

## THE IMPACT OF FAMILY FUNCTIONING ON SELF-ESTEEM AND RESILIENCE AMONG YOUNG ADULTS IN THE SOUTHERN REGION OF BANGLADESH

MOMTAZ SULTANA<sup>1</sup>, NUSRAT SHARMIN<sup>2</sup>, SANJIDA KABIR<sup>2</sup> AND PROTIVA THAKUR<sup>2</sup>

<sup>1</sup>*Department of Psychology, University of Dhaka, Dhaka-1000, Bangladesh*

<sup>2</sup>*Department of Psychology, Bangabandhu Sheikh Mujibur Rahman Science and Technology University, Gopalganj, Bangladesh*

*Keywords:* Bangladesh, family functioning, self-esteem, resilience, young adults

### Abstract

Family functioning, such as family adaptability and family cohesion, is a crucial component of every individual's life, can influence his/her self-esteem and resilience, acting as protective factors in the environment. The present study examined the impact of family functioning on self-esteem and resilience among university students in the southern region of Bangladesh. A cross-sectional survey was carried out on 400 students from four different universities situated at Gopalganj, Khulna, Barisal, and Jessore. Bangla version of Resilience Scale for Adults, Rosenberg Self Esteem Scale, Family Adaptability and Cohesion Scale II, and Personal Information Form were used for data collection. Independent sample 't' test revealed significant gender differences in family functioning; Pearson's correlation coefficient showed significant positive relationship among family functioning, self-esteem and resilience; regression analysis showed both self-esteem and resilience can be predicted by family functioning. The results can inform efforts to strengthen family relationships and enhance communication within families.

### Introduction

Students at universities are the future workers, and their educational backgrounds and abilities contribute to the economic growth and development in a country. Today's rapid science and technological advancement and changing life condition causes university youth are facing lack of confidence in themselves which in turn making them unable to graduate with adequate education benefits and future orientations<sup>(1)</sup>. First year university students endure a number of mental health issues<sup>(2)</sup>, such as academic stress, peer pressure, and life changes. University students' ability to deal with these stresses and adjusts to the new academic and social environment can be understood by studying the connection between resilience, family functioning, and self-esteem<sup>(2)</sup>.

Resilience is the ability to efficiently negotiate, adjust to, or accomplish significant

---

\* Author for correspondence: momtaz@du.ac.bd

sources of stress or trauma<sup>(3)</sup>. The experience of “bouncing back” or resilience varies over the course of a person’s lifetime<sup>(3)</sup>. High resilient individuals tend to respond to stress more readily and dynamically and recover from negative emotions more quickly, which is an important factor in maintaining physical and mental health<sup>(4)</sup>. Individual characteristics associated with resilience include self-esteem, a sense of control over their situation, social adaptability, optimism, hopefulness, and developmental stage<sup>(5)</sup>.

Self-esteem can be defined as the extent to which a particular person positively or negatively values his/her attributes in which parental relationship plays an essential part in determining children’s self-esteem<sup>(6)</sup>. Self-esteem is an interior attitude at the core of personality formation and psychological equilibrium, which contributes to the development of adaptive processes throughout one’s lifetime<sup>(7)</sup>. Some research shows that individuals perceive their family’s communication to be open and supportive, they develop greater self-esteem than when they perceive their family communication as controlling and not supportive<sup>(8)</sup>.

Individuals are influenced by their families even as adults since family interactions and the type and manner of family education influence the abilities and behavior of themselves<sup>(9)</sup>. Family function encompasses the procedure of providing family members with a variety of resources to assist them in completing tasks<sup>(10)</sup>, typically including relationship building, role understanding, and problem solving<sup>(11)</sup>. Youth with increasing familial conflict and decreasing familial care were at a heightened risk for sexual risk behaviors and sexually transmitted infections<sup>(12)</sup>.

Recently, discoveries in the area of positive psychology have begun to expose the causes behind well-functioning and healthy families<sup>(13)</sup>. Some research showed a positive association between resilience and both family adaptability and family cohesion. Some reported that resilience was interrelated with self-esteem<sup>(14)</sup>. The relationship between total resilience as well as family adaptability is statistically significant<sup>(15)</sup>. Even though many students understood the role that families play in building a vibrant and healthy community, researchers found that because of their low self-esteem when they first entered university, their performance had decreased, they felt alone and inadequate, they used drugs, they avoided reality, and they engaged in self-destructive behaviors. The relationship among resilience, self-esteem, and family functioning in university students from southern Bangladesh is still not well understood. As assessors, educators, mentors, and advisors, community health nurses possess the ability to interact with families and implement efficient interventions. Furthermore, an examination of literature revealed a dearth of studies on the relationships between the factors in this area. The study’s findings are intended to be a short step in improving the health of young adults in southern Bangladesh.

