Orchid Insights:
A Multi-Disciplinary Journal of Orchid College

Research Paper: Vol 2, pp 18–25, June/2026
Received: January 15, 2026
Accepted: May 30, 2026
ISSN: 3059-9776
https://doi.org/10.3126/oimjoc.v2i1.96045

Linking Perceived Social Support with Self-Esteem: Insights from Nepalese Young Adults

Dolendra Nath Subedi[1*]

[1]Faculty, Orchid International College, Gaushala, Kathmandu

Corresponding Author:
Dolendra Nath Subedi
Email: anush@oic.edu.np

Abstract:

This study aims to examine the relationship between perceived social support and self-esteem among Nepalese young adults. Perceived social support refers to an individual's perception of the availability and adequacy of emotional, informational or instrumental assistance from family, friends, and significant others. Self-esteem refers to an individual's overall evaluation of self-worth or personal value, reflecting positive or negative attitudes towards oneself. For this study the sample consisted of $N = 171$ college students aged between 18–24 years. Reliable and valid instruments were used to measure study variables. Self-esteem was assessed using the Rosenberg Self-Esteem Scale (RSES) and perceived social support was measured using the Multi-Dimensional Scale of Perceived Social Support (MSPSS). The results of the analysis revealed no significant association between perceived social support and self-esteem ($r = -0.147$, $p = 0.055$). Significant associations were observed among the subscales of perceived social support, including support from family, friends, and significant others. Findings of this study show that perceived social support does not directly influence self-esteem of Nepalese young adults and highlight the necessity of further research with more psychosocial and cultural variables.

Keywords: *perceived social support, self-esteem, young adult*

1. Introduction:

Perceived Social Support (PSS) is considered an important resource that reflects the extent to which individuals believe that support is available from their social network, including family, friends and significant others (Rivers & Sanford, 2020). It refers to an individual's subjective perception or belief that emotional, informational or instrumental assistance is available from their social network when needed; it emphasizes the perceived availability and adequacy of support rather than actual supportive behaviours received (Kogar & Kogar, 2024). It is commonly categorized into three main sources: family, friends and others. Family support includes emotional care, guidance, financial assistance and sense of belonging. Friends support involves companionship, emotional sharing and encouragement in daily life. Support from significant others has a positive impact on well-being by protecting individuals exposed to traumatic events from depression, anxiety, and stress. In contrast, those with lower perceived social support tend to report higher levels of psychological distress, including depression, anxiety and reduced wellbeing

(Santini et al., 2020). While others include help from teachers, colleagues, community members often in informational forms. The forms of support collectively contribute to improved mental health, resilience and life satisfaction in contemporary populations (Uchino, 2006).

Through meta-analysis of social support research, it can be generalized that social support, particularly perceived social support, protects individuals against the negative effects of stress (Rueger, 2016). In their comprehensive meta-analysis, Wang et al. (2018) identified that low levels of perceived social support were directly associated with greater severity of depressive symptoms. Perceived social support has been found to have a consistently positive effect on mental health and well-being.

The concept of self-esteem was first introduced by William James (1890, as cited in Branden, 2001) in the late nineteenth century in *The Principles of Psychology*, where he described it as a ratio of an individual's success to their failures in domains that are personally significant, reflecting the degree to which perceived achievement aligns with aspirations. Self-esteem is considered one of the oldest constructs in psychology and remains one of the most extensively studied topics in psychological research (Donnellan et al., 2015; Rodewalt & Tragkis, 2003). Later, Rosenberg (1965), a pioneer in self-esteem research, defined self-esteem as an individual's overall positive or negative evaluation of the self, which has become one of the most operationalized definitions in contemporary research.

Early theoretical perspectives on self-esteem suggest that individuals with low and high self-esteem differ in their behavioral responses to social and evaluation situations. Individuals with low self-esteem tend to be more sensitive to rejection and failure, whereas those with high self-esteem are more likely to show confidence and seek achievement-oriented outcomes (Orth & Robins, 2014). These differences are important in understanding how the social environment, including perceptions of social support, influences self-esteem.

