0.761	.447	-.454	.201	.997	1.003
a. Dependent Variable: Emotional and behavioural problems										

Excluded Variables ^a								
Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics		
						Tolerance	VIF	Minimum Tolerance
1	Moderator2	-.029 ^b	-.761	.447	-.036	.997	1.003	.950
a. Dependent Variable: Emotional and behavioural problems								
b. Predictors in the Model: (Constant), Perceived social support, Academic performance								

Collinearity Diagnostics ^a							
Model	Dimension	Eigenvalue	Condition Index	Variance Proportions			
				(Constant)	Academic performance	Perceived social support	Moderator2
1	1	2.943	1.000	.00	.01	.00	
	2	.049	7.747	.05	.99	.05	
	3	.008	19.462	.95	.00	.95	
2	1	3.004	1.000	.00	.01	.00	.01
	2	.940	1.788	.00	.00	.00	.99
	3	.049	7.826	.05	.99	.05	.00
	4	.008	19.675	.95	.00	.95	.00
a. Dependent Variable: Emotional and behavioural problems							

Residuals Statistics^a					
	Minimum	Maximum	Mean	Std. Deviation	N
Predicted Value	5.1985	23.3509	13.3200	2.77216	450
Std. Predicted Value	-2.930	3.618	.000	1.000	450
Standard Error of Predicted Value	.182	1.278	.330	.133	450
Adjusted Predicted Value	5.2082	24.6917	13.3260	2.79388	450
Residual	-11.27626	12.48594	.00000	3.75752	450
Std. Residual	-2.991	3.312	.000	.997	450
Stud. Residual	-3.006	3.324	-.001	1.003	450
Deleted Residual	-11.69166	12.57954	-.00604	3.80510	450
Stud. Deleted Residual	-3.033	3.362	-.001	1.005	450
Mahal. Distance	.045	50.606	2.993	4.532	450
Cook's Distance	.000	.276	.003	.016	450
Centered Leverage Value	.000	.113	.007	.010	450
a. Dependent Variable: Emotional and behavioural problems					

References

- Abaidoo, A.(2018).Factors contributing to academic performance of students in a junior high schools, Munich, GRIN Verlag. <https://www.grin.com/document/450284>
- Achenbach, T.M., & Edelbrock, C.S. (1978). The classification of child psychopathology: A review and analysis of empirical efforts. *Psychological Bulletin*, 85, 1275-1301.
- Adams, J. W., Snowling, M. J., Hennessy, S. M., & Kind, P. (1999). Problems of behaviour, reading and arithmetic: Assessments of comorbidity using the Strengths and Difficulties Questionnaire. *British Journal of Educational Psychology*, 69(4), 571–585. <https://doi.org/10.1348/000709999157905>
- Aiken, L.R.J. (1976). Update on attitudes and other affective variables in learning mathematics. *Review of Educational Research*, 46(2), 293-311.
- Alshammari, A. S., Piko, B. F & Fitzpatrick, K. M. (2021). Social support and adolescent mental health and well-being among Jordanian students. *International Journal of Adolescence and Youth*, 26(1), 211-223, DOI: 10.1080/02673843.2021.1908375
- Amato, P. (1989). Family procesesses and the competence of adolescents and primary school children. *Journal of Youth Adolescence* , 18, 39-53.
- Amato, P. R., & Keith, B. (1991). Parental divorce and adult well-being: A meta-analysis. *Journal of Marriage and the Family*, 53, 43-58. <http://dx.doi.org/10.2307/353132>
- American Psychiatric Association, American Psychiatric Association, & DSM-5 Task Force. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.). American Psychiatric Publishing.
- Anderman, L. H. (2003). Academic and Social Perceptions as Predictors of Change in Middle School Students' Sense of School Belonging. *Journal of Experimental Education*, 72(1), 5–22. <https://doi.org/10.1080/00220970309600877>
- Ansary, N.S., & Luthar, S.S.(2009). Distress and academic achievement among adolescents of affluence: A study of externalizing and internalizing problem

behaviors and school performance. *Development and Psychopathology*, 21, 319–341.

- Assor, A., Kaplan, H. & Roth, G. (2002). Choice is good, but relevance is excellent: Autonomy enhancing and suppressing teacher behaviors predicting students engagement in schoolwork. *British Journal of Educational Psychology*, 72, 261–278
- Azmitia, M., & Hesser, J. (1993). Why siblings are important agents of cognitive development: A comparison of siblings and peers. *Child Development*, 64(2), 430–444. <https://doi.org/10.2307/1131260>
- Bahar, H. H. (2010). The effects of gender, perceived social support and sociometric status on academic success. *Procedia. Soc. Behav. Sci.* 2, 3801–3805. doi: 10.1016/j.sbspro.2010.03.593
- Balazs, M. A., Piko, B. F., & Fitzpatrick, K. M. (2017). Youth problem drinking: The role of parental and familial relationships. *Substance Use & Misuse*, 52(12), 1538–1545. <https://doi.org/10.1080/10826084.2017.1281311>
- Bals M, Turi AL, Skre I, Kvernmo S. (2011). The relationship between internalizing and externalizing symptoms and cultural resilience factors in Indigenous Sami youth from Arctic Norway. *International Journal of Circumpolar Health*, 70(1):37–45. <https://doi.org/10.3402/ijch.v70i1.17790>
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191–215. doi:10.1037/0033-295X.84.2.191.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood, New Jersey: Prentice Hall.
- Bandura, A. (2012). On the functional properties of perceived self efficacy revisited. *Journal of Management*, 38(1), 9–44. doi:10.1177/0149206311410606.
- Bandura, A., (1997). Self-efficacy: The Exercise of Control. (Macmillan, London, UK).
- Bandura, A., Barbaranelli, C., Caprara, G. V., & Pastorelli, C. (1996). Multifaceted Impact of Self-Efficacy Beliefs on Academic Functioning. *Child Development*, 67(3), 1206–1222. <https://doi.org/10.2307/1131888>
- Bandura, A., Caprara, G., Barbaranelli, C., Gerbino, M., & Pastorelli, C. (2003). Role of affective self-regulatory efficacy in diverse spheres of psychosocial functioning. *Child Development*, 74, 769–782. doi:10.1111/1467-8624.00567.

- Bandura, A., Pastorelli, C., Barbaranelli, C., & Caprara, G. V. (1999). Self-efficacy pathways to childhood depression. *Journal of Personality and Social Psychology*, 76(2), 258–269. doi:10.1037/0022-3514.76.2.258.
- Bardone, A.M., Moffitt, T.E., Caspi, A., Dickson, N., & Silva, P.A. (1996). Adult mental health and social outcomes of adolescent girls with depression and conduct disorder. *Development and Psychopathology*, 8, 811-829.
- Barnett, P.A. & Gotlib, I.H. (1988) Psychosocial functioning and depression: distinguishing among antecedents, concomitants, and consequences. *Psych Bull*, 104: 97–126. DOI: 10.1037/0033-2909.104.1.97
- Barriga, A. Q., Doran, J. W., Newell, S. B., Morrison, E. M., Barbetti, V., & Dean Robbins, B. (2002). Relationships Between Problem Behaviors and Academic Achievement in Adolescents: The Unique Role of Attention Problems. *Journal of Emotional and Behavioral Disorders*, 10(4), 233–240. <https://doi.org/10.1177/10634266020100040501>
- Basith, A., Syahputra, A. & Ichwanto, M.A. (2020). Academic self efficacy as predictor of academic achievement. *Jurnal Pendidikan Indonesia*, 9(1), 163-170. DOI: 10.23887/jpi-undiksha.v9i1.24403
- Bavojdan, M. R., Towhidi, A., & Rahmati, A. (2011). The Relationship between Mental Health and General Self-Efficacy Beliefs, Coping Strategies and Locus of Control in Male Drug Abusers. *Addiction & health*, 3(3-4), 111–118.
- Baym, U. & Kaya, M. (2021), Forgiveness and Perceived Social Support in Teenagers. In: *Education Quarterly Reviews*, Vol.4, No.3, 588-605. DOI: 10.31014/aior.1993.04.03.363
- Bean, R.A., Barber, B.K., & Crane, D.R. (2006). Parental support, behavioral control and psychological control among African American youth: The relationship to academics grades, delinquency, and depression. *Journal of Family*, 27, 1335-1355
- Bishop, P.A. & Pflaum, S.W. (2005). Student perception of Action, Relevance, and Pace. *Middle School Journal*. 36, 4-12 <https://doi.org/10.1080/00940771.2005.11461489>
- Bista, B., Thapa, P., Sapkota, D., Singh, S. B., & Pokharel, P. K. (2016). Psychosocial Problems among Adolescent Students: An Exploratory Study in the Central

- Region of Nepal. *Frontiers in public health*, 4, 158.
<https://doi.org/10.3389/fpubh.2016.00158>
- Bliese, P. D., & Britt, T. W. (2001). Social support, group consensus and stressor-strain relationships: Social context matters. *Journal of Organizational Behavior*, 22, 425-436
- Bradley, R., Doolittle, J. & Bartolotta, R.(2008) Building on the data and adding to the Discussion: The experiences and outcomes of students with Emotional Disturbances. *Journal of behavioral education*,17(1), 4-23.
- Brooks-Gunn J., Duncan G.J. The effects of poverty on children. *Future Child*. 1997;7:55–71. doi: 10.2307/1602387.
- Brown, R. & Evans, W.P.(2022) Extracurricular activity and ethnicity - creating greater school connection among diverse student populations. *Urban Education*. 2002; 37(1):41–58.
- Butcher, J. N., Mineka, S., & Hooley, J. M. (2007). *Abnormal psychology* (13th ed.). Allyn & Bacon/Pearson Education.
- Caballero, C., Abello, R. & Palacio, J. (2007). Relación de burnout y rendimiento académico con la satisfacción frente a los estudios en estudiantes universitarios. *Avances en Psicología Latinoamericana*,25(2), 98-111. Recuperado de <http://www.scielo.org.co/pdf/apl/v25n2/v25n2a7.pdf>
- Caissy, G. A. (1994). *Early Adolescence: Understanding the 10-15 Year Old*. Page no.53. New York: Plenum Press.
- Calejon, L. M. C. (2017). Desempenho escolar e vulnerabilidade social. *Revista Existus*, 1(1),149164.Recoveredfrom:<http://www.ufopa.edu.br/portaldeperiodicos/index.php/revistaexitus/article/view/214/201>
- Calsyn, R. J., and Winter, J. P. (2002). Social support, psychiatric symptoms, and housing: a causal analysis. *J. Commun. Psychol.* 30, 247–259. doi: 10.1002/jcop.10004
- Calvete, H. and Connor-Smith, J.K. (2017) ‘Perceived Social Support, Coping, and
- Camara, M., Bacigalupe, G., & Padilla, P. (2017). The role of social support in adolescents: Are you helping me or stressing me out? *International Journal of Adolescence and Youth*, 22(2), 123–136. <https://doi.org/10.1080/02673843.2013.875480>