The objectives of the present study are: (i) to examine whether there is any gender difference among family functioning, self-esteem and resilience, (ii) to examine whether family functioning, self-esteem and resilience are correlated with one another, (iii) to examine whether family functioning can predict self-esteem of young adults, (iv) to examine whether family functioning can predict resilience of young adults.

## Materials and Methods

Four hundred university students ( $M=22.79$  years,  $SD=4.22$ ) were employed from Bangabandhu Sheikh Mujibur Rahman Science and Technology University, Gopalganj, Khulna University, Barisal University and Jessore University of Science and Technology. Among them 204 (51%) were females and 196 (49%) were males (Table 1). The inclusion criteria were students whose age ranged between 18 to 28 years, and studied in those universities.

**Table 1. Frequency and percentage of male and female participants**

University	N	Total (%)	Male		Female	
			n	(%)	N	(%)
BSMRSTU	155	38.75%	80	40.82%	75	36.76%
BU	60	15.00%	32	16.33%	28	13.73%
KU	110	27.5%	55	28.06%	55	26.96%
JUST	75	18.75%	29	14.79%	46	22.55%

**Note.** BSMRSTU= Bangabandhu Sheikh Mujibur Rahman Science and Technology University, BU= Barisal University, KU= Khulna University, JUST= Jessore University of Science and Technology.

*The Family Adaptability and Cohesion Scale II (FACES-II)*: FACES-II questionnaire was developed by Olson, Porter & Bell (1982)<sup>(16)</sup>. It is a 30-item scale in which 16 items measure cohesion and 14 items measure adaptability. The scale translated into Bangla by F. K. Basu in 2015<sup>(17)</sup>. To describe how often a particular behavior takes place in their family, participants would answer to a Likert scale which ranges from 1 (almost never) to 5 (almost always). Greater cohesiveness scores reflect a closer link or level of intimacy between family members. A greater level of adaptability in the family system is indicated by higher adaptability scores. This measure has revealed good validity with a diversity of people<sup>(18)</sup>. Cronbach's alpha for this scale usually ranges from .78 to .92<sup>(16)</sup>. The test-retest reliability of FACES II was .86<sup>(18)</sup>. In this study the internal consistency reliability of this scale was .86.

*Rosenberg Self Esteem Scale (RSES)*: The scale was developed to measure feelings of self-worth or self-acceptance<sup>(19)</sup>. On this 10-item scale, the items are answered in a four-point response format as follows: 1 (strongly disagree), 2 (disagree), 3 (agree), 4 (strongly agree). The scores range from 10 to 40, in which higher score demonstrating higher self-esteem. Five items estimated positive feelings, whereas the remaining five estimated negative feelings toward themselves. The Bangla RSES showed high reliability (Cronbach's  $\alpha = 0.87$ ) and adequate concurrent validity<sup>(20, 21)</sup>. In this study the internal consistency reliability of this scale was .74.

*Resilience Scale for Adults (RSA)*: Friborg, Braun, Linkowski and Fossion (2011) developed the scale and the Bangla version was used for this study<sup>(22)</sup>. The translation was done by Prokrity and Uddin (2017) to measure resilience of Bangladeshi people<sup>(23)</sup>. RSA contains 33

items and comprises five factors. Participants rate all item on a 7-point (1= strongly disagree to 7= strongly agree) Likert type Scale. A higher score reflects a higher level of resilience. The total RSA score can range from 33 to 231. The internal consistency of all subscales of the RSA was adequately high in terms of Cronbach's alpha. All subscales of the RSA were associated positively with each other, with correlation coefficients ranging from 0.057 to 0.311. Research has indicated that this scale contains high convergent and criterion-related validity<sup>(24)</sup>. In this study the internal consistency reliability was .95.

*Personal Information Form (PIF):* The PIF consists of items related to personal and social information about participants' gender, age, number of siblings, study year, marital status, family type, socio economic status, parental occupation, parental educational qualifications, etc.