Adulthood is a period of transition from adolescence to middle adulthood and is characterized by joy, optimism and opportunities for autonomy, intimacy and identity formulation (Arnett, 2019; Schulenberg et al., 2004). Within the Nepalese context, family, relatives and peers remain the main sources of social support which shape the young adult's sense of attachment and security. Family support is the main source of support that is developed at an early age, whereas support from peers and others is increasingly important for identity and self-confidence (Orth & Robins, 2014; Zimet et al., 1990). Many researchers have demonstrated that higher perceived social support is associated with greater self-esteem and vice versa (Orth & Robins, 2014; Wilburn & Smith, 2005). According to Hurlock (1981), early adulthood ranges from 18 to 40 years of age. However, for the purpose of this study, the term adult specifically refers to individuals aged 18–24 years as the research focused on students within this age range.

Despite extensive theoretical and empirical research in this area, there are limited studies examining the relationship between perceived social support and self-esteem among young adults in South Asian societies, particularly Nepal. The few scientific studies available on these variables are outdated and limited. Given the collectivist mindset of Nepali families and the transitional challenges faced by young adults, it is essential to study how different sources of social support—family, friends, and close ones—are related to self-esteem. Addressing this gap will contribute to the cross-cultural psychological literature and provide practical insights for improving the mental health of adults in Nepal when needed.

Empirical evidence suggests that social support plays a strong significant role in shaping self-esteem (Budd et al., 2009; Teoh & Nur, 2010). Support from family and peers

have been identified as protective factors against low self-esteem, particularly during adolescence and young adulthood (Harter, 1999). Similarly, studies by Hoffman et al. (1988), Arslan (2008), and Tam et al. (2011) reported a positive correlation between perceived social support and self-esteem, with peer support emerging as the strongest form of perceived social support among adolescents.

Later studies also showed that support from family and peers during adolescence plays a significant role in the development of self-esteem. Family and peers are considered important sources of social support because they live in close proximity to adolescents and therefore play a crucial role in their socialization process (Schwartz, 2006). Similarly, studies conducted in Asian contexts show that collectivist cultural values place a strong emphasis on family and peer support, which in turn promotes high self-esteem (Yeh & Inose, 2002).

Similar findings have also been reported in Nepalese samples. A study of 348 adolescents aged 13–20 years found that higher perceptions of social support were positively associated with self-esteem and better well-being (Poudel et al., 2020). Similarly, another large-scale study by Paudel et al. (2020) on 618 undergraduate students from educational institutions in Pokhara Metropolitan Area found that perceptions of social support were a key predictor of self-esteem. Among the various sources of social support, family support emerged as the most significant contributor to self-esteem. Based on these findings, the present study aimed to examine the relationship between perceived social support and self-esteem among young adult university students from different colleges of Kathmandu Valley.

2. Materials and Methods:

The study has used a quantitative research approach with a descriptive cross-sectional research design. The population consists of 25 colleges in Kathmandu Valley that offer the Bachelor of Social Work (BSW) program and are affiliated with Tribhuvan University. Three colleges were selected through random sampling. Of these, one college was located in Kathmandu and two were located in Bhaktapur.

The total number of BSW students enrolled in the selected colleges was 310 (aged between 18–24), in the year 2025. To determine an appropriate sample size, the researcher used Slovin's formula with a specified margin of error (0.05). Based on this calculation, a sample of 171 respondents aged 18 to 24 years was determined for the study.

Standardized psychometric instruments were used to measure the study variables. Perceived social support was assessed using the Multidimensional Scale of Perceived Social Support (MSPSS), while self-esteem was measured using the Rosenberg Self-Esteem Scale (RSES). The MSPSS consists of 10 items, whereas the RSES comprises 12 items. Data were collected through a structured questionnaire distributed to 180 students, of whom 171 returned completed questionnaires. The collected data were coded, entered and analyzed using IBM SPSS 20.

The reliability of the study instrument was measured to determine internal consistency of the construct. Cronbach's Alpha was used to evaluate the reliability of both scales. The results showed that the Rosenberg Self-Esteem Scale (RSES), consisting of 10 items, had a Cronbach's alpha coefficient of 0.781, while the Social Support scale had a coefficient of 0.878. Since both values exceeded the recommended threshold of 0.70, the instruments were considered reliable.