- Campbell, S.B., Shaw, D.S.& Gilliom, M.(2000) Early externalizing behavior problems: Toddlers and preschoolers at risk for later maladjustment. *Development and Psychopathology*, 12:467–488.
- Cankaya, B. (2002). Psychosocial Factors, Maladaptive Cognitive Schemas, and Depression in Young Adults: An Integration. Thesis of Master of Science. Blacksburg, Virginia.
- Caprara, G. V., Steca, P., Gerbino, M., Paciello, M., and Vecchio, G. M. (2006). Looking for adolescents' well-being: self-efficacy beliefs as determinants of positive thinking and happiness. *Epidemiol. Psychiatr. Sci.* 15, 30–43. doi: 10.1017/S1121189X00002013
- Carlton, B. S., Goebert, D. A., Miyamoto, R. H., Andrade, N. N., Hishinuma, E. S., Makini, G. K. J., et al. (2006). Resilience, family adversity and well-being among Hawaiian and non-Hawaiian adolescents. *International Journal of Social Psychiatry*, 52(4), 291-308
- Carroll, A., Houghton, S., Hattie, J., & Durkin, K., (1999). Self-Efficacy and Academic performance in Australian High School Students: The Mediating Effects of Academic Aspirations and Delinquency. *The Journal of Child Psychology and Psychiatry and Allied Disciplines*, 40 (4), 593 – 606.
- Cavicchiolo, E., Lucidi, F., Diotaiuti, P., Chirico, A., Galli, F., Manganelli, S., D'Amico, M., Albarello, F., Girelli, L., Cozzolino, M., Sibilio, M., Zelli, A., Mallia, L., Germani, S., Palombi, T., Fegatelli, D., Liparoti, M., Mandolesi, L., & Alivernini, F. (2022). Adolescents' Characteristics and Peer Relationships in Class: A Population Study. *International journal of environmental research and public health*, 19(15), 8907. <https://doi.org/10.3390/ijerph19158907>
- Chang, C. W., Yuan, R., & Chen, J. K. (2018). Social support and depression among Chinese adolescents: The mediating roles of self-esteem and self-efficacy. *Children and Youth Services Review*, 88(5), 128-134. <https://doi.org/10.1016/j.childyouth.2018.03.001>
- Chao, R. K., & Sue, S. (1996). Chinese parental influence and their children's school success: A paradox in the literature on parenting styles. In S. Lau (Ed.), *Growing up the Chinese way: Chinese child and adolescent development* (pp. 69-91). Hong Kong: Chinese University of Hong Kong Press.

- Chen, J. J.L. (2005). Relation of academic support from parents, teachers, and peers to Hong Kong adolescents' academic achievement: the mediating role of academic engagement. *Genetic, Social, and General Psychology Monographs*, 131(2), 77+. <https://link.gale.com/apps/doc/A147522678/HRCA?u=anon~70ab4f17&sid=googleScholar&xid=cbc2b62>
- Chow, P. H. H. (2005). Life satisfaction among university students in a Canadian Prairie city: a multivariate analysis. *Soc. Indic. Res.* 70, 139–150. doi: 10.1007/s11205-004-7526-0
- Cicirelli, V. G. (1980). A comparison of college women's feelings toward their siblings and parents. *Journal of Marriage and the Family*, 42, 95-102.
- Cicirelli, V. G. (1980). Sibling relationships in adulthood: A life span perspective. In L. W. Poon (Ed.), *Aging in the 1980s: Psychological issues* (pp. 455–462). American Psychological Association. <https://doi.org/10.1037/10050-03>
- Clara, I. P., Cox, B. J., Enns, M. W., Murray, L. T., & Torgrud, L. J. (2003). Confirmatory factor analysis of the multidimensional scale of perceived social support in clinically distressed and student samples. *Journal of personality assessment*, 81(3), 265–270. https://doi.org/10.1207/S15327752JPA8103_09
- Cobb, S.(1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, 38(5),300- 314
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological bulletin*, 98(2), 310–357.
- Colarossi, L. G., and Eccles, J. S. (2003). Differential effects of support providers on adolescents' mental health. *Soc. Work Res.* 27, 19–30. doi: 10.1093/swr/27.1.19
- Conger, R. D., Ge, X., Elder, G. H., Lorenz, F. O., & Simons, R. L. (1994). Economic stress, coercive family process, and developmental problems of adolescents. *Child Development*, 65(2), 541–561. <https://doi.org/10.2307/1131401>
- Crean, H. F. (2008). Conflict in the latino parent-youth dyad: The role of emotional support from the opposite parent. *Journal of Family Psychology*, 22(3), 484-493
- Crede, J., Wirthwein, L., McElvany, N., & Stienmayr, R. (2015). Adolescents' academic achievement and life satisfaction: the role of parents' education. *Frontiers in Psychology*, 3, 17-21. <https://doi.org/10.3389/fpsyg>

- Crockenberg, S.B. (1987). Predictors and correlates of anger and hostility of adolescent boys. *Child Development, 58*, 964-975
- Curtis, A, C. (2015) "Defining adolescence," *Journal of Adolescent and Family Health, 7*, 86-93
- Cutrona, C.E., Cole, V., Colangelo, N., Assouline, S.G. & Russel, D.W. (1994). Perceived social support and academic achievement : An attachment theory perspective. *J.Pers.Soc. Psychol, 66*, 369-378. Doi:10.1037/0022-3514.66.2.369
- Deci, E. L., Vallerand, R. J., Pelletier, L. G., & Ryan, R. M. (1991). Motivation and education: The self-determination perspective. *Educational Psychologist, 26*, 325–346.
- DeGarmo, D.S., Patras, J., & Eap, S. (2008). Social support for divorced fathers' parenting: Testing a stress-buffering model. *Family Relations, 57*, 35-48.
- Demaray, M.K., & Jenkins, L.K. (2011). Relations among academics enablers and academic achievement in children with and without high levels of parent-rated symptoms of inattention, impulsivity and hyperactivity. *Psychology in the Schools, 48*, 6, 573-586.
- Dennis, J.M., Phinney, J.S., & Chuateco, L.I. (2005). The role of motivation, parental support and peer support in the academic success of ethnic minority first generation college students. *J.Coll.Stud.Dev, 46*, 223-236. doi:10.1353/csd.2005.0023
- Dollete, Steese, Phillips, & Matthews, (2004). Understanding girls' circle as an intervention on perceived social support, body image, self-efficacy, locus of control and self-esteem. *The Journal of Psychology, 90* (2), 204 – 215.
- Domagała-Zyśk, E. (2006). The significance of adolescents' relationships with significant others and school failure. *School Psychology International, 27*, 232-247. doi:10.1177/0143034306064550
- Drabick, D.A.G. & Stienberg, L. (2011) Developmental Psychopathology. In Brown, B.B. & Prinstien. M.J. *Encyclopedia of Adolescence*, P 136-142 <https://doi.org/10.1016/B978-0-12-373951-3.00109-5>
- Dubow, E. F., Tisak, J., Causey, D., & Hryshko, A. (1991). A two year longitudinal study of stressful life events, social support, and social problem-solving skills:

- Contributions to children's behavioral and academic adjustment. *Child Development*, 62, 583–599. doi:10.2307/1131133.
- Due, P., Krølner, R., Rasmussen, M., Andersen, A., Damsgaard, M.T., Hilary Graham, H., Holstein, B.E. (2011) Pathways and mechanisms in adolescence contribute to adult health inequalities. *Scandinavian Journal of Public Health*, 39(6):62–78. Retrieved from <https://journals.sagepub.com/doi/pdf/10.1177/1403494810395989>
- Dunn, J. (1996). Brothers and sisters in the middle of childhood and early adolescence: Continuity and change in individual differences. In G. Brody, *Sibling Relationships* (pp. 31-46). Norwood, NJ: Ablex Publishing Corporation.
- Dunn, J. Slomkowski, C., & Beardsall, L. (1994). Sibling relationships from the preschool period through middle childhood to early adolescence. *Developmental Psychology*, 30, 315-324. doi: 10.1037/0012-1649.30.3.315
- DuPaul, G. J. (1991). Parent and teacher ratings of ADHD symptoms: Psychometric properties in a community-based sample. *Journal of Clinical Child Psychology*, 20(3), 245–253. https://doi.org/10.1207/s15374424jccp2003_3
- Dupont, S., Galanda, B. & Nils, F. (2014). The impact of different sources of social support on academic performance: Intervening factors and mediated pathways in the case of master's thesis. *European review of applied psychology* 65(4) 227–237. <http://dx.doi.org/10.1016/j.erap.2015.08.003>
- Dweck, C. S. & Leggett, E. L. (1988). A social cognitive approach to motivation and personality. *Psychological Review*, 95, 256-273.
- Eccles, J. S., & Roeser, R. W. (2011). Schools as developmental contexts during adolescence. *Journal of Research on Adolescence*, 21(1), 225–241. doi:10.1111/j.15327795.2010.007-25.x
- Eccleston, C., Wastell, S., Crombez, G., & Jordan, A. (2008). Adolescent social development and chronic pain. *European Journal of Pain*, 12(6), 765-774.
- Edwards, L. M., & Lopez, S. J. (2006). Perceived family support, acculturation, and life satisfaction in Mexican American youth: A mixed-methods exploration. *Journal of Counseling Psychology*, 53(3), 279-287

