Parental Education Level Positively Affects Self-Esteem of Turkish Adolescents

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 Abstract

Although the literature on self-esteem has a long and prolific history in Turkey regarding which demographics may influence the self-esteem of adolescents. The research findings are intricate and undermine the need of further research in Turkey. This cross-sectional study re-examined the effects of age, grade level and education level of a mother and father, on the self-esteem of Turkish adolescents, in a substantially large sample. Participants were 2,213 adolescents (1085 boys, 1128 girls). Mean age of participants in this study was 12.76 (*SD*= 0.96). Participants were 6th, 7th, 8th grade students and recruited from 21 states and one private coeducational secondary school in Amasya. Rosenberg Self-Esteem Scale (Rosenberg, 1965) and Demographic İnformation are used as data collection instruments. One-way analysis of variance (ANOVA) statistical test employed to test statistical hypotheses. Results suggested that there were no significant differences in self-esteem scores according to age and grade level. However, there were significant differences in self-esteem scores with regard to the education level of the mother and the father of these adolescents. These findings suggest that parental education level positively influences self-esteem of Turkish adolescents. The implications of these findings, especially for the guidance and counseling services in Turkish schools, and applications for professionals are discussed.

Keywords: Self-Esteem, Adolescents, Demographic Variables, Parental education, Turkey.

1. Introduction

t Since early 1900s, self-esteem researches have gained an impetus in personality and social psychology, and peaked in recent years. A PsycINFO search from 2000 to May 2013 with the term *self-esteem* keyword in title produced 3688 journal articles about self-esteem subjects. Similarly, A national scientific database (ULAKBİM) research from 1992 to May 2013 with the term *benlik saygısı* (self-esteem in English) and self-esteem keyword in title also yielded 58 scientific articles in this issue. This increasing interest also appealed to community members. Teachers, parents, educators, school counselors, psychologists and politicians trying to raise the self-esteem of people on the assumption that low self-esteem is associated with negative life outcomes. Previous cross-sectional, longitudinal and meta-analysis studies on self-esteem confirmed this assumption. For example, Donnellan, Trzesniewski, Robins, Moffitt, and Caspi (2005) examined the association between self-esteem and aggression, antisocial behavior, and delinquency behavior based on students' self-report, teachers' ratings and parents' ratings with three different samples. This study revealed that self-esteem is negatively correlated with delinquency, aggressive behavior, and anti-social behavior. Orth, Robins, and Roberts (2008) explored the relationship between self-esteem and depression using data from two longitudinal studies which showed that low self-esteem predicts depression in the later lives of both adolescents and adults. Similar findings obtained 18-96 years old aged people in another longitudinal study (Orth, Robins, Trzesniewski, Maes, & Schmitt, 2009). Yaacob, Juhari, Talib, and Uba (2009) investigated 13-17 years old adolescents in a cross-sectional study in Malaysia found that low self-esteem can lead to negative issues such as; stress, loneliness, and depression. A recent meta-analysis of longitudinal studies by Sowislo and Orth (2013) also suggest that self-esteem predicted anxiety and depression higher than these two constructs in a cause-effect model. Besides depression, low self-esteem not only positively related to eating disorders, but also all other psychiatric disorders in varying magnitude (Silverstone & Salsali, 2003). On the other side, previous cross-sectional and longitudinal studies