*Procedure:* Data were collected from individual participant. Participants were informed about the nature and objectives of the research for taking consent. It was clearly stated that the obtained information will remain confidential. Participants were briefed an overall instruction verbally about scale completion, nature of questions and rating scales. The study was no time bound but approximately 30 minutes were consumed by the participants in the scale completion. After that the answers were checked. For incomplete and double rated questions, they were asked to provide the proper and left unanswered questions. After completing three questionnaires, they were requested to provide general demographic data. Participants were given a pen and chocolate as token gift for their contribution.

*Data processing and statistical analysis:* Participant's responses were scored according to the scoring principal of the scales used in this study. To make sure the assumptions of normality, preliminary analyses were carried out. Neither Shapiro-Wilk statistic was significant ( $p > .05$ ), indicating that the assumption of normality was not violated. Lavené's test was also non-significant; thus, an equal variance can be assumed. Therefore, the data acquired is consistent with the presumptions required for *t*-tests, correlations and regression. For the main analysis, independent sample '*t*' test was calculated for measuring the differences between male and female. To examine the relationships between resilience, self-esteem and family functioning Pearson's correlation coefficient were calculated. In order to calculate the predictability of family functioning on self-esteem and resilience simple linear regressions analysis was used.

## Results and Discussion

Independent sample *t*-test revealed significant mean differences on family functioning with  $t = 2.551$ ,  $p < .05$  that means female ( $M = 113.28$ ,  $SD = 15.74$ ) exhibited higher score on family functioning compare to the male ( $M = 109.33$ ,  $SD = 15.23$ ). Findings revealed non-significant gender differences in self-esteem with  $t = .030$ ,  $p > .05$ , and in resilience with  $t = 1.273$ ,  $p > .05$  (Table 2).

**Table 2. Gender difference on family functioning, self-esteem and resilience (n = 400)**

Variables	Female (n = 204)		Male (n = 196)		t	p
	Mean	SD	Mean	SD		
Family Functioning	113.28	15.74	109.33	15.23	2.551*	.011
Self-esteem	28.16	4.82	28.14	4.65	.030	.976
Resilience	179.11	30.28	175.21	30.89	1.273	.204

Table 3 displayed significant positive correlation among family functioning, self-esteem and resilience.

**Table 3. Correlation Matrix for all study variables (n = 400)**

Variables	1	2	3
1. Family Functioning	1		
2. Self-esteem	.301**	1	
3. Resilience	.548**	.432**	1

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

To see the predictability of family functioning on self-esteem and resilience simple linear regression analysis was used where family function was the predictor variable and self-esteem and resilience were outcome variables. Table 4 shows the effect of family functioning on self-esteem and resilience. Family functioning significantly predicts 18.6% of the variability in self-esteem, where  $R^2 = .186$ ,  $F = 91.15$ ,  $p < .001$ . Family functioning significantly predicts 30% of the variability in resilience, where  $R^2 = .300$ ,  $F = 170.90$ ,  $p < .001$ .

**Table 4. Impact of family functioning on self-esteem and resilience (n = 400)**

Outcome Variable	$\beta$	$R^2$	F	t	p
Self-esteem	.460	.186	91.15	11.078	.000
Resilience	.293	.300	170.90	7.062	.000

The current research was intended to achieve four objectives. The first objective was to examine the gender differences on family functioning, self-esteem and resilience. Result showed that there were significant gender differences in family functioning. In the case of self-esteem and resilience, no gender differences were found. It revealed that family functioning both adaptability and cohesion in female was higher than males. These findings are consistent with some other studies which showed that female reported high level of cohesion<sup>(25, 26)</sup> which related to sensitivity of the cohesion evaluate social desirability<sup>(17)</sup>. In addition, during the developing stage, females report greater social support from the family<sup>(27,28)</sup>, have more interactions with others<sup>(29)</sup>, and feel more linked with their parents than males<sup>(30)</sup>.

On the perspective of self-esteem and resilience no significant differences between male and female were found, which is consistent with previous studies<sup>(31)</sup>. It was also found that there were no significant gender differences in resilience and gender did not initially have a substantial impact on resilience<sup>(25)</sup>. A reason would be the fall in gender disparity worldwide during the past few decades, which has eliminated gender inequalities in a wide range of traits and professions.