- Eisenberg, M. E. , Neumark, S. D. & Perry, C.L.(2003).Peer harassment, school connectedness, and academic achievement. *Journal of School Health*. 73, 311–316.
- Fergusson, D. M., & Horwood, L. J. (1995). Early disruptive behavior, IQ, and later school achievement and delinquent behavior. *Journal of Abnormal Child Psychology*, 23(2), 183–199. <https://doi.org/10.1007/BF01447088>
- Fergusson, D. M., Horwood, L. J., & Lynskey, M. T. (1996). Childhood sexual abuse and psychiatric disorder in young adulthood: II. Psychiatric outcomes of childhood sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry*, 35(10), 1365–1374. <https://doi.org/10.1097/00004583-199610000-00024>
- Fitzsimons E., Goodman A., Kelly E., Smith J.P.(2017). Poverty dynamics and parental mental health: Determinants of childhood mental health in the UK. *Soc. Sci. Med.*175:43–51. doi: 10.1016/j.socscimed.2016.12.040.
- Fulgini, A. J., Eccles, J. S., Barber, B. L., & Clements, P. (2001). Early adolescent peer engagement and adjustment during high school. *Developmental Psychology*, 37, 28–36.
- Furman,W., & Buhrmester, D. (1992). Age and sex differences in perceptions of networks of personal relationships. *Child Development*, 63, 103–115.
- Gachathi. P. 1976. *Report of the national committee on educational objectives and policies* .Government Printers; Nairobi, Kenya.
- Garcia, D.M.(1986) The transactional model of stress and coping, its application to young adolescents. Ph. D. Thesis. University of Denver, 1228. In Sweta,S.(2016) Impact of Academic Stress among Adolescents in Relation to Gender, Class and Type of School Organization. *International journal of applied research*,2(8):317-322
- Ghanaei, C. A. , Mirdoraghib, F. & Pakmehr, H. (2011).The relationship between self-efficacy and its subscales with mental health in University students. *Procedia Social and Behavioral Sciences*, 15, 3050–3055.
- Gilman, R., & Huebner, E. S. (2003). A review of life satisfaction research with children and adolescents. *School Psychology Quarterly*, 18, 192–205.
- Goodenow, C. (1993). Classroom belonging among early adolescent students: Relationships to motivation and achievement. *The Journal of Early Adolescence*, 13, 21–43. doi:10.1177/02724316 93013001002

- Goodman, R.(1997). The Strengths and Difficulties Questionnaires: A research note. *Child Psychology & Psychiatry & Allied Disciplines*,35(5),581-586. <https://doi.org/10.1111/j.1469-7610.1997.tb01545.x>
- Goodman, R., Meltzer, H. & Bailey, V.(1998). Strength and Difficulties Questionnaire: A pilot study of the self-report version. *European Child & Adolescent Psychiatry* 7: 125. <https://doi.org/10.1007/s007870050057>
- Grøtan, K., Sund, E. R., & Bjerkeset, O. (2019). Mental Health, Academic Self-Efficacy and Study Progress Among College Students - The SHoT Study, Norway. *Frontiers in psychology*, 10, 45. <https://doi.org/10.3389/fpsyg.2019.00045>
- Grover, R.L, Ginsburg, G.S.& Ialongo, N.(2007) Psychosocial outcomes of anxious first graders: a seven-year follow-up. *Depress Anxiety*. 24 (6):410–20
- Gupta J. An exploratory on some aspects of high academic stress and symptoms in 12-15 years old students. M.Sc. Dissertation. Punjab University, Chandigarh, 1989. In Sweta,S.(2016) Impact of Academic Stress among Adolescents in Relation to Gender, Class and Type of School Organization. *International journal of applied research*,2(8):317-322
- Haines, R. T., & Mueller, C. E. (2013). Academic achievement: An adolescent perspective. In J. Hattie & E. M. Anderman (Eds.), *International guide to student achievement* (pp. 10–12). Routledge/Taylor & Francis Group.
- Hamre, B.K., & Pianta, R.C. (2006). *Student-teacher relationships*. In G.G. Bear, K.M. Minke, & A. Thomas (Eds.), *Children's Needs III* (pp. 59-71). Bethesda, MD: National Association of School Psychologists
- Helgeson, V.S. Social support and quality of life. *Qual Life Res* 12, 25–31 (2003). <https://doi.org/10.1023/A:1023509117524>
- Heslin, P.A. & Klehi, U.T.(2006). *Measurement of self-efficacy*. Retrieved from: [//www.google.com.pk/#hl=en&q=low+self+efficacy&oq=low+self+efficacy&aq=f&aqi=&aql=&gs_sm=e&gs_upl=658318710101717101010101010110&fp=49ae350fcbc19a64&biw=1024&bih=541](http://www.google.com.pk/#hl=en&q=low+self+efficacy&oq=low+self+efficacy&aq=f&aqi=&aql=&gs_sm=e&gs_upl=658318710101717101010101010110&fp=49ae350fcbc19a64&biw=1024&bih=541).
- Hinshaw, S.P.(1987) On the distinction between attentional deficits/hyperactivity and conduct problems/aggression in child psychopathology. *Psychological Bulletin*,101, 443–463.

- Hinshaw, S.P.(1992). Externalizing behavior problems and academic underachievement in childhood and adolescence: Causal relationship and underlying mechanisms. *Psychological Bulletin*, 111,127-155.
- Hodges, V.E., Boivin, M., Vitaro, F., & Bukowski, W. (1999). The power of friendship: Protection against an escalating cycle of peer victimization. *Developmental Psychology*, 35, 94–101.
- Hofstra, M.B, Van Der ,E.J, & Verhulst, F.C. (2001). Adolescents' self-reported problems as predictors of psychopathology in adulthood: 10-year follow-up study. *British J Psychiatry*, 179, 203–209
- Horowitz, J.L., & Garber, J. (2006). The prevention of depressive symptom in children and adolescents: A meta-analytic review. *Journal of Counseling and Clinical Psychology*, 74, 401-415.
- Hwang, Y. S., & Vrongistinos. (2002). Elementary in-service teachers' learning strategies related to their academic achievements. *Journal of Instructional Psychology*, 29(3), 147-154.
- Iheanyichukwu, T., Ademiji, E.O., & Omonuwai, F.O. (2017). Moderating Effect of Self-Efficacy in the Mediating Effect of Self-Regulation on Students' Academic Performance. *Journal of Education and Practice*, 8, 192-200.
- Indira.K.(2014). Social Problems among the Adolescents of Manipur: Role of Parents and Teachers. *Journal of North East India Studies Vol. 4(1)*, 13-21. Retrieved from <https://jneis.webs.com/pdf/vol.4/4.1.2.pdf>
- Israel, B. A., & Schurman, S. J. (1990). Social support, control, and the stress process. In K. Glanz, F. M. Lewis, & B. K. Rimer (Eds.), *Health behavior and health education: Theory, research, and practice* (pp. 187–215). Jossey-Bass/Wiley.
- Jane, D.M., Ryotaro., & Shawna,R.(2012). Adolescents Mental Health, Behavioral problem and Academic Achievement. *Journal of Health and Social behavior*, 53(4), 482-497.
- Jayanthi,P. & Thirunavukarsu,M.(2016).Perceived social support – A risk factor for depression among Adolescents: An analytical study. *International centre for collaborative research-Journal of Nursing*, 1(1), 29-34.

- Jaycox, L. H., Stein, B. D., Paddock, S., Miles, J. N. V., Chandra, A., Meredith, L. S., & Burnam, M. (2009). *Journal of Emotional and Behavioral Disorders*, 14:209–216. <http://dx.doi.org/10.1177/10634266060140040401>.
- Juvonen, J.(2018) *Handbook of Peer Interactions, Relationships, and Groups*. Guildford Press; New York, NY, USA. *The potential of schools to facilitate and constrain peer relationships*; pp. 491–509.
- Kadison R., DiGeronimo T. F. (2004). *College of the Overwhelmed: The Campus Mental Health Crisis and What to do About it*. San Francisco, CA: Jossey-Bass. In Crede, J., Wirthwein, L., McElvany, N., & Steinmayr, R. (2015). Adolescents' academic achievement and life satisfaction: the role of parents' education. *Frontiers in psychology*, 6, 52. <https://doi.org/10.3389/fpsyg.2015.00052>
- Kaniasty, K., and Norris, F. H. (2008). Longitudinal linkages between perceived social support and posttraumatic stress symptoms: sequential roles of social causation and social selection. *J. Trauma Stress* 21, 274–281. doi: 10.1002/jts.20334
- Kiefer,S.M.,Alley,K.M. & Ellerbrock, C.R.(2015). Teacher and peer support for young adolescents' motivation, engagement and school belonging. *Research in Middle level of Education*, 38(8), 1-18
- Kievit, R.A., Jones, P.B., Gibson, J.L., Lewis, G., VanHarmelen, A.L.,Brodbeck, J.& Goodyer, I.M.(2016). Friendships and family support reduce subsequent depressive symptoms in at-risk adolescents. *Plos One*,11(5), e0153715. <https://doi.org/10.1371/journal.pone.0153715>
- Kim, O. M., Reichwald, R., & Lee, R. M. (2012). Cultural Socialization in Families with Adopted Korean Adolescents: A Mixed-Method, Multi-Informant Study. *Journal of adolescent research*, 28(1), 10.1177/0743558411432636. <https://doi.org/10.1177/0743558411432636>
- Ko, H. C., Wang, L. L., & Xu, Y. T. (2013). Understanding the different types of social support offered by audience to A-list diary-like and informative bloggers. *Cyberpsychology, behavior and social networking*, 16(3), 194–199. <https://doi.org/10.1089/cyber.2012.0297>

- Komaraju, M., & Nadler, D. (2013). Self-Efficacy and Academic Achievement: Why Do Implicit Beliefs, Goals, and Effort Regulation Matter? *Learning and Individual Differences*, 25, 67-72. <http://dx.doi.org/10.1016/j.lindif.2013.01.005>
- Kumari, P.(n.d) Charateristics of Adolescents. accessed from www.patnauniversity.ac.in/e-content/social_sciences/iprs/PGDCP34.pdf
- Ladd G.W. (1990).Having Friends, Keeping Friends, Making Friends, and Being Liked by Peers in the Classroom: Predictors of Children’s Early School Adjustment. *Child Dev.* 61:1081–1100. doi: 10.2307/1130877.
- LaGreca, A.M., & Lopez, N. (1998). Social anxiety among adolescents: Linkages with peer relations and friendships. *Journal of Abnormal Child Psychology*, 26, 83–94.
- Lamas, H. (2015). School Performance. *Propósitos y Representaciones*, 3(1), 313-386. doi: <http://dx.doi.org/10.20511/pyr2015.v3n1.74>
- Lee, R. T., Mancini, A. J., and Maxwell, W.J. (1990). Sibling relationships in adulthood: Contact patterns and motivations. *Journal of Marriage and the Family*, 52(2), 431-440. doi:10.2307/353037
- Levine, G.(2008). A foucaltian approach to academic anxiety. *Educational Studies*, 44, 62-76
- Levitt, M. J., Guacci, F. N., & Levitt, J. L. (1994). Social support and achievement in childhood and early adolescence: A multicultural study. *Journal of Applied Developmental Psychology*,15, 207–222. doi:10.1016/0193-3973(94)90013-2
- Linthoi,A.(2004, December). Adolescents and Mental Health. *The Sangai Express*. Retrieved March15,2015,fromhttp://www.epao.net/epSubPageExtractor.asp?src=leisure.Essay.Adolescent_and_Mental_Health.
- Loannou, M., Kassianos, A. P. & Symeou, M.(2019). Coping with depressive symptoms in young adults : Perceived social support protects against depressive symptoms only under moderate level of stress. *Frontier in Psychology*,9, 1-11. <https://doi.org/10.3389/fpsyg.2018.02780>