from diverse countries of the world suggest that high self-esteem positively associated with good personality traits such as; emotional stability, extroversion. (Robins, Hendin, & Trzesniewski, 2001; Robins, Tracy, Trzesniewski, Potter, & Gosling, 2001) , hope (Ciarrochi, Heaven, & Davies, 2007; Heaven and Ciarrochi, 2008), happiness (Cheng & Furnham, 2003), life satisfaction (Diener & Diener, 1995 ; Utsey, Ponterotto, Reynolds, & Cancelli, 2000), optimism(Mäkikangas, Kinnunen, & Feldt, 2004), higher level perceived social support from family and friends(Tam, Lee, Har, & Pook, 2011; Tian, Liu, Huang, & Huebner, 2013), effective coping styles(Ni et al., 2012) and better work conditions in later life (Kuster, Orth, & Meier, 2013). In summary, research findings demonstrated that high self-esteem is positively correlated with positive adjustments and mental health outcomes, whereas low self-esteem is associated with poor adjustments(Harter, 2006). But some researchers are skeptical about these findings(Baumeister, Campbell, Krueger, & Vohs, 2003). Although the benefits and costs of high and low self-esteem are well documented in literature, there is an ongoing disagreement about the terminology. Researchers use different terms to state self-esteem such as *self-worth* (Harter, 1983, 1999, 2006), *general self-concept* (Marsh, 1992; Marsh & Shavelson, 1985; Shavelson, Hubner, & Stanton, 1976) *self-efficacy* **(**Bandura, 1977; Scholz, Gutiérrez Doña, Sud, & Schwarzer, 2002). Researchers also employ self-esteem interchangeably with *self-regard* (Heine, Lehman, Markus, & Kitayama, 1999), *self-respect* (Sachs, 1981), and with a narrower meaning *self-confidence* (Blascovich and Tomaka, 1991; Lawrance, 2000). Furthermore, Researchers are also poly-vocal about defining the concept of self-esteem. For example, Rosenberg (1965) refers to self-esteem as ''positive or negative attitude towards a particular object, namely, the self '' (p. 30). Coopersmith (1967) defines self-esteem

''….. evaluation which individual makes and customarily maintains with regard to himself: it expresses an attitude of approval or disapproval and indicates the extent to which the individual believes himself to be capable, significant, successful, and worthy'' (pp. 4-5).

According to Heartherton and Wyland (2003) self-concept encompasses everything about the self, including things such as name, likes, dislikes, and physical appearance. Conversely, self-esteem is the emotional response that people experience as they contemplate and evaluate different things about themselves and the evaluative component of self-concept (p. 220). Many other researchers (e.g., Harter, 1999; Lawrence, 2000, 2006; Pope , Mchale, & Craighead, 1988; Slavin, 2006; Yörükoğlu, 1990) also defined self-esteem based on their own perspectives. Each of these definitions was related to different theories, research findings and conclusions about self-esteem. In an attempt to compile different definitions and encourage researchers to use the same meaning self-esteem concept, Guindon (2002) called the use professional literature following definition:

'' The attitudinal, evaluative component of the self; the affective judgments placed on the self-concept consisting of feelings of worth and acceptance,which are developed and maintained as a consequence of awareness of competence, sense of achievement, and feedback from the external world '' (p. 207).

Mruk (2006) categorized these definitions based on their common features as follows: a) self-esteem as competence b) self-esteem as worthiness c) self-esteem as competence and worthiness. According to Mruk (2006) Rosenberg's definition is an exemplary for self-esteem as worthiness. It is beyond the scope of this article giving detailed explanations about other enduring issues related to self-esteem research but interested researchers find detailed information elsewhere (Mruk, 2006). Although self-esteem research plagued its definition, there is no doubt that self-esteem is a fundamental human need and occupies an important place in human being's life. Previous researchers demonstrated that self-esteem shows age-related changes in life span development (Erol & Orth, 2011; Meier, Orth, Denissen, & Kühnel, 2011; Robins, Trzesniewski, Tracy, Gosling, & Potter, 2002; for a short review: Robins & Trzesniewski, 2005). A body of literature suggests that adolescence is a critical period of development. During which adolescents face the daunting tasks of establishing an identity, accepting their changing physical characteristics, learning skills for a healthy lifestyle, separating from family, developing morals and values, becoming a contributing member to society, and selecting a vocation (Andersen & Olnhausen, 1999). The rapid physical, social, neurological and emotional changes occurring in adolescents may cause negative effects in establishing a healthy self-esteem. Therefore, ıt is important to know the socio-demographic factors that influence the risk, so prevention can be implemented against low self-esteem in adolescents. Moreover, although the long and prolific history in literature of self-esteem in Turkey, regarding which demographics may influence the self-esteem of adolescents, the research findings are intricate. For instance, Aydoğan (2010), Gelbal, Duyan, Sevin, and Erbay (2010), Yılmazel and Günay (2012) reported that parental education level positively affects the self-esteem of adolescents. Conversely, Cengil (2009), Kahriman (2005), concluded that there are no self-esteem differences of adolescents regarding maternal education level. Similarly, Kahriman and Polat (2003), Keskin (2010) and Yiğit (2010) showed that there were no significant differences in self-esteem scores based on the education level of the parents . With regard to age, Serin and Öztürk (2007) investigated the self-esteem level of 9-13 aged students and determined that 9 years old students have higher self-esteem than 11 years old students. On the contrary Seçer, İlbay, Ay, and Çiftçi (2012) found that self-esteem of adolescents did not   change according to their age. Gender variable has also been extensively