The second objective was to explore the correlation among family functioning, self-esteem and resilience. Result explored that there was significant positive relationship between self-esteem and family functioning. Consequently, in order to boost a student's self-esteem, it is essential to examine how well a family functions as a predictor of a student's wellbeing, particularly in the adolescent years<sup>(6,8)</sup>. On the other hand, resilience and self-esteem was also found positively correlated to each other and a few study exist that found the relationship positive<sup>(25,14,32,33)</sup>. One may argue that results related to higher self-esteem can be attributed to resilience, either directly or indirectly.

Present study also found significant positive association between family functioning and resilience. The findings also supported by some of previous studies which showed that the higher family adaptability and cohesion resulted in greater resilience<sup>(15,34)</sup> and some study found close relationship between student resilience in the face of current challenges and the role of parents in developing a well-functioning family, as well as the significant positive relationship between family functioning and resilience<sup>(35)</sup>.

The third objective was to investigate if self-esteem would be predicted by family functioning. The result showed that family functioning can significantly predicts self-esteem. Some study found associations with that findings<sup>(25,36)</sup>. The fourth objective of the present study was to investigate the predictability of family functioning on resilience. The result showed that the family functioning can significantly predicts resilience. This findings also supported by previous studies<sup>(25,37)</sup> which explain family functioning can significantly predicts resilience in terms of problem solving and responsibilities. According to this study, preserving one's mental health is related to family functioning. If one's closest family members regularly engage with one another, carry out their roles in the family well, involve and respond to one another effectively, and have a strong grip for problem-solving within the family, then that person may be able to endure a lot more pain and still be able to adapt.

The current research has some of limitations. Firstly this study was based on survey method to collect information from universities. Survey design usually has low internal validity although it has high external validity. Secondly, the present study used four self-report measures to collect the information from university students. These instruments were vulnerable for social desirability, response bias or faking good. Third, the samples were chosen purposively, but using randomized procedures might improve the study's representativeness and boost its generalization power. In the forthcoming study it would be more suitable to make use of method triangulation which will be favorable in overcoming the inbuilt limitations of the research.

The outcomes of the current research can be essential in various ways. The research findings can inform the development of interventions and programs aimed at fostering resilience, family functioning, and self-esteem among university students. This can assist educators and mental health professionals in focusing their interventions on these protective factors. Therefore, the research can enlighten efforts to promote the well-being of university students as a whole. The significant positive association between family functioning and resilience, found in this research, underscores the importance of strengthening family relationship of the university students.

## References

1. Doygun, O., & Gulec, S. (2012). The problems faced by university students and proposals for solution. *Procedia-Social and Behavioral Sciences*, *47*: 1115–1123. <https://doi.org/10.1016/j.sbspro.2012.06.788>
2. Limone, P., & Toto, G. A. (2022). Factors That Predispose Undergraduates to Mental Issues: A Cumulative Literature Review for Future Research Perspectives. *Frontiers in Public Health*, *10*. <https://www.frontiersin.org/articles/10.3389/fpubh.2022.831349>
3. Windle, G., Markland, D. A., & Woods, R. T. (2008). Examination of a theoretical model of psychological resilience in older age. *Aging & Mental Health*, *12*(3): 285–292. <https://doi.org/10.1080/13607860802120763>
4. Chen, M. Y., Wu, F., Huang, X., Tang, L., Su, K., Tong, X., Chai S. K., Wu, C., Wang, S., He, Z., Yan, L. L. (2023). Association between individual resilience and depression or anxiety among general adult population during COVID-19: A systematic review, *Journal of Public Health*, fdad144, <https://doi.org/10.1093/pubmed/ fdad144>
5. Scoloveno, R. (2016). A Concept Analysis of the Phenomenon of Resilience. *Journal of Nursing & Care*, *5*(4): <https://doi.org/10.4172/2167-1168.1000353>
6. Emam, M. M., & Abu-Serei, U. S. (2014). Family functioning predictors of self-concept and self-esteem in children at risk for learning disabilities in Oman: Exclusion of parent and gender contribution. *International Education Studies*, *7*(10): 89. <https://doi.org/10.5539/ies.v7n10p89>
7. Doré, C. (2017). Self-esteem: Concept analysis. *Recherche En Soins Infirmiers*, *129*: 18–26. <https://doi.org/10.3917/rsi.129.0018>
8. Heiman, T., Zinck, L. C., & Heath, N. L. (2008). Parents and Youth with Learning Disabilities: Perceptions of Relationships and Communication. *Journal of Learning Disabilities*, *41*(6): 524–534. <https://doi.org/10.1177/0022219408317860>
9. Ghahvehchi, F., Shahyad, S., & Pakdaman, S. (2021). The Role of Attachment, Family Cohesion, and Adaptability in the Prediction of Resilience. *International Journal of Behavioral Sciences*, *15*(1). <https://doi.org/10.30491/ijbs.2021.253618.1402>
10. Pedersen, M. A. M., Kristensen, L. J., Sildorf, S. M., Kreiner, S., Svensson, J., Mose, A. H., Thastum, M., & Birkebaek, N. (2019). Assessment of family functioning in families with a child diagnosed with type 1 diabetes: Validation and clinical relevance of the general functioning subscale of the McMaster family assessment device. *Pediatric Diabetes*, *20*(6): 785–793. <https://doi.org/10.1111/pedi.12866>
11. Liu, J., McDonough, D. J., Wang, Y., Zhou, Y., Gao, Z., & Zhou, C. (2020). Investigating the Associations among Drug Dependents' Family Function and Exercise Attitudes: Marital