- Lord, S.E., Eccles, J.S., McCarthy, K.A. Surviving the junior high school transition: Family processes and self-perceptions as protective and risk factors. *The Journal of Early Adolescence*, 14, p 162–199. doi: 10.1177/027243169401400205
- Louis, R. A., & Mistele, J. M. (2011). The Differences in Scores and Self-Efficacy by Student Gender in Mathematics and Science. *International Journal of Science and Mathematics Education*, Online First, 1-28.
- Ma,X.(1999). A meta-analysis of the relationship between anxiety towards mathematics and achievement in mathematics. *Journal of Research in Mathematics Education*, 30, 520- 540.
- Maan, C.G., Hussain, M.S., Heramani, N., & Lenin, R.K.(2014). Psychiatric Morbidity profiles of child and adolescent patient attending the Regional Institute of Medical Sciences, Imphal. *ISOR Journal of Dental and Medical Sciences*, 13(12), 47-51
- Maddux, J. E., & Volkmann, J. (2010). Self-Efficacy *Handbook of Personality and Self-Regulation* (pp. 315-331): Wiley-Blackwell.
- Maddux, J.E. (2002). Self- efficacy: *The power of believing you can*. The handbook of positive psychology, New York: Oxford University Press.
- Malecki,C.K., & Demary,M.K(2000). Measuring perceived social support: Development of the child and adolescents social support scale (CASSS). *Psychology in the Schools*, 39, 1-18.
- Malecki,C.K., Demary, M.K. & Elliott ,S.N.(2010). *A Working Manual on the Development of the Child and Adolescents Social Support Scale (2000)*. Northern Illinois University.
- Marcionetti, J., and Rossier, J. (2016). Global life satisfaction in adolescence: the role of personality traits, self-esteem, and self-efficacy. *J. Individ. Dif.* 37, 135–144 <https://doi.org/10.1027/1614-0001/a000198>
- Marin,P. & Brown, B.(2008). The school environment and adolescents well being beyond academics. *Child trends*. National Adolescents Health Information Centre, Washington DC.
- Martha, K.(2009) Factors Affecting Academic Performance of Undergraduate Students at Uganda Christian University. Makerere University. In Islam, Ariful, and Sanzida Tasnim. (2011) “An Analysis of Factors Influencing Academic Performance of

- Undergraduate Students: A Case Study of Rabindra University, Bangladesh (RUB).” *Shanlax International Journal of Education*,9(3), 127-135. DOI: <https://doi.org/10.34293/education.v9i3.3732>
- Martínez-Otero, V. (2007). *Los adolescentes ante el estudio. Causas y consecuencias del rendimiento académico*. Madrid: Fundamentos.
- Masud S, Mufarrih SH, Qureshi NQ, Khan F, Khan S and Khan MN (2019) Academic Performance in Adolescent Students: The Role of Parenting Styles and Socio-Demographic Factors – A Cross Sectional Study From Peshawar, Pakistan. *Frontiers in Psychology*. 10:2497. doi: 10.3389/fpsyg.2019.02497
- Mayes, S.D. & Calhoun, S.L. (2007). Learning, attention, writing and processing speed in typical children and children with ADHD, autism, depression and oppositional defiant disorder. *Child Neuropsychology*, 13, 469-493.
- Mazza J.R.S., Lambert J., Zunzunegui M.V., Tremblay R.E., Boivin M., Côté S.M. Early adolescence behavior problems and timing of poverty during childhood: A comparison of lifecourse models. *Soc. Sci. Med.* 2017;177:35–42. doi: 10.1016/j.socscimed.2017.01.039
- McGee, R., Prior, M., Williams, S., Smart, D., & Sanson, A. (2002). The long-term significance of teacher – rated hyperactivity and reading ability in childhood: Finding from two longitudinal studies. *Journal of Child Psychology and Psychiatry*, 43, 1004- 1016
- McCoy, J., Twyman, T., Ketterlin-Geller, L., & Tindal, G. (2005). Academic achievement. In S. W. Lee (Ed.), *Encyclopedia of school psychology* (pp. 9-12). SAGE Publications, Inc., <https://dx.doi.org/10.4135/9781412952491.n3>
- McCulloch, A., Wiggins, R.D., Joshi, H.E., & Sachdev, D. (2000). Internalizing and externalizing children’s behavior problems in Britain and the U.S.: Relationship to family resources. *Children & Society*, 14, 368-383.
- McNeal, R. B. (1999). Parental involvement as social capital: Differential effectiveness on science achievement, truancy, and dropping out. *Social Forces*, 78, 117–144.
- Meenu, D. (2016) Factors Affecting the Academic Achievement: A Study of Elementary School Students of NCR Delhi, India. *Journal of Education and Practice*, 7, 70-75.

- Melby, J., Conger, R., Fang, S., Wickrama, K., & Conger, K. (2008). Adolescent family experiences and educational attainment during early adulthood. *Dev Psychology, 44* (6), 1519-1536.
- Memo. G.R., Muhammad. F.J, Muhammad. A.K. 2010. Impact of parental socioeconomic status on scientific research, 6(6), pp 678-687.
- Merrell, C., & Tymms, P. B. (2001). Inattention, hyperactivity and impulsiveness: Their impact on academic achievement and progress. *British Journal of Educational Psychology, 71*(1), 43–56. <https://doi.org/10.1348/000709901158389>
- Millones, D. L. M., Leeuwen, K. V., & Ghesquière, P. (2013). Associations between psychosocial functioning and academic achievement: the peruvian case. *Universitas Psychologica, 12*(3),725-737. doi:10.11144/Javeriana.UPSY12-3.apfa
- Milne, A.D., Myers, D., Rosenthal, A. & Ginsburg,A.(1986). Single parents, working mothers and the educational achievement of school children. *Sociology of Education, 59*, 125-139
- Miloseva L, Vukosavljevic-Gvozden T, Richter K, Milosev V, Niklewski G.(2017). Perceived social support as a moderator between negative life events and depression in adolescence: implications for prediction and targeted prevention. *EPMA J.23;8*(3):237-245. doi: 10.1007/s13167-017-0095-5.
- Moffitt, T.E. & Caspi, A.(2001). Childhood predictors differentiate life-course persistent and adolescence-limited antisocial pathways among males and females. *Developmental Psychopathology, 13*:355–375
- Moilanen, K.L., Shaw D.S., Maxwell, K.L. (2010). Developmental Cascades: Externalizing, internalizing and academic competence from middle childhood to early adolescence. *Development and Psychopathology 23*(3), 635-653.
- Motlagh S.A, Amrai, K., Yazdani, M.J, Abderahim, H.A & Souri, H (2011) The relationship between self-efficacy and academic achievement in high school students. *Procedia Social and Behavioral Sciences,15*,765–768 doi:10.1016/j.sbspro.2011.03.180
- Multon, K. D., Brown, S. D., & Lent, R. W. (1991). Relation of self-efficacy beliefs to academic outcomes: A meta-analytic investigation. *Journal of Counseling Psychology, 38*(1), 30–38. <https://doi.org/10.1037/0022-0167.38.1.30>

- Mychailyszyn, M.P., Méndez, J.L. & Kendall, P.C. (2010). School functioning in youth with and without anxiety disorders: comparisons by diagnosis and comorbidity. *Sch Psychol Rev.* 39(1), 106–21
- Narad, A., & Abdullah, B. (2016). Academic performance of senior secondary school students: Influence of parental encouragement and school environment. *Rupkatha Journal on Interdisciplinary Studies in Humanities Special Issue*, 3(2), 12-19.
- Nebhinani, N.J.S. (2018) Adolescents mental health : Issues, challenges and solution. *Annals of Indian psychiatry*, 3(2), 12-19. DOI: 10.4103/aip.aip_24_19
- Needham, B.L. (2009). Adolescents depressive Symptomatology and young adult Educational Attainment: An examination of Gender Differences. *Journal of Adolescent Health*, 45, 179- 86.
- Nelson, J.R., Benner, G.J. & Neill, S.(2004). Interrelationships among language skills, externalizing behavior, and academic fluency and their impact on the academic skills of students with ED.
- Ogundele M. O. (2018). Behavioural and emotional disorders in childhood: A brief overview for paediatricians. *World journal of clinical pediatrics*, 7(1), 9–26. <https://doi.org/10.5409/wjcp.v7.i1.9>
- Okano, L., Jeon, L., Crandall, A., & Riley, A. (2020) Differential effects of internalizing behaviors on academic functioning for girls versus boys: An analysis of developmental cascades from elementary to high school. *Dev. Psychopathology*, 32, 751–764.
- Olivares, F., Fidalgo, R., and Torrance, M (2016) Differences in Reading Self-Efficacy between School Years and according to Gender. *Revista de Psicodidáctica*, 21(1), 45-63 DOI: 10.1387/RevPsicodidact.13832
- Pajares, F. & Schunk, D.H. (2002). *Self and self-belief in psychology and education: a historical perspective*. Improving Academic Achievement. New York: Academic Press. Retrieved from: <http://des.emory.edu/mfp/PSHistoryOfSelf.PDF>
- Pajares, F. (2006). *Self – Efficacy during childhood and adolescence: Implication for teachers and parents*. In *Self-Efficacy Beliefs of Adolescents* (pp1- 43), Greenwich: Information Age.