researched. Contrary to Western literature, which evidenced that adolescent females have lower self-esteem than adolescent males. Turkish adolescent females had self-esteem scores similar to those of adolescent males (Balat & Akman, 2004; Çakıcı, 2010; Çankaya, 2007; Çevik & Atıcı, 2009; Erbil, Divan, & Önder, 2006; Esen & Aktuğ, 2007; Gelbal et al., 2010; Kahyaoğlu, 2010; Seçer et al., 2012; Ünüvar, 2007; Yılmazel & Günay, 2012; Yiğit, 2010), some even had higher self-esteem scores to males in studies (Karakaş, 2012; Öner -Altıok, Ek, & Koruklu, 2010; Özkan, 1994). Besides the aforementioned variables, grade level may also affect self-esteem of adolescents. Because of the changing grade curriculum, possible changing friendship environment, changing teachers, and the adjustment process to the new class environment, moving from Grade 6 to Grade 7 or Grade 7 to Grade 8 may be difficult for some adolescents and cause them to have a drop in self-esteem. Although in Turkey, studies consistently found no grade level differences (Balat & Akman, 2004; Çakıcı, 2010; Yenidünya, 2005), these studies conducted other regions of the Turkey and this study may contribute to expand literature. Whether or not the findings are replicated. As seen, results about gender, age, grade level, education level of mother and father in self-esteem differences are mixed and emphasize the need for further research in order to examine these contradictory findings. These studies also conducted relatively small sample sizes compared to our study. At the same time, although a lot of assessment instruments measuring self-esteem in adolescents are available in Turkey, researchers generally preferred to use most of their studies with self-esteem as the dependent variable Pier-Harris Self-Concept or Coopersmith Self-Esteem scale. In a review of measures of self-esteem for school-age children, Chiu (1988) highly recommended the use Rosenberg Self-Esteem Scale as a brief and thorough measure with its considerable validity and reliability. On the basis of the findings with adolescents, this current study investigates the effects of age, grade level, education level of parents on the self-esteem of Turkish adolescents, in a substantially large sample using the Rosenberg Self-Esteem Scale.

1.1 Hypotheses

We set out to test the following hypotheses in this study:

Hypothesis 1. Adolescents' self-esteem scores would not significantly differ according to their grade level.

Hypothesis 2. Adolescents' self-esteem would not significantly differ according to age.

Hypothesis 3. If education level of mother increases, adolescents' self-esteem would also increase.

Hypothesis 4. If education level of father increases, adolescents' self-esteem would also increase.

2. Methods

2.1 Participants

This research was a cross-sectional school-based study in which simple random sampling method used. The cross-sectional study is one of the most commonly used survey-research designs which aims to describe characteristics of a population or the differences among two or more populations at a particular time(Shaughnessey, Zechmeister, & Zechmeister, 2012). Simple random sampling is a probability sampling method which is frequently used in cross-sectional studies where each member of the population has an equal chance of being selected (Cohen, Manion, & Morrison, 2007). Krejcie and Morgan (1970)'s sample size formula used to determine the required sample size. The formula can express as follows: $s = X^2NP(1-P) \div d^2(N-1) + X^2P(1-P)$.

where

s = required sample size.