3. Results and Discussion:

For data analysis, descriptive as well as inferential statistical methods were used. Frequency and percentage analyses were used to describe the levels of perceived social support and self-esteem among participants. Pearson product-moment correlation was employed to examine the relationships between perceived social support, its sub-

dimensions (support from family, friends, and others), and self-esteem. Simple linear regression analysis was performed to assess the predictive effect of perceived social.

Table 1. Frequency Analysis of Perceived Social Support

Perceived Social Support	n	%
Low Perceived Social Support	4	2.3
Medium Perceived Social Support	29	17.0
High Perceived Social Support	138	80.7
Total	171	100

Social support frequency analysis (Table 1) indicated that the majority of participants reported high perceived social support (80.7%, n = 138) whereas fewer participants reported medium social support (17.0%, n = 29) and only a small proportion reported low social support (2.3%, n = 4).

Table 2. Frequency Analysis of Self-Esteem

Self-Esteem	n	%
Low Self-Esteem	67	39.2
Normal Self-Esteem	79	46.2
High Self-Esteem	25	14.6
Total	171	100

The frequency analysis of self-esteem (Table 2) showed that the majority of participants reported normal self-esteem (n = 79, 46.2%), followed by low self-esteem (n = 67, 39.2%) and high self-esteem (n = 25, 14.6%). A Pearson correlation was computed to examine the relationship between the variables. The result indicated a weak correlation that approached but did not reach statistical significance ($r = -0.147$, $p = 0.055$), indicating the correlation is not statistically significant although it is very close.

Table 3. ANOVA for Predicting Perceived Social Support from Self-Esteem

Source	SS	df	MS	F	p-value
Regression	0.801	1	0.801	3.739	.055
Residual	36.193	170	0.214		
Total	36.994	169			
Dependent Variable: Perceived Social Support, Predictors: Self-Esteem					

Table 3 presents the ANOVA results for the simple linear regression model predicting perceived social support from self-esteem. The model was not statistically significant, $F(1, 170) = 3.739$, $p = .055$, indicating that self-esteem was not a significant predictor of perceived social support. The model explained only a small proportion (2%) of the variance in perceived social support ($R^2 = .02$).

Table 4. Correlations Among Social Support Subtypes

Variables	1 (Others)	2 (Family)	3 (Friends)
Others	–	0.342**	0.481**
Family	0.342**	–	0.445**
Friends	0.481**	0.445**	–
** *Correlation is significant at the 0.01 level (2-tailed).*			

Table 4 shows the correlations among the three subtypes of social support: support from others, family, and friends. Pearson coefficient correlation revealed significant positive correlations among all three types of social support. Support from others was positively correlated with family support ($r = .342$, $p < .01$) and friend support ($r = .481$, $p < .01$). Similarly, family support was positively correlated with friend support ($r = .445$, $p < .01$). These findings indicate that participants who reported higher support from one source were also likely to report higher support from the other sources.

Table 5. Correlations Between Subscales of Social Support and Self-Esteem

		Other	Family	Friends
Self-Esteem	Pearson Correlation	−0.034	−0.150*	−0.112
	Sig. (2-tailed)	0.656	0.050	0.143
	N	171	171	171

***. Correlation is significant at the 0.01 level (2-tailed).*
**. Correlation is significant at the 0.05 level (2-tailed).*

Table 5 presents the correlations between the subscales of social support and self-esteem. The results showed a weak negative correlation between support from others and self-esteem ($r = -.034$, $p = .656$), which was not statistically significant. Similarly, the correlation between support from friends and self-esteem was weak and not statistically significant ($r = -.112$, $p = .143$). However, family support was weakly and negatively correlated with self-esteem ($r = -.150$, $p = .050$), and this relationship was statistically significant at the 0.05 level. These findings suggest that only family support had a significant, although weak, association with self-esteem among the participants.