- Status Differences. *International Journal of Environmental Research and Public Health*, *17*(21): 8111. <https://doi.org/10.3390/ijerph17218111>
12. Córdova, D., Heinze, J. E., Mistry, R., Salas-Wright, C. P., & Zimmerman, M. A. (2016). Ecodevelopmental trajectories of family functioning: Links with HIV/STI risk behaviors and STI among Black adolescents. *Developmental Psychology*, *52*: 1115–1127. <https://doi.org/10.1037/dev0000136>
  13. Slezackova, A. Sobotková, I. (2016). Family resilience: Positive psychology approach to healthy family functioning. In U. Kumar (Ed.), *The Routledge international handbook of psychological resilience*. Routledge/Taylor & Francis Group.
  14. Craddock, C. S. (2009). The impact of leadership behaviors on subordinate resilience among adults residing along the Southwest Texas-Mexico border. *ProQuest*. <https://www.proquest.com/openview/36a897c536ac1035834b801467dcc0cf/1?pq-origsite=gscholar&cbl=18750>
  15. Kim, D., & Yoo, I. (2010). Factors associated with resilience of school age children with cancer. *Journal of Paediatrics and Child Health*, *46*: 431–436. <https://doi.org/10.1111/j.1440-1754.2010.01749.x>
  16. Olson, D.H., Porter, J. & Bell, R.Q. (1982). *Faces II: Family Adaptability and Cohesion* (pp. 48-68). Springfield, IL: Charles C. Thomas. *Evaluation Scales*. St. Paul: University of Minnesota.
  17. Basu, F. K. (2015). Verbal Ability of School Children: An Exploratory Study in Dhaka City. [Master's thesis, University of Dhaka]. Dhaka. <http://repository.Library.du.ac.bd:8080/bitstream/handle/123456789/1082/Fatima%20Khan%20Basu.pdf?sequence=1&isAllowed=y>
  18. Olson, D. H. (1986). *Circumplex model VII: Validation Studies and FACES II*, *Family Process*, *25*: 337-352. <https://doi.org/10.1111/j.1545-5300.1986.00337.x>
  19. Rosenberg, M. (1965). *Society and the Adolescent Self-Image*. Princeton University Press. <https://doi.org/10.1515/9781400876136>
  20. Ilyas, Q. S. M. (2002). Self-esteem, marital adjustment, social relation and mental health as predictors of life satisfaction in Bangladesh. *Bangladesh Psychological Studies*, *12*: 77-92.
  21. Akhter, M. S., & Ferdous, R. (2019). Reliability and validity of the Rosenberg self-esteem scale among university students of Bangladesh. *International Journal of Society Systems Science*, *11*(1): <https://doi.org/10.1504/ijsss.2019.098195>
  22. Friberg, O., Braun, S., Linkowski, P., Fossion, P., & Hjemdal, O. (2011). Resilience Scale for Adults: Construct validity and measurement in Belgian sample. *International Journal of Testing*, *11*(1): 53-70.
  23. Prokrity, T. S., & Uddin, M. K. (2018). Bonding with parents and children's well-being: Resilience and social support in-between. *Bangladesh Journal of Psychology*, *21*: 69-80.
  24. Jowkar, B., Friberg, O., & Hjemdal, O. (2010). Cross-cultural validation of the Resilience Scale for Adults (RSA) in Iran. *Scandinavian Journal of Psychology*, *51*: 418–425.
  25. Arokiaraj, A. S., Nasir, R., & Shahrazad, W. S. W. (2011). Gender Effects on Self-Esteem, Family Functioning and Resilience among Juvenile Delinquents in Malaysia. *Pertanika J SocSci Humanit.*:19:1-8. <http://www.pertanika.upm.edu.my/pjssh/browse/regularissue?article=JSSH-0460-2011>