X^2 = the table value of chi-square for 1 degree of freedom at the desired confidence level (for our calculation 6.64).

N = the population size (3201 for this calculation).

P = the population proportion (.50 for this calculation)

d = the degree of accuracy expressed as a proportion (.025 for this calculation).

In this equation, a confidence interval of 99%, and a margin of error (degree of accuracy) 2.5% for our 3201 adolescent population yielded at least 1451 required participants for this study. A total of 2222 adolescents attended the study. Nine adolescents removed to the data set in the stage of the preliminary data screening process. A final sample consisting of 2213 adolescents (1085 boys, 1128 girls) with a mean age 12.76 years (SD= 0.96) made up the sample. Adolescents were 6th, 7th, and 8th grade students, recruited from twenty-one co-educational state secondary schools and one co-educational private secondary school from Merzifon town in Amasya Province was used for this study. The town of Merzifon, a highly populated district, is located in the central Black Sea region of Turkey. Merzifon is on the road between the capital city of Ankara and Samsun on the Black Sea Cost, approximately 308 kilometers from Ankara, 106 kilometers from Samsun, and 47.5 kilometers from Amasya (see:http://en.wikipedia.org/wiki/Merzifon). Participants were from different socio-economic backgrounds. Table 1 provides detailed information about age, grade level, and mother and father education level.

2.2 Measures

Demographic Information Form: A demographic information form, for this study, was developed. In this form, participants were asked to provide information about their school name, gender, age, grade level, parents education level.

Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965): RSES was designed to measure global feelings of self-worth or self-acceptance (Blascovich, & Tomaka, 1991; Furnham, & Cheng, 2000). RSES consists of 10 items and it uses 4-point Likert-type scale format ranging from 1=strongly disagree to 4=strongly agree. Five items formulated positively and five items negatively. Possible values range from 10 to 40. Higher scores represent higher levels of self-esteem (Rosenberg, 1965). Previous researches examining the psychometric properties of the RSES reported (i) acceptable to high Cronbach alpha reliabilities ranging from .72 to .89(Gray-Little, Williams, & Hancock, 1997 ; McCarthy, & Hoge, 1982; Pullmann, & Allik, 2000; Whiteside-Mansell & Corwyn, 2003) (ii) moderate to high test-retest reliability coefficients (*r*) ranging from .62 to .85 for time intervals varying between 1 week and 12 months(Martin-Albo, Núñez, Navarro, & Grijalvo, 2007; Pullmann, & Allik, 2000 ; Silber, & Tippett, 1965), and (iii) good convergent(Demo, 1985; Hagborg, 1993,1996), and discriminant validity(Elion, Wang, Slaney, & French, 2012). Besides ıt's sound psychometric properties, as a self-reported measure, robust theoretical attributes, long history of use, uncomplicated language, easy to administration and scoring , and brevity (it takes only 2 or 3 min to complete) this also appealed to researchers and contributed to ıts cross-culturally widespread use and popularity. The reliability and validity of the study of the scale for Turkish adolescents has been carried out by Çuhadaroglu (1986). The correlation between the scale and psychiatric interview results was found 0.71 for validity of the RSES-Turkish version. The test–retest reliability was reported as 0.75. Previous researches conducted on adolescents using RSES in Turkey demonstrated acceptable Cronbach alpha reliabilities ranging from .65 to .78(Atik , & Kemer, 2009; Bektaş, 2007; Kaya, 2007; Keskin, 2010; Yıldız, 2010). In this study, the internal consistency coefficient was α = .77 (Cronbach, 1951). Examples of items from the RSES are ''On the whole, I am satisfied with myself. '', ''I certainly feel useless at times.'', ''I am able to do things as well as most other people.''

