

MODERATING ROLE OF PARENTING STYLES IN THE RELATIONSHIP BETWEEN SELF-EFFICACY AND POSITIVE MENTAL HEALTH OF ADOLESCENT STUDENTS IN NSUKKA EDUCATION ZONE, ENUGU STATE, NIGERIA

By

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Abstract

This study investigated the role parenting style play in the relationship between self-efficacy and positive mental health of adolescent students in Nsukka Education Zone, Enugu State. Adolescents in Nigeria are beset by many problem among which is low self-efficacy. This is exacerbated by poor mental health often associated with parenting style which is explained as: the different methods that parents adopt in child rearing. The consequences being in anxiety disorder, depression, attention deficit or hyperactivity, and behaviour disorder which negatively affect their overall development, academic and job performances. Three research questions and hypotheses were formulated to guide the study. Cross-sectional research design was adopted. From a population of about 30,000 adolescent students in the 60 public senior secondary schools in Nsukka Education zone, 749 SS3 students from 43 schools in two of the three LGAs that make up the zone were selected as sample. 280 males and 469 females, (16 and 19yrs age range) were disproportionately and randomly selected for purposes of convenience in data gathering. Questionnaire {the Parenting Styles Scale (PSS) adapted from Mernyi (2017); General Self-Efficacy Scale (GSES) adapted from Schwarzer and Jerusalem (2017) and Warwick-Edinburgh Scale (WEMWBS) developed by NHS Health Scotland, University of Warwick and University of Edinburgh (2006)} was used. Reliability and validity of the instruments were established through a pilot study on 150 SS3 students in public secondary schools in Obollo-Afor Education zone, which yielded an internal reliability consistency value of 0.77 and a concurrent validity value of 0.65. The data in research question 1 and 2 were analysed using multiple regression while Hayes PROCESS Macro for SPSS was used for data in research question and hypothesis 3; all tested at 0.05 level of significance. Findings among others

showed that there was a statistically significant moderate positive association between self-efficacy and positive mental health among adolescent students in the zone; and, parenting style dimensions was found to significantly moderate the relationship between self-efficacy and positive mental health of the students. It concluded that authoritative parenting style not only directly correlates with positive mental health outcomes but also moderates the impact of self-efficacy in enhancing its positive effects on mental health of adolescent students.

Key Words: Adolescent Students, Moderating role, Parenting styles, Positive Mental Health, Self-Efficacy

Introduction

Adolescents are young persons who are in the transitional phase of development between childhood and adulthood. The age bracket varies among authors and ranges from 10 to 19 years (World Health Organization [WHO], 2023a), 10 to 20 years (Lang et al., 2022), and 12 to 18 years (Newton, 2022). Adolescent stage is characterised by some significant changes which occur across the physical, cognitive, and socio-emotional/psychosocial domains (Lang et al., 2022; Newton, 2022; Paris, et al., 2019). These changes collectively shape an individual's transition from childhood to adulthood. Nigeria is one of the countries with the largest adolescent population. According to UNICEF, Nigeria (2023), about half the population of Nigeria is below 18 years of age, and every third Nigerian is an adolescent or young adult aged 10-24 years. Like adolescents in other parts of the world, these adolescents in Nigeria generally and Nsukka Education zone in particular, also undergo various developmental changes as they