These findings of this study present a contradicted result regarding the relationship between variables. Although the majority of participants reported high levels of perceived social support, this was not positively associated with self-esteem. In fact, a weak negative correlation suggests that greater support from family may coincide with lower self-esteem. One possible explanation is that individuals with lower self-esteem may receive more support from others. This indicated that self-esteem and perceived social support are not strongly shaped by background factors in this sample.

However, these findings should be interpreted with caution due to certain limitations. The study relied on self-report measures, which may introduce response bias. The cross-sectional design also limits causal interpretation of relationships. Furthermore, the sample size and sampling methods may restrict the generalizability. Cultural interpretation is also crucial in understanding these findings; in the Nepali and broader South Asian sociocultural context, which is largely characterized by collectivism, social relationships are embedded within strong family structures, interdependence and hierarchical norms.

The Nepalese family's emotional expression and praise may be less explicitly articulated compared to western settings. Support may be expressed instrumentally rather than through direct affirmation. As a result, recipients may perceive high support but may not internalize it as validation of self-value.

4. Conclusion:

Social support is the exchange of resources either in verbal and nonverbal ways, whereas self-esteem is a global barometer of self-evaluation (Murphy, Stosny & Morrel, 2005). While many western context empirical studies have reported a positive association between perceived social support and self-esteem, the present study found a weak negative relationship between self-esteem and perceived social support from family, friends and others. Overall, the hypothesis was not accepted, suggesting that higher perceived social support does not necessarily correspond to higher self-esteem in this sample.

This contradictory direction of the relationship may be due to the complex nature of social support within the Nepali context, where support is often expressed in instrumental rather than verbal or emotional forms. Results may also have been influenced by cultural norms, measurement limitations and individual psychological factors. Further

research with improved methodological design and culturally sensitive measures is needed to better understand how different forms of social support contribute to self-esteem in the Nepalese context.

The result appears to diverge from several South Asian and Nepali studies, which have generally shown a positive correlation, highlighting the need for further research to explore underlying psychological and cultural mechanisms in order to better understand this relationship.

Ethical Consideration:

Participation was voluntary, with the right to withdraw at any time. Informed consent was obtained, data were stored securely, and the study adhered to the ethical principle of respect for persons.

Funding Statement:

This study did not receive funding from any specific grant or funding agency.

Competing Interests:

The author confirms that there are no competing interests to declare.

Acknowledgements:

The author would like to thank all the respondents for participating in this study.

References

Arnett, J. J. (2019). *Emerging adulthood: The winding road from the late teens through the twenties* (2nd ed.). https://doi.org/10.1037/0003-066X.55.5.469.

Arslan, C. (2008). Anger, self-esteem, and perceived social support in adolescence. *Social Behavior and Personality: An International Journal, 36*(8), 963–968. https://doi.org/10.2224/sbp.2008.36.8.963

Branden, N. (2001). *The psychology of self-esteem: A revolutionary approach to self-understanding that launched a new era in modern psychology* (32nd anniversary ed.). Jossey-Bass.

Budd, A., Buschman, C., & Esch, L. (2009). The correlation of self-esteem and perceived social support. *Undergraduate Research Journal for the Human Sciences, 8*(1). https://publications.kon.org/urc/v8/budd.html

Dahlem, N., Zimet, G., & Walker, R. (1991). The Multidimensional Scale of Perceived Social Support: A confirmation study. *Journal of Clinical Psychology, 47*(6), 756–761. https://doi.org/10.1002/1097-4679(199111)47:6<756::AID-JCLP2270470605>3.0.CO;2-2

Donnellan, M. B., Ostrosser, F., & Robins, R. W. (2015). Self-esteem: Measures of personality and social psychological constructs (pp. 115–144).

Harter, S. (1999). *The construction of the self: A developmental perspective*. Guilford Press.

Hoffman, M. A., Ushpiz, V., & Levy-Shiff, R. (1988). Social support and self-esteem in adolescence. *Journal of Youth and Adolescence, 17*(4), 307–316. https://doi.org/10.1016/j.sbspro.2010.07.460

Hurlock, E. B. (1981). *Developmental psychology: A life-span approach* (5th ed.). McGraw-Hill.