- Pajares.F.(2002). Self efficacy during childhood and adolescents: Implication for teachers and parents. In *Self-Efficacy Beliefs of Adolescents*, (339–367) Information Age Publishing.
- Panmei A, Manju.M and Mathur.A.(2018) Adjustment pattern of youth across different socio-economic groups in Manipur. *Indian Journal of Positive Psychology*. 9(3), 423-426.
<https://www.proquest.com/openview/b973049d4a5c43ed5ca7c1a14c7f1175/1?pq-origsite=gscholar&cbl=2032133>
- Park, H., & Choi, Y.H. (2017). Factors Affecting Emotional · Behavioral Problems in Early Adolescence: A Multilevel Model Study. *Journal of Korean Academy of Community Health Nursing*, 28, 482-493.
- Parto, M. & Besharat . Procedia. (2011). *Social and behavioural sciences*, 30, 639-643. (Incomplete)
- Patel, V., Flisher, A.J., Hetrick, S. and McGorry, P. (2007) Mental Health of Young People: A Global Public-Health Challenge. *Lancet*, 369, 1302-1313.
[http://dx.doi.org/10.1016/S0140-6736\(07\)60368-7](http://dx.doi.org/10.1016/S0140-6736(07)60368-7)
- Patterson, G. R., Dishion, T. J., & Bank, L. (1984). Family interaction: A process model of deviancy training. *Aggressive Behavior*, 10(3), 253–267. [https://doi.org/10.1002/1098-2337\(1984\)10:3<253::AID-AB2480100309>3.0.CO;2-2](https://doi.org/10.1002/1098-2337(1984)10:3<253::AID-AB2480100309>3.0.CO;2-2)
- Paulson, B. L., & Everall, R. D. (2003). Suicidal Adolescents: Helpful Aspects of Psychotherapy. *Archives of Suicide Research*, 7(4), 309–321. <https://doi.org/10.1080/713848939>
- Pedersen, M.L. , Holen, S. , Lydersen.S., Martinsen, K., Neumer, S.P , Adolfsen, F. & Sund, A.M.(2019). School functioning and internalizing problems in young school children. *BMC Psychology* ,7 (88) <https://doi.org/10.1186/s40359-019-0365-1>
- Pike, L.B. Early adolescents. Human development and family studies. Available at <https://extension.missouri.edu/media/wysiwyg/Extensiondata/Pub/pdf/hesguide/humanrel/gh6010.pdf>

- Pine, D.S., Cohen, E., Cohen, P. & Brook, J. (1999) Adolescent depressive symptoms as predictors of adult depression: moodiness or mood disorder? *American J Psychiatry* 156, 133–135
- Pintrich, P. & Schunk, D.H. (1996). *Motivation in education theory: theory, research, and applications*. Upper Saddle River, N.J: Prentice Hall.
- Piotrowska, P., Stride, C., Maughan, B., Ford, T., McIntyre, N., & Rowe, R. (2022). Understanding the relationship between family income and conduct problems: Findings from the mental health of children and young people survey. *Psychological Medicine*, 1-8.
- Pössel, P., Rudasill, K. M., Sawyer, M. G., Spence, S. H., & Bjerg, A. C. (2013). Associations between teacher emotional support and depressive symptoms in Australian adolescents: a 5-year longitudinal study. *Developmental psychology*, 49(11), 2135–2146. <https://doi.org/10.1037/a0031767>
- Rabiner, D. L., Murray, D. W., Schmid, L., & Malone, P. S. (2004). An Exploration of the Relationship Between Ethnicity, Attention Problems, and Academic Achievement. *School Psychology Review*, 33(4), 498–509.
- Rana R. A., Mahmood N. (2010). The relationship between test anxiety and academic achievement. *Bull. Educ. Res.* 32 63–74.
- Rapport, M.D., Scanlan, S.W. & Denny, C.B. (2008). Attention deficit/hyperactivity disorder and scholastic achievement: A model of dual developmental pathways. *The journal of child psychology and psychiatry*, 40(8), 1169-1183. <https://doi.org/10.1111/1469-7610.00534>
- Rathore, M. K. & Sangwan, S. (2015). Academic performance of adolescents: An indicator of prosperous life. *Advance research journal of social science*, 6(2): 203-208.
- Ren, P., Qin, X., Zhang, Y & Zhang, R. (2018). Is social support a cause or consequences of depression? A longitudinal study of adolescents. *Frontier in Psychology*, 9, 1634. doi: 10.3389/fpsyg.2018.01634
- Resnick, M., Bearman, P., Blum, R., Bauman, K., Harris, K., Jones, J. et al. (1997) Protecting adolescents from harm: Findings from the National Longitudinal Study of Adolescent Health. *Journal of the American Medical Association*, 278(10), 823-32

- Riglin, L. Petrides, K. Frederickson, N. & Rice, F. (2014). The relationship between emotional problems and subsequent school attainment: A meta-analysis. *Journal of Adolescence*, 37(4):335–346. [PubMed: 24793380]
- Robbins, S. B., Lauver, K., Le, H., Davis, D., Langley, R., & Carlstrom, A. (2004). Do Psychosocial and Study Skill Factors Predict College Outcomes? A Meta-Analysis. *Psychological Bulletin*, 130(2), 261–288. <https://doi.org/10.1037/0033-2909.130.2.261>
- Roeser, R., Eccles, J., & Strobel, K. (1998). Linking the study of schooling and mental health: Selected issues (name of the journal)
- Roeser, R.W., Eccles, J.S., & Sameroff, A.J.(2000). School as a context of early adolescents' academic and social-emotional development: A summary of research findings. *The Elementary School Journal*, 100, 443-471.
- Rosal, I. & Bermejo, M. (2017) Autoeficacia en estudiantes universitarios: Diferencias entre el grado de maestro en educación primaria y los grados enciencias. *Inter. J. Dev. Educ. Psy.*, 1, 115–123.
- Rosario, M., Salzinger, S., Feldman, R. S., & Ng-Mak, D. S. (2008). Intervening processes between youths' exposure to community violence and internalizing symptoms over time: The roles of social support and coping. *American Journal of Community Psychology*, 41(1), 43-62
- Rosenfeld, L. B., Richman, J. M., & Bowen, G. L. (2000). Social support networks and school outcomes: The centrality of the teacher. *Child and Adolescent Social Work Journal*, 17, 205– 226. doi:10.1023/A:1007535930286.
- Ryan, R. M., & Deci, E. L. (2009). *Promoting self-determined school engagement: Motivation, learning, and well-being*. In K. R. Wentzel, & A. Wigfield (Eds.), *Handbook on motivation at school* (pp. 171–196). Routledge
- Ryan, R. M., and Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *Am. Psychol.* 55, 68–79. doi: 10.1037/0003-066X.55.1.68
- Ryherd, L. M.(2011). "Predictors of academic achievement: The role of older sibling and peer relationship factors". Graduate Theses and Dissertations. 12050. <https://lib.dr.iastate.edu/etd/12050>

- Saira,H.(2013). A study of determining the relationship between academic achievement and problem behavior of urban secondary school students in Bangladesh. *The International Journal of Social Sciences*, 8(1), 1-10.
- Sanders, M.G.(1998). The effects of School, family and community support on the academic achievement of African American adolescents. *Urban Educ.*33,385-409. Doi: 10.1177/0042085998033003005
- Santhi, V. & Rajesh, B.(2020). Impact of smartphone usage on the academic performance among medical students. *J. Evolution Med. Dent. Sci.*,9(02):105-110, DOI: 10.14260/jemds/2020/23
- Sarason, B.R., Sarason, I.G., & Pierce, G.R.(1990). *Social support: An interactional view*. England: J.Willey & Sons
- Schulz, U., & Schwarzer, R. (2004). Long-term effects of spousal support on coping with cancer after surgery. *Journal of Social and Clinical Psychology*, 23(5), 716-732.
- Schunk, D. H. (1987). Peer models and children's behavioral change. *Review of Educational Research*, 57, 149–174. <https://doi.org/10.2307/1170234>
- Schunk, D.H., and Pajares,F.(2010). Self-efficacy beliefs. In *International Encyclopedia of Education*, eds P.Peterson, E.Baker, and M.Barry (Oxford: Elsevier), 668-672
- Schunk, D.H. & Meece, J.L.(1995). *Self efficacy Development in Adolescence* .Self Efficacy Beliefs of Adolescents, 71-96. Information Age Publishing. Retrieved from <http://www.uky.edu/~eushe2/Pajares/03SchunkMeeceAdoEd5.pdf>
- Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, *Measures in health psychology: A user's portfolio*. (pp. 35-37). Windsor, UK: NFER-NELSON.
- Sessa, F.M.(2006). Adolescence in Howard, S.F. *Encyclopedia of Mental Health* (Second Edition) retrieved from [sciencedirect.com/topics/medicine – and – dentistry/adolescence](http://sciencedirect.com/topics/medicine-and-dentistry/adolescence)
- Shah, S.O. & Hussain. M. (2021). Parental occupation and its effect on the academic performance of the children. *Journal of emerging technologies and innovative*

research,8(8)e576-e583. Retrieved from

https://www.researchgate.net/publication/356460362_

- Sharma, S. & Ali. A. (2014). Attitude towards school, conflict, violence and mental health status among school going adolescents: A gender comparison. *The International Journal of Indian Psychology*, 4(1), 5-17.
- Sharma,K.(2020). The soaring rate of teen suicides: What can we learn?Times of India. <https://timesofindia.indiatimes.com/life-style/health-fitness/de-stress/the-soaring-rate-of-teen-suicides-what-can-we-learn/articleshow/78032936.cms>
- Sijtsema, J.J. , Verboom, C. , Penninx, B.W., Verhulst, F. & Ormel, J. (2013). Psychopathology and Academic Performance, Social Well-Being, and Social Preference at School: The TRAILS Study. *Child psychiatry and human development*. 45(3). doi 10.1007/s10578-013-0399-1.
- Silva, J. L., & Bazon, M. R. (2014). School Experience During Adolescence: A Comparative Study Between Adolescent Offenders and Not Offenders.
- Simpson, R.L., Patterson, R.L., & Smith. C.R.(2011). Critical educational program components for students with emotional and disorders: Science, policy and practice. *Remedial and Special Education*, 32, 230-242.
- Singh, K., Bickley, P. G., Trivette, P., & Keith, T. Z. (1995). The effects of four components of parent involvement on eighth grade student achievement: Structural analysis of NELS:88 data. *School Psychology Review*, 24(2), 299–317.
- Skaalski A, Smith M. Responding to the mental health needs of students. *Principal Leadership*. 2006; 7(1): 12-15. In Bas, G. (2021). Relation between Student Mental Health and Academic Achievement Revisited: A Meta-Analysis. In (Ed.), *Health and Academic Achievement - New Findings*. IntechOpen. <https://doi.org/10.5772/intechopen.95766>
- Smith, T. (1990). Academic achievement and teaching younger siblings. *American Sociological Association* , 53 (4), 352-363.
- Smith, T. (1993). Growth in academic achievement and teaching younger siblings. *American Sociological Association* , 56 (1), 77-85.
- Smith,P.K., Cowie,H., & Blades, M.(1998). *Understanding children's development* (3rd ed). Massachusetts: Blackwell Publishers.