2.3 Procedure

Approval to conduct the study was obtained from Merzifon Directorate of National Education. Before data collection, principals or vice-principals were informed about the study and its date of administration, also information was provided on the number of students in each class. Additionally, a short meeting was held with the teachers before administration of the questionnaire, during which the teachers were given detailed information about the study. After the meeting, the questionnaire was delivered by the teachers to the students, and the students anonymously completed questionnaire during class time, under the supervision of the teachers. Informed consent was obtained from all participants prior to commencing the study. A short document provided detailed information about the study and what each participant was required to do. It was also explained in the information provided to the participants that the questionnaire was not a test, and that there were no right or wrong answers. The questionnaires took about 30 minutes to complete. The completed questionnaires were collected by the first author of this study. Data collection was carried out from December 2011 to March 2012. Data was then entered to the IBM SPSS Statistic for Windows Version 20. All statistical analysis were undertaken using IBM SPSS Statistic for Windows Version 20. RSES scores were converted to standardized *z*-scores; *z*-scores of greater than +3.0 or smaller than -3.0 excluded the analyses (Field, 2009; Raykov & Marcoulides, 2008; Stevens, 2007). There were 9 participants who fell in that category. One-way analysis of variance (Anova) employed to test statistical hypotheses. Anova had two important assumptions; normality and homogeneity of variance. Normality assumption was controlled using Kolmogorov-Smirnov test, Skewness and Kurtosis values, histograms, normal Q-Q plots and box plot graphics. The Kolmogorov–Smirnov test compares the sample scores with an artificial set of normally-distributed scores that have the same mean and standard deviation as the sample data (Mooi & Sarstedt, 2011). The Kolmogorov–Smirnov test was statistically significant in our sample and indicated the violation of the assumption. Pallant (2011) states that this situation is quite common in large samples. Skewness and Kurtosis values are ranged between +1 or -1 as RSES scores dependent variable and other study variables factor. In addition to these procedures, Researchers also recommend to look at the shape of the distribution, using graphical approaches (Garson, 2012; Tabachnick & Fidell, 2007). Histograms, normal Q-Q plots and box plot graphics revealed that data is approximately normal. Before conducting statistical tests, we also controlled frequencies of variables. Due to the insufficient sample sizes of illiterate and just literate people, to facilitate statistical analysis, we categorized parents education variables into five groups. Homogeneity of variances assumption controlled with Levene's homogeneity of variance test. Post-hoc compressions performed with the conservative Scheffe test. All statistical results reported with an effect size estimate. Measures of variance accounted for (e.g. R^2, η^2, $\eta^{2)}$) were considered to be most appropriate when more than two groups were involved (Velicer, Redding, Sun, & Prochaska, 2007). Cohen (1988)'s recommended guidelines used to interpret obtained the effect size estimate. For eta-square (η^2),

about .01 is a small effect size, about .06 is a medium effect size and about 0.14 or above is a large effect size (Cohen, 1988). A statistical significance level of p= .05 has been assumed.

3. Results

The findings of the study are summarized in tabular form below. Table 1 presents the number of participants, percentages, RSES means and standard deviations (SD) according to study variables. As seen in Table 1, 33.7% of our sample were Grade 6, 23% were 13 years old. Parental education level was low in our sample. 56.4% of our adolescent mothers and 32.2% of adolescent fathers were primary school graduate and below. This ratio also reflects current educational level of   Turkey. According to   Turkish Statistical Instıtute Address Based Population Registration System (ABPRS) 2012 year results, 47.24 % of Turkish population has   a primary education level   or below (Turkish Statistical Instıtute, 2013). The homogeneity of variance assumption was satisfied for all analyses. In order to test our hypothesis 1-4, a series of one-way ANOVAs were conducted to determine any significant differences in self-esteem scores among study variables subgroups. Although RSES scores showed a downward trend for both grade level and age subgroups, the ANOVA results showed that the differences in RSES scores among grade level (F (2,2210) = 2.839, $p > 0.05$, η^2= .003) , and age (F (4, 2208) = 1.257, $p > 0.05$, η^2= .002) subgroups were not significant. Each corresponding effect size estimate was near zero, indicating a quite small effect size. Significant between-group differences were found for mother education level (F (4,2208) = 5.019, $p < 0.05$, η^2= .009). However, the effect size small, explaining only 0.9% of the variance in the RSES scores. Post-hoc comparisons using Scheffe test revealed that RSES scores of adolescents whose mothers graduated only from primary school or below (M = 32.21, SD = 4.40) were significantly lower than those of adolescents whose mothers had graduated from a Bachelor's degree or above (M = 33.65, SD = 4.69). In addition to mother education level, the ANOVA showed significant between-group differences for father's education level (F (4,2208) = 8.687, $p < 0.05$, η^2= .015). The effect size was small. However, Post-hoc Scheffe comparisons suggested that the RSES scores of adolescents whose fathers graduated from Bachelor's degree or above (M = 33.57, SD = 4.61) had a significantly higher score than those of adolescents whose fathers graduated merely from primary school or below (M = 31.93, SD = 4.26) or secondary school (M = 32.32, SD = 4.47). Additionally, RSES scores of adolescents whose fathers graduated only from primary school or below (M = 31.93, SD = 4.26) also had a significantly lower score than those of adolescents whose fathers graduated from high school (M = 32.70, SD = 4.50).