26. Jackson, E. P., Dunham, R. M., & Kidwell, J. S. (1990). The effects of gender and of family cohesion and adaptability on identity status. *Journal of Adolescent Research*, 5(2): 161–174. <https://doi.org/10.1177/074355489052004>
27. Adamczyk, K. (2016). An investigation of loneliness and perceived social support among single and partnered young adults. *Current Psychology*. 35(4): 674–689. doi: 10.1007/s12144-015-9337-7
28. Duru, E. (2007). Re-examination of the psychometric characteristics of the multidimensional scale of perceived social support among Turkish university students. *Social Behavior and Personality: An International Journal*. 35(4): 443–452. doi: 10.2224/sbp.2007.35.4.443
29. Sneed, J., Johnson, J., Cohen, P., Gilligan, C., Chen, P., Crawford, T., & Kasen, S. (2006). Gender differences in the age-changing relationship between instrumentality and family contact in emerging adulthood. *Developmental Psychology*. 42(5): 787–797. doi: 10.1037/0012-1649.42.5.787
30. Kenny, M. E. & Donaldson, G. A. (1991). Contributions of parental attachment and family structure to the social and psychological functioning of first-year college students. *Journal of Counseling Psychology*. 38(4): 479–486. doi: 10.1037/0022-0167.38.4.479
31. Fisher, Z. F. (2003). *Protective Factors Influencing Resiliency among African-American and Latinostudents*. ProQuest. <https://www.proquest.com/openview/ae1efe8ebc36dfc46ea4b93f9b71d7e4/1?pq-origsite=gscholar&cbl=18750&diss=y>
32. Derner, G. F. (2005). *Resilience in a time of terror: Individual, social, and familial protective factors in Israeli adolescents*. ProQuest. <https://www.proquest.com/openview/541bd985e6351740bfea628d00cd69e0/1?pq-origsite=gscholar&cbl=18750&diss=y>
33. Lee, H. H., & Cranford, J. A. (2008). Does resilience moderate the associations between parental problem drinking and adolescents' internalizing and externalizing behaviours? A study of Korean adolescents. *Drug and Alcohol Dependence*, 96(3): 213–221. <https://doi.org/10.1016/j.drugalcdep.2008.03.007>
34. Kukihara, H., Yamawaki, N., Ando, M., Nishio, M., Kimura, H., & Tamura, Y. (2020). The mediating effect of resilience between family functioning and mental well-being in hemodialysis patients in Japan: A cross-sectional design. *Health and Quality of Life Outcomes*, 18(1): 233. <https://doi.org/10.1186/s12955-020-01486-x>
35. Yusoff, S. H. M., Ismail, M. S., Rahman, N. E. A., Ariffin, M. R., Don, Y., & Kasa, M. D. (2019). Family Functioning, Resilience, and Cognitive Distortion among Secondary School Students. *International Journal of Academic Research in Business and Social Sciences*, 9(11): Pages 695-709. <https://doi.org/10.6007/IJARBS/v9-i11/6591>
36. Desrianty, M., Hassan, N. C., Zakaria, N. S., & Zaremohzzabieh, Z. (2021). Resilience, Family Functioning, and Psychological Well-Being: Findings from a Cross-sectional Survey of High-school Students. *Asian Social Science*, 17(11): 77. <https://doi.org/10.5539/ass.v17n11p77>
37. Sahanowas, S. K., & Halder, S. (2019). Role of self-perceived family functioning in resilience of the students in transition to higher education phase. *Indian Journal of Positive Psychology*, pages 244-251. doi:10.15614/ijpp/2019/v10i4/214986.