- Song, Juyeon & Bong, Mimi & Lee, Kyehyoung & Kim, Sung-il. (2015). Longitudinal Investigation Into the Role of Perceived Social Support in Adolescents' Academic Motivation and Achievement. *Journal of Educational Psychology*, 107, 821-841. 10.1037/edu0000016.
- Soomro, N., & Clarbour, J. (2012). Emotional Behaviour and Academic Achievement in Middle School Children. *Pakistan Journal of Social and Clinical Psychology*, 9,(2), 10-16.
- Steca, P., Abela, J. R. Z., Monzani, D., Greco, A., Hazel, N. A., & Hankin, B. L. (2014). Cognitive vulnerability to depressive symptoms in children: The protective role of self-efficacy beliefs in a multi-wave longitudinal study. *Journal of Abnormal Child Psychology*, 42(1), 137–148. <http://doi.org/10.1007/s10802-013-9765-5>.
- Steinberg, L., & Darling, N. (1994). *The broader context of social influence in adolescence*. In Silbereisen, R.K. & Todt, E. (Eds.), *Adolescence in Context: The Interplay of Family, School, Peers, and Work in Adjustment*. New York: Springer-Verlag Inc.
- Steinberg, L., Darling, N. E., Fletcher, A. C., Brown, B. B., & Dornbusch, S. M. (1995). Authoritative parenting and adolescent adjustment: An ecological journey. In P. Moen, G. H. Elder, Jr., & K. Luscher (Eds.), *Examining lives in context* (pp. 423–466). Washington, DC: American Psychological Association.
- Steinmayr, R., Crede, J., McElvany, N and Wirthwein, L. (2016) Subjective well-being, test anxiety, academic achievement : Testing for reciprocal effects. *Frontier Psychology*, 6:1994. <http://doi.org/10.3389/fpsyg.2015.01994>.
- Sterling, S., Cowen, E.L., Weissberg, R.P., Lotyczewski, B., & Boike, M. (1985). Recent stressful events and young children's school adjustment. *American Journal of Community Psychology*, 13, 87–98.
- Suldo, S. M., Riley, K., & Shaffer, E. S. (2006). Academic Correlates of Children and Adolescents' Life Satisfaction. *School Psychology International*, 27, 567-582. <http://dx.doi.org/10.1177/0143034306073411>

- Susan J.T., Branje,C., VanLieshout, F.M. & Marcel, A.G. (2008). Perceived support in sibling relationships and adolescent adjustment. *The journal of child psychology and psychiatry* <https://doi.org/10.1111/j.1469-7610.2004.00332.x>
- Sweta,S.(2016) Impact of Academic Stress among Adolescents in Relation to Gender, Class and Type of School Organization. *International journal of applied research*,2(8):317-322
- Tahmassian, K., & Jalali Moghadam, N. (2011). Relationship between self-efficacy and symptoms of anxiety, depression, worry and social avoidance in a normal sample of students. *Iranian journal of psychiatry and behavioral sciences*, 5(2), 91–98.
- Tak, Y.R, Brunwasser, S.M., Aschoff, A.L.,Rutger C. M. & Engels, E.(2016) The Prospective Associations between Self-Efficacy and Depressive Symptoms from Early to Middle Adolescence: A Cross-Lagged Model. *J Youth Adolescence* (2017) 46:744–756
- Talwar,P.(2016). The Moderating Effect of Perceived Social Support on Stress and Depression among University Students. *Online Journal of Health and Allied Sciences* 15(3)Retrievedfrom<https://www.researchgate.net/publication/31212172>
- Tardy,C.(1985). Social support measurement. *American Journal of Community Psychology*,13(2),187-202.
- Temsusenla, J., Roshan, L, Lenin, R.K., Premika, N., & Sameeta, N.(2014). The relationship between peer victimization, self esteem and depression among school going children. *International Journal in Management and Social Sciences*, 12(2), 477-489.
- Thijs,J. & Verkuyten, M.(2013). Multiculturalism in the classroom: Ethnic attitudes and classmates' beliefs. *International journal of intercultural Relation*,37, 176–187 <http://doi:10.1016/j.ijintrel.2012.04.012>.
- Torres, R.M. & Fernandez, P. (1995). Self-esteem and value of health as determinants of adolescent health behavior. *Journal of Adolescent Health*, 16, 60-63.
- Treharne, G. J., Lyons, A. C., Booth, D. A., & Kitas, G. D. (2007). Psychological well-being across 1 year with rheumatoid arthritis: coping resources as buffers of perceived stress. *British journal of health psychology*, 12(Pt 3), 323–345. <https://doi.org/10.1348/135910706X109288>

Turner, E. A., Chandler, M., & Heffer, R. W. (2009). The influence of parenting styles, achievement motivation, and self-efficacy on academic performance in college students. *Journal of College Student Development*, 50, 337–346.

Uchino, B.N. (2009) Understanding the Links between Social Support and Physical Health: A Life-Span Perspective with Emphasis on the Separability of Perceived and Received Support. *Perspectives on Psychological Science*, 4, 236- 255. <http://dx.doi.org/10.1111/j.1745-6924.2009.01122.x>

VanLier, P.A.C., Vitaro, F., Barker, E.D., Brendgen, M., Tremblay, R.E. & Biovin, M. (2012). Peer victimisation, poor academic achievement and the link between childhood externalising and internalising problems. *Child Development*, 83, 1775-1788. DOI: 10.1111/j.1467-8624.2012.01802.x

Vansteenkiste, M., Sierens, E., Soenens, B., Luyckx, K., & Lens, W. (2009). Motivational profiles from a self-determination perspective: The quality of motivation matters. *Journal of Educational Psychology*, 101, 671–688. <http://dx.doi.org/10.1037/a0015083>

Verboom, C., Sijtsma, J., Verhulst, F., Penninx, B., & Ormel, J. (2014). Longitudinal associations between depressive problems, academic performance, and social functioning in adolescent boys and girls. *Developmental Psychology*, 50(1), 247–257. <https://doi.org/10.1037/a0032547>

Verhulst FC, Koot HM, Berden GFMG. (1990) Four-year followup of problem behavior in an epidemiological sample of children aged 4–12. *J Am Acad Child Adolesc Psychiatry* 29:440–448

Wang, M., & Eccles, J. S. (2013). School context, achievement motivation, and academic engagement: A longitudinal study of school engagement using a multidimensional perspective. *Learning and Instruction*, 28, 12–23.

Way, N., Reddy, R., & Rhodes, J. (2007). Students' perceptions of school climate during the middle school years: Associations with trajectories of psychological and behavioral adjustment. *American Journal of Community Psychology*, 40(3), 194–213

Weary, K. (2000). *Promoting mental, emotional & social health: A whole approach*. London: Routledge

- Weidman, A.C., Augustine, A.A., Murayama, K. & Elliot, A.J. (2015). Internalizing symptomatology and academic achievement: bi-directional prospective relations in adolescence. *J Res Pers*, 58, 106–14.
- Wentzel, K. R. (1998). Social relationships and motivation in middle school: The role of parents, teachers, and peers. *Journal of Educational Psychology*, 90, 202–209. doi:10.1037/0022-0663.90.2.202.
- Wentzel, K. R., & Wigfield, A. (2007). Motivational interventions that work: Themes and remaining issues. *Educational Psychologist*, 42(4), 261–271.
- White, T. N. (2009). "The Influence of Perceived Social Support From Parents, Classmates, and Teachers on Early Adolescents' Mental Health" . Graduate Theses and Dissertations. <https://scholarcommons.usf.edu/etd/82>
- Willner, C. J., Gatzke-Kopp, L. M., & Bray, B. C. (2016). The dynamics of internalizing and externalizing comorbidity across the early school years. *Development and psychopathology*, 28(4pt1), 1033–1052. <https://doi.org/10.1017/S0954579416000687>
- Windle, M. (1992). Temperament and social support in adolescence: interrelations with depressive symptoms and delinquent behaviors. *J. Youth Adoles.* 21, 1–21. doi: 10.1007/BF01536980
- Wondimu, A., Minnaert, A., Werf, G. A.D. & Kuyper, H. (2010) Perceived Social Support and Early Adolescents' Achievement: The Mediation Roles of Motivational Beliefs and Emotions. *J Youth Adolescence*, 39, 36–46 DOI 10.1007/s10964-008-9367-7
- Wood, J. (2006). Effect of anxiety reduction on children's school performance and social adjustment. *Developmental psychology*, 42(2), 345-349.
- World Health Organisation (2017). Recognising adolescence. Health for the World's Adolescents. Retrieved from www.who.int/Health-topics.
- World Health Organisation (2021). Adolescents mental health: A second chance in the second world. Retrieved from www.who.int/news-room/fact-sheets/detail/adolescent-mental-health.
- World Health Organization (2004). *Issues in Adolescent Health and Development*. Department of Child and Adolescent Health and Development.

- Yasin, Md.A.S & Dzulkiftli, M. (2010). The Relationship between Social Support and Psychological Problems among students. *International Journal of Business and Social Science*.1(3), 110-116. Retrieved from https://www.researchgate.net/publication/228609959_The_Relationship_between_Social_Support_and_Psychological_Problems_among_Students
- Yeh, H.C., & Lempers, J. D. (2004). Perceived sibling relationships and adolescent development. *Journal of Youth and Adolescence* , 33 (2), 133-147
- Yeo, S.C.,Tan, J., Lo, J.C & Chee,M.W.L. (2016). Association of time spent on homework or studying with nocturnal sleep behavior and depression in adolescents from Singapore. *Journal of Sleep Health*, 6(6), 758-766 <https://doi.org/10.1016/j.sleh.2020.04.011>
- Yu, C. , Li, X, Wang, S. & Zhang, W.(2016). Teacher autonomy support reduces adolescent anxiety and depression: A longitudinal study. *Journal of adolescence*, 45 , 115-123. <https://dx.doi.org/10.1016/j.adolescence.2016.03.001>.
- Yusuf, Taofeek Ayotunde; Onifade, C A.; and Bello, O S. (2016) "Impact of Class Size on Learning, Behavioral and General Attitudes of Students in Secondary Schools in Abeokuta, Ogun State Nigeria," *Journal of Research Initiatives*: Vol. 2: Iss. 1, Article12. Available at: <https://digitalcommons.uncfsu.edu/jri/vol2/iss1/12>
- Zajacova, A., Scott, M., Lynch, S.M. & Espenshade, T.J. (2005). Self-efficacy, stress and academic success in college. *Research in higher education*, 46(6), 132-143.
- Zehri, C, Abdelbaki. A. 2013. Does adoption of international accounting standards promote economic growth in developing countries? *International Open Journal of Economics*, 1(1), pp 1-13.
- Zhang, B., Yan, X., Zhao, F., & Yuan, F. (2015). The relationship between perceived stress and adolescent depression: The roles of social support and gender. *Social Indicators Research*, 123(2), 501–518. <https://doi.org/10.1007/s11205-014-0739-y>
- Zhou E.S. (2014) Social Support. In: Michalos A.C. (eds) *Encyclopedia of Quality of Life and Well-Being Research*. Springer, Dordrecht. https://doi.org/10.1007/978-94-007-0753-5_2789
- Zimet, G. D., Powell, S. S., Farley, G. K., Werkman, S., and Berkoff, K. A. (1990). Psychometric characteristics of the multidimensional scale of perceived social support. *J. Pers. Assess.* 55, 610–617. doi: 10.1207/s15327752jpa5503&4_17

Zimmermann, F., Schütte, K., Taskinen, P. & Köller, O.(2013).Reciprocal effects between adolescent externalizing problems and measures of achievement. *J. Educ. Psychol.* 105, 747–761

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ABSTRACT

ACADEMIC PERFORMANCE IN RELATION TO SELF-EFFICACY, PERCEIVED SOCIAL SUPPORT AND PSYCHOLOGICAL PROBLEMS AMONG EARLY ADOLESCENTS.