Table 1 Descriptive Statistics, Means and Standard Deviations of Self Esteem Scores According to Study Variables

Variable	N	Percentage	Mean	S.D
Grade Level				
Grade 6	745	33.7	32.85	4.38
Grade 7	737	33.3	32.36	4.69
Grade 8	731	33.0	32.37	4.44
Total	2213			
Age				
11 years old	183	8.3	32.75	4.46
12 years old	747	33.8	32.62	4.48
13 years old	734	33.2	32.59	4.58
14 years old	509	23	32.32	4.43
15 years old	40	1.8	31.28	4.69
Total	2213			
Mother's Education Level				
Primary School Graduate or below	1248	56.4	32.21	4.40
Secondary School Graduate	315	14.2	33.03	4.31
High School Graduate	466	21.1	32.64	4.76
Junior College Graduate	54	2.4	33.28	4.78
Bachelor Graduate or above	130	5.9	33.65	4.69
Total	2213			
Father's Education Level				
Primary School Graduate or below	712	32.2	31.93	4.26
Secondary School Graduate	367	16.6	32.32	4.47
High School Graduate	603	27.2	32.70	4.50
Junior College Graduate	154	7.0	32.59	4.99
Bachelor Graduate or above	377	17.0	33.57	4.61
Total	2213			