Koğar, H., & Koğar, E. (2024). The structure of the multidimensional scale of perceived social support: A meta-analytic confirmatory factor analysis. *Cambridge Prisms: Global Mental Health, 11*(126). https://doi.org/10.1017/gmh.2024.118

Murphy, C. M., Stosny, S., & Morrel, T. M. (2005). Change in self-esteem and physical aggression during treatment for partner violent men. *Journal of Family Violence, 20*, 201–210.

Orth, U., & Robins, R. W. (2014). The development of self-esteem. *Current Directions in Psychological Science, 23*(5), 381–387. https://doi.org/10.1177/0963721414547414

Orth, U., & Robins, R. W. (2022). Is high self-esteem beneficial? Revisiting a classic question. *American Psychologist, 77*(1), 5–17. https://doi.org/10.1037/amp0000922

Paudel, S., Adhikari, C., Chalise, A., & Gautam, H. (2020). Perceived social support and self-esteem among undergraduate students in Pokhara Metropolitan, Nepal. Europasian Journal of Medical Sciences*, 2*(2), 43–50. https://doi.org/10.46405/ejms.v2i2.189

Poudel, A., Gurung, B., & Khanal, G. P. (2020). Perceived social support and psychological wellbeing among Nepalese adolescents: The mediating roles of self-esteem. *BMC Psychology, 8*(1), 43. https://doi.org/10.1186/s40359-020-00409-1

Rivers, A. S., & Sanford, K. (2020). When we say 'perceived support,' what do we mean? Context and components of support among people with serious medical conditions. *Journal of Social and Personal Relationships, 37*(10–11), 2758–2778. https://doi.org/10.1177/0265407520937350

Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton University Press.

Rueger, S. Y., Malecki, C. K., Pyun, Y., Aycock, C., & Coyle, S. (2016). A meta-analytic review of the association between perceived social support and wellbeing in children and adolescents. *Psychological Bulletin, 142*(10), 1017–1045. https://doi.org/10.1037/bul0000058

Santini, Z. L., Jose, P. E., York Cornwell, E., Koyanagi, A., Nielsen, L., Hinrichsen, C., Meilstrup, C., Madsen, K. R., & Koushede, V. (2020). Social disconnectedness, perceived isolation and symptoms of depression and anxiety among older Americans (NSHAP): A longitudinal

mediation analysis. The Lancet Public Health, 5(1), 662–670. https://doi.org/10.1016/S2468-2667(19)30230-0

Schulenberg, J. E., Sameroff, A. J., & Cicchetti, D. (2004). The transition to adulthood as a critical juncture in the course of psychopathology and mental health. *Development and Psychopathology, 16*(4), 799–806. https://doi.org/10.1017/S0954579404040015

Schwartz, K. D. (2006). Transformations in parent and friend faith support predicting adolescents' religious faith. International Journal for the Psychology of Religion, 16(4), 311–326. https://doi.org/10.1207/s15327582ijpr1604_5

Tam, C. L., Wai, M., Har, & Rahman, A. (2011). Perceived social support and self-esteem towards gender roles: Contributing factors in adolescents. *Journal of Asian Social Science, 8*. https://doi.org/10.5539/ass.v7n8p49

Uchino, B. N. (2006). Social support and health: A review of physiological processes potentially underlying links to disease outcomes. Journal of Behavioral Medicine, 29, 377–387. https://doi.org/10.1007/s10865-006-9056-5

Wang, J., Mann, F., Lloyd-Evans, B., Ma, R., & Johnson, S. (2018). Associations between loneliness and perceived social support and outcomes of mental health problems: A systematic review. BMC Psychiatry, 18(156). https://doi.org/10.1186/s12888-018-1736-5

Wilburn, V. R., & Smith, D. E. (2005). Stress, self-esteem, and suicidal ideation in late adolescents. Adolescence, 40(157), 33–45.

Yeh, C. J., & Inose, M. (2002). Difficulties and coping strategies of Chinese, Japanese, and Korean immigrant students. Adolescence, 37(145), 69–82.

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1990). The Multidimensional Scale of Perceived Social Support. Journal of Personality Assessment, 52(1), 30–41. https://doi.org/10.1207/s15327752jpa5201_2