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ACADEMIC PERFORMANCE IN RELATION TO SELF-EFFICACY,
PERCEIVED SOCIAL SUPPORT AND PSYCHOLOGICAL PROBLEMS
AMONG EARLY ADOLESCENTS.

BY

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Submitted

In partial fulfillment of the requirement of the Degree of Doctor of Philosophy

in Psychology of Mizoram University, Aizawl.

ABSTRACT

Early Adolescence is also known as the crossroad between childhood and adulthood (Cassy, 1994). This period is considered to be particularly vulnerable and has been known to have many behavioral and other problems due to the combination of biological, cognitive and social changes occurring simultaneously, which can be scary and confusing as well (Pike,n.d) Moreover, in the present generation, the pressure to accomplish academically poses a lot of challenge and stressors related to school (Sweta, 2016). These difficulties and challenges are also known to have significant patterns of emotional and behavioral problems among the adolescence. The study is primarily based on the ‘Reciprocal Determinism’ of Bandura’s Social Cognitive Theory (1997) which states that human’s action are viewed as the product of a dynamic interplay between the personal, behavioral and environmental influences. The study also emphasised on the importance of Perceived Social Support which is known to have a buffering effect (Cohen & Wills, 1985) which prevents an individual from negative consequences of stressful live events. Since, the education system in India is mainly achievements and marks oriented, which has been known to have an adverse effects on the young students. The present study attempted to explore the significance of self-efficacy, perceived social support and psychological problems especially emotional-behavioral problems in determining the academic performance of early adolescents. Further, it was also expected that there will be a significant differences of these variables i.e. Self-Efficacy, Perceived Social Support and Emotional-Behavioral Problems among adolescents having different level of academic performance. In order to strengthen the assumptions as well as the consensus that, self-efficacy and perceived social support are expected to have a significant contributions in determining the Academic performance and Emotional-Behavioral problems, the study further attempted to explore the moderating role of perceived social support and self-efficacy in the relationship between academic performance and emotional behavioral problems among early adolescents. The study further expected that, early adolescents with poor academic performance may have more psychological difficulties owing to the difficulties and pressure they might have in this cut throat competitive generation compared to their counterparts with good

academic performance. Further in the State of Manipur, the awareness and importance of Psychological problems among the school going adolescents have always been neglected and limited to few cases presented in the psychiatric vicinity. Therefore, the present study also attempted to screen the prevalence of emotional-behavioral problems among the early adolescents which often go undetected and therefore no psychological first aids or primary intervention be given, which is expected to have undesirable impact in the psychological well-being of the these young people. Further, it was attempted to explore the significance of various socio-demographic characteristics in academic performance, self-efficacy, perceived social support and the emotional behavioral problems among the study participants.

Methodology

Sample and sampling method:- For the purpose of the study, multistage stratified random sampling method was employed on 450 school going early adolescents of Manipur, 250 boys and 250 girls within the age range of 11-14 years, studying in Imphal East and Imphal west district of Manipur were selected. These Early adolescents were further categorised into low, average and high academic performance based on the average of the two consecutive annual examinations. The General self-efficacy scale (Schwarzer & Jerusalem, 1995), Strength and difficulties questionnaire (Goodman, 1998) and Children and Adolescents Social Support Scale (CASSS, Malecki et al, 2000) were used to assess the self-efficacy, emotional behavioral problems and perceived social support respectively. In order to eliminate the difference on cultural norms, the reliability and predictive validity were employed to confirm the psychometric adequacy of the scales used for the study. The average of the two consecutive annual examinations scores were used to determine the academic performance of the study sample. Students scoring below 45% were categorised as low academic performer, 45-75% as average and above 75% as high academic performer.

Results

The data were coded and scored manually and later on entered and analysed using SPSS 17.0 version. Appropriate statistical analysis consisting of descriptive

statistics, parametric and non parametric analysis were carried out in SPSS 17.0 Version.

Sample Characteristics: - The study comprised of 450 early Manipuri adolescents between the ages ranges of 11 – 14 years. Out of these 450 study samples, 207(46%) were found within the age range of 11 to 12 years and the remaining 243 i.e 54% were found within the age range of 13 to 14 years . When it comes to gender, the sample comprised of equal numbers of male and female gender i.e 225 each. Similarly the sample comprised of 150 adolescents each studying in 6th, 7th and 8th distributed equally with academic performance categories of low, average and high performance. The highest representative of samples belongs to the nuclear family i.e. 304 (67.6%) and the remaining samples belong to joint family i.e. 146(32.4%).

In terms of order of birth, maximum number of representative samples in the present study were first born i.e. 274 (60.9%) followed by last born i.e. 115(32.2%) and the least by middle born i.e. only 61(13.6%) respectively where 305(67.8%) of them have siblings and the remaining 145 (32.8%)

Regarding the family monthly income, the maximum of representative sample i.e. 226 (50.2%) fall in the category of Rs. 15,000 to Rs.30,000, followed by 116 (25.8%) having below Rs. 15,000, while the remaining 78(17.3%) and 30(6.7%) fall in the category of Rs. 30,000 to 45,000 and Rs. 45,000 & above respectively.

Parental educational status and their occupations were also included in the study and it was found that 261 (50.7%) of father were graduate and above and the remaining samples i.e. 189 cases (42%) had up to higher secondary. Similarly in terms of mother's education, 228 cases (50.7%) were graduate and above followed by 121 cases (26.9%) and 101(22.4%) had till higher secondary and the high school respectively. Further, father's occupation were also analysed and found that 208 cases (46.2%) were self-employed followed by 172 cases (38.2%) working in public sector and the remaining 70 cases (15.6%) worked in private sector. Similarly mother's occupation were also included and found that 89 of them were self employed, followed by 153 cases (34%) were unemployed, 55 (12.2%) works in public sector and a least of 53 cases (11.8%) works in the private sector.

The study sample were further analysed in terms of whether they live with grandparents or not. It is found that 277 (61.6%) of them stays with grandparents and the remaining 173 (23.8%) does not stay with their grandparents.

History of failure or detention were also included in the socio demographic details and it was found that 343(76.2%) of the sample did not report any history of repetition or failure while 107 (23.8%) had history of detention. Further the occurrence of participation in mass protest were also included and found that 191(42.2%) were reported to have participated in a mass protest whereas the remaining 259(57.5%) have not participation in any mass protest. Finally, it is observed that 35(7.8%) of the sample has had consultation with mental health professional and the remaining 415 (92.2%) have not consulted for professional help.

Psychometric adequacies of the measures under study:- The psychometric adequacies of the measures under study i.e. The ‘General self-efficacy scale’ (Schwarzer & Jerusalem, 1995), ‘Strength and Difficulties Questionnaire’ (Goodman, 1997) and Child and Adolescents Social Support Scale (Malecki & Demary, 2000) were assessed . In order to eliminate the difference on cultural norms, the reliability and predictive validity were employed to confirm the psychometric adequacy of the scales used for the study. The internal consistency reliability of the ‘Strength and difficulties questionnaires’ was 0.876, 0.799 for ‘General Self Efficacy scale’ and 0.948 for the ‘Child and Adolescents Social Support Scale’.

Correlation between academic performance and self-efficacy, perceived social support and emotional behavioural problems:

The Pearson’s Coefficient Correlation analysis reveals a significant positive relationship between self-efficacy and academic performance among the early adolescents, as indicated by the $r = 0.538$, $p < 0.01$, suggesting that higher the self efficacy higher is the academic performance.

Similarly positive correlation between perceived social supports with academic performance among the early adolescents were found as indicated by $r = 0.219$ suggesting that higher the perceived social support, higher is their academic performance. The different domains of Perceived social support were also found to have significant correlation with academic achievement, except “Parental support($r =$

0.023)”, were not found to have a significant correlation with academic performance as evident by $p\text{-value} = 0.624 > 0.05$. Other dimensions such as teacher support ($r = 0.241$), classmate support ($r = 0.254$) and close friend support ($r = 0.272$) were found to have a significant positive correlation with the academic performance at 0.01 level, whereas the people at the school support ($r = 0.106$) were found to have positively correlated with the academic performance at 0.05 significant level.

Later, a significant inverse relationship between emotional-behavioral problems with academic performance of the study sample was also found as indicated by the $r = -0.418$, $p < 0.01$, which suggest that higher the emotional-behavioral problems lower is the academic performance and the other way around. All the domains i.e “Conduct problem ($r = -0.382$), hyperactivity ($r = -0.373$) and peer problems ($r = -0.277$) were also found to have a significant inverse relationship with academic performance.

The differences in the level of self-efficacy, emotional-behavioral problems & perceived social support

Significant differences in the level of Self-efficacy were observed among the adolescents over the three categories of academic performance i.e. low, average and high, indicated by the p value $0.000 < 0.01$. The mean score for the three categories of academic performance i.e. low, average and high are 22.50, 29.70 and 32.57, respectively where adolescents in the high academic performance category had higher self efficacy.

Similarly, a significant differences were found in the level of emotional and behavioral problems among the adolescents over the three categories of academic performance i.e. low, average and high, indicated by the p value $0.000 < 0.01$. The mean score of Emotional behavioral problems among the three categories of academic performance i.e. low, average and high are 15.36, 13.62 and 10.95 respectively, where participants in low academic categories.

Significant differences were also found among the three categories of academic performance i.e. low, average and high, as indicated by the $p \leq 0.01$. The

means perceived social support of the study samples which were found to be 253.25, 258.98, and 268.36 the low, average and high academic performance respectively.

Moderating effect of self-efficacy and perceived social support:-

Moderation analysis was utilized and found that the variation brought self-efficacy in the relationship between academic performance and emotional behavioral as indicated by the R Square change is observed to be 0.002, which means that there is 0.2% which increased in the variation explained by the interaction term. However, it is observed that the change in variation due to self efficacy is very minimal and therefore the moderation was not found to be significant as indicated by the p-value $0.309 \geq 0.01$.