4. Dıscussıon

This study was designed to re-evaluate possible effects of grade level, age, parent education level differences in self-esteem among adolescents. In this study, there were significant differences in self-esteem related to the adolescents' parents education level. However, there were no significant differences in self-esteem based on grade level or age. Researchers investigated grade level much less compared to other socio-demographic variables in context of self-esteem research, but this outcome is not completely unexpected and has been reported in cross-sectional studies from diverse cultures and in Turkey. For instance, Hagborg (1996) conducted a study including 120 adolescents from Grades 5 to 8 and found no self-esteem differences in grade level. Balat and Akman (2004), Çakıcı (2010), McCarthy and Hoge(1982), Mullis, Mullis, and Normandin (1992) ,and Yenidünya(2005) also reported no difference in self-esteem scores according to grade level variable. Our findings compliment and extend those from previous studies. Researchers generally explain this finding with sample characteristics but in addition to this, two possible explanations may emerge. First, cross-culturally similar results show that adolescents from different cultures encounter identical problems in similar grade levels, so they may report similar self-esteem levels. Second, these studies are conducted in a narrow grade range as in our study. If grade ranges include important grade transition periods such as primary school to secondary school, secondary school to high school (e.g., Grade 4 to 5 or Grade 8 to 9) for adolescents, These studies may find significant self-esteem differences due to the transition a new school, as previous research indicates (Twenge, & Campbell, 2001; Wigfield, Eccles, Mac Iver, Reuman, & Midgley, 1991). Despite a downward trend in self-esteem consistent with previous research in adolescents (Block, & Robins, 1993 ; Chubb, Fertman, & Ross, 1997; Huang, 2010; Kahriman, & Polat, 2003; Seçer et al., 2012; Yenidünya, 2005; Yiğit, 2010; Young, & Mroczek, 2003), we found no self-esteem difference in terms of age. There are also some inconsistent findings in the literature. For example, Robins et al. (2002) the development of global self-esteem across the life span in a cross-sectional design using an internet-based sample consisting of 326.641 participants aged 9- 90 years old is extensively investigated. They found that global self-esteem declined sharply during adolescence. Conversely, Erol and Orth (2010) examined self-esteem trajectories between 14 to 30 years old in a longitudinal design study including 7100 individuals with growth curve modeling analysis and found that self-esteem slowly increases from age 14 to 30. Baldwin and Hoffmann (2002) also conducted another longitudinal study , including 762 adolescents, using growth curve modeling analysis. They specifically found that in age range 11 to 21, self-esteem of females increases until age 12, then drops until age 17, and then begins to rise after age 17 to age 21. In contrast, self-esteem of males increases from age 11 to age 14, then decreases until about age 16, and increases after age 16 to age 21. However, further studies are needed to investigate these cross-culturally contradictory results. As Baldwin and Hoffmann (2002) offer   a possible explanation to find a significant difference between age and self-esteem: The effects of age on self-esteem for gender may vary in our adolescent sample. Because, females reach puberty about two years ago compared to males. As a result of this situation, the adverse effects of puberty such as abrupt and concrete changes in the body, establishing an identity affects females and males in different ages. We also suggested that with the increase of the parents education level, adolescents' self-esteem also increased. These findings are consistent with previous literature. Aydoğan (2010), Çuhadaroğlu (1990), Erbil et al. (2010), Gelbal et al. (2010), Özkan (1994) reported a positive association between self-esteem and maternal education level. Raymore, Godbey, and Crawford (1994) found that the self-esteem of adolescents whose parents education is above high school level, is of a significantly higher self-esteem than those of students whose parents education at or below high school level. Rosenberg and Pearlin (1978), Wiltfang and Scarbecz (1990) pointed out that parents education has a small but significant effect on adolescents' self-esteem. In a recent study, Bachman, O'Malley, Freedman-Doan, Trzesniewski, and Donnellan(2011) also suggest that having a well-educated parents for adolescents are positively linked with self-esteem.   Education gives Turkish parents not only general knowledge about child rearing, effective communication skills, generally more income and prestige in society. But also more self-awareness to the psychological needs of their children in important life periods and how to cope with possible problems in these important life periods, in an effective manner.

There are some limitations in this study, which means that results should be interpreted with attention. First, we used a self-report measure and self-report measures are subject to socially desirable responses. Although RSES scores were similar to previous adolescent studies (e.g., Bagley, & Mallick, 2001), RSES scores were generally high. It is possible that a strong desire to be socially desirable for adolescents may cause them to be less-critical when they evaluate themselves. Second, the cross-sectional design of our study makes it difficult to determine causality and just represents the differences. So, a longitudinal study from early childhood to adolescence and even adulthood could help determine which demographic variables cause low self-esteem. Third,   although we extensively investigated most important demographics which may relate to self-esteem, there are many other demographic factors that can affect self-esteem of adolescents; such as parental divorce or separation, family income, child-rearing styles, residence of adolescents, same-sex and opposite sex relationships. In order to

provide a more comprehensive evaluation of adolescents, future research may also examine the effects of these demographics. Fourthly, this study was conducted in Amasya. Therefore, the present findings cannot be generalized to all 11-15 years old adolescents in Turkey. Despite these limitations, the practical implications for guidance and counseling services are numerous. It should be noted that Guidance and counseling services are widely available in Turkey. The current study presents important information for understanding more fully the demographic factors contributing to low-self-esteem among Turkish adolescents. Specifically, our results stress that school counseling services which attempt to identify adolescents with low self-esteem should take into consideration parental education level. Also school counselors should particularly consult with adolescent clients who come from low-educated families in an attempt to increase their self-esteem. In order to design effective prevention or intervention programs, researchers may consider demographic risk factors.

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