Similarly, it is further observed that the "R Square Change" brought by perceived social support in the interaction between perceived social support and academic performance on emotional and behavioural problem is found to be 0.001 which is 0.1% increased in the variation explained by the interaction term, which is found to be very minimal and non significant.

Prevalence of Emotional-Behavioral problems:-

The overall prevalence rate of emotional and behavioural problems of the study samples is found to be 36%. The four domains of emotional behavioral problems were also analysed and found the highest prevalence rate falls on hyperactivity with a percentage of 36% followed by emotional symptoms and peer problems with 26% each and a least by conduct problems with a percentage of 17%.

It is further observed, that the prevalence of overall emotional and behavioural symptom was found highest among adolescents who had low level of academic performance categories with a percentage of 50% followed by average level of academic performance category of adolescents with 37% and a least by high level of academic performance category of adolescents with 20%. The domain wise prevalence rate were also analysed and given in details in the tables.

Socio-demographic characteristics and the variables under study i.e. Academic performance, self-efficacy, perceived social support and emotional behavioral problems:-

Father's occupation ($\chi^2=30.31$, p $0.000 \leq 0.01$), mothers occupation ($\chi^2=30.99$, p $0.00 \leq 0.01$), Monthly family income ($\chi^2=44.18$, p $0.000 \leq 0.01$), having siblings ($\chi^2=10.15$, p $0.06 < 0.5$), history of detention or failure ($\chi^2=49.72$, p $0.000 \leq 0.0$) and consultation with mental health professionals ($\chi^2=30.31$, p $0.00 \leq 0.0$) were found to have significant relationship with academic performance. The details of the various socio-demographic variables are given in the table no.7.1.

Similarly, father's occupation ($\chi^2=16.41$, p $0.03 \leq 0.05$), Monthly family income ($\chi^2=14.33$, p $0.026 \leq 0.05$) and consultation with mental health professional ($\chi^2=26.31$, p $0.00 \leq 0.01$) were found to have a significant relation with the self-efficacy. While the rest of the details are given in table No.7.2.

In case of perceived social support, gender ($\chi^2=10.22$, p $0.006 \leq 0.01$) and having siblings ($\chi^2=6.62$, p $0.036 \leq 0.05$) were found to have a significant relation. The rest of the socio-demographic variables didn't establish a significant relationship with perceived social support. Lastly, the relationship between socio-demographic variables and emotional behavioral problems were analysed and found that family income ($\chi^2=13.30$, p $0.03 \leq 0.05$), history of detention or repetition in a school year ($\chi^2=31.31$, p $0.000 \leq 0.01$) and having had consulted with mental health professionals ($\chi^2=38.00$, p $0.00 \leq 0.01$) had significant relation with emotional behavioral problems.

Conclusions:-

Hypothesis 1,

It was hypothesised that, there will be a significant positive correlation between self efficacy and academic performance. The statistical analysis reveals a significant positive relation between self-efficacy and academic performance, which indicates that higher the self efficacy, higher is the academic performance or when the academic performances increases self –efficacy also increases.

Hypothesis 2,

It was hypothesised that, there will be a significant positive correlation between perceived social support and academic performance among the early adolescents. The statistical analysis reveals a significant positive relation as indicated by $r = 0.219$, $p\text{-value } 0.00 \leq 0.01$. The domain wise analysis of perceived social support, i.e parental, close friends, teachers, classmates and people in the school with academic performance also reveals significant positive relation. This indicates that higher the perceived social support, higher is the academic performance and vice versa.

Hypothesis 3,

It was predicted that there will a significant inverse relationship between Emotional behavioral problems and academic performance. A significant inverse relationship was observed between emotional behavioral problems and academic achievement of the study population. The results indicates that the academic performance decreases as there is an increase in emotional-behavioral problems or the emotional behavioral also decreases when there is an increase in academic performance.

Hypothesis 4,

It was hypothesised that there will be differences in the level of self efficacy among the adolescents belong to different categories of academic performance. The statistical analysis reveals a significant difference in the level or extent of self efficacy among the early adolescents belonging to different categories of academic performances. It was observed that high academic performance score highest self efficacy, followed by the average and the low academic performance category respectively.

Hypothesis 5,

It was predicted that there will be differences in the level of self perceived social support among the adolescents belong to different categories of academic performance. The statistical analysis reveals a significant difference in the level or extent of perceived social support among the early adolescents belonging to different

categories of academic performances. It was observed that the study participant belonging high academic performance score higher in perceived social support, followed by the low and the average academic performance category respectively.

Hypothesis 6,

It was hypothesised that there will be a significant differences in emotional behavioral problems among the adolescents belong to different categories of academic performance. The statistical analysis reveals significant differences, where early adolescents in low academic performance category have highest level of emotional behavioral problems, followed by the average and high performance categories. Similarly, all the other domains of emotional behavioral problems also indicated significant differences where emotional symptoms, conduct problems, hyperactivity and peer relationship problems were found to be higher among the low academic performing category, followed by the other two categories i.e. Average and high level of academic performances.

Hypothesis 7,

It was hypothesised that there will be a moderating effect of self efficacy and perceived social support in the relationship between academic performance and emotional behavioral problems. The moderation analysis reveals that the variation brought by self efficacy on the relationship between emotional behavioral problems and academic performance were found to be very minimal for around 0.6% and fails to establish significant moderating effect. Similarly, the variation brought by perceived social support in the relationship between emotional behavioral problems and academic performance were found to be very minimal for around 0.2% and fails to establish significant moderating effect. Therefore our hypothesis is rejected.

Hypothesis 8,

Lastly, it was hypothesised that the prevalence of emotional behavioral problems would be higher among the low academic performer. It has been observed in the result section that 36% of the study population have emotional behavioral problems. Further as hypothesised, early adolescents in lower academic performance group has

the highest prevalence of emotional-behavioral problems as 50% of the adolescents in lower academic performance category have emotional behavioral problems, while 37% of adolescents in average group and 20% in the high academic performance category respectively had emotional behavioral problems. The different domains of emotional behavioral problems were also analysed and found that 26% of the study population have emotional symptoms, 17% have conduct problems, 36% of them have hyperactivity and inattention problems and 26% of them have peer relationship problems.

Hypothesis 9,

Lastly, it was predicted that the socio-demographic variables will have a significant relationship with the variables under study i.e. academic performance, Self-efficacy, perceived social support and emotional behavioral problems. It is observed from the result analyses that socio-demographic characteristics such as educational qualification, age, gender, birth order, parental educational qualification, types of family and staying with grandparents were found to have no significant relationship with academic performance of the study population. However, parental occupation, family income, having sibling, history of detention or repetition in a school year, participation in mass protest and consultation with mental health professional were found to have a significant relationship with the academic performance of the study participants. Similarly, in case of self efficacy, parental occupation, monthly income, history of detention or repetition in a school year and consultation with mental health professionals were found to have a significant relationship with self efficacy, while the rest of the variables fails to establish a significant relationship. In case of perceived social support, the socio demographic characteristic of having siblings and gender are found to have a significant relationship with perceived social support among the early adolescents, while the rest fails to establish a significant relationship. Further in case of emotional behavioral problems, the family income, history of detention or repetition in a school year and consultation with mental health professionals were found to be significant. Therefore, a partial significant relationship has been established.

Limitation & Suggestions:-

The study has certain limitations which seems appropriate to acknowledge for a better future research. First of all the sample may not be the good representative of the target population as the grades and marks given by their respective schools may differ even though they have the same syllabus under a common Board. Therefore, better standardised measures of academic performance like a standardized achievement test other than the grades and marks given by their teacher could have been a better uniformed and a more reliable way to categorise the study participants. Moreover, a specific tool designed specifically for adolescents could have been a better measure of self efficacy. Further, relying on a parents and teachers report format could have been a more precise measure of emotional-behavioral problems among the target population, as adolescence is also known as a phase where they are more concerned towards their public self image and hence there is a high tendency for them to misrepresent themselves and therefore may tend to give more socially appealing and appropriate behavioral patterns. Also, a detailed exploration of the significance of certain demographic variables in the study would be an additional asset to further understand their significant contributing role in the overall personality development of the early adolescents. Moreover a more extensive statistical approach would have made this study more authentic. Therefore, incorporating the limitations mentioned as well as a more detailed methodological approach would be a great effort to strengthen and generalise this research findings.

Implication of the Study:

It is ascertained from the findings of the present study, that the psychosocial components such as self efficacy and perceived social support have a significant role in relation with academic performance as well as the psychological problems especially the emotional behavioral problems among the early adolescents. Though self- efficacy and perceived social support failed to establish a statistically significant moderating role, their contribution in buffering the emotional behavioral problems among the early adolescents cannot be side lined. Therefore, the present research finding can considered as a curtain raiser for further longitudinal studies

strengthening the role of instilling positive self efficacy and enhancing the support extended by the significant people. The findings can also serve as an eye opener for the State policy makers, Mental health practitioners and all the other stakeholders for strengthening school mental health such as the school authorities, teachers and parents. The school mental health perspective is very limited in the State and hence this study calls for various primary and intervention plans specially targeting this young population. The importance and need for strengthening school mental program is highly implicated as 36% of the study participants were found to have emotional-behavioral problems and many of them might have even gone undetected. Since the young population spends most of their quality time in school in the composite complex, comprising of teachers, close friends and peer groups which plays a significant role in their overall development. Therefore, the need for the schools to collaborate with mental health professionals is highly recommended. Thus the rational and the need for hiring school psychologists or school guidance and counselors in every school is highly felt and recommended to strengthen the primary intervention plans by incorporating various school based interventions programmes.

References

- Bandura, A., (1997). *Self-efficacy: The Exercise of Control*. (Macmillan, London, UK).
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological bulletin*, 98(2), 310–357.
- Goodman, R.(1997). The Strengths and Difficulties Questionnaires: A research note. *Child Psychology & Psychiatry & Allied Disciplines*,35(5),581-586.
<https://doi.org/10.1111/j.1469-7610.1997.tb01545.x>
- Malecki, C.K., & Demary, M. K. (2000). Measuring perceived social support: Development of the child and adolescents social support scale (CASSS). *Psychology in the Schools*, 39, 1-18.
- Pike, L.B. Early adolescents. *Human development and family studies*. Available at <https://extension.missouri.edu/media/wysiwyg/Extensiondata/Pub/pdf/hesguide/humanrel/gh6010.pdf>
- Schwarzer, R.,& Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, *Measures in health psychology: A user's portfolio*. (pp. 35-37). Windsor, UK: NFER-NELSON
- Sweta, S.(2016) Impact of Academic Stress among Adolescents in Relation to Gender, Class and Type of School Organization. *International journal of applied research*,2(8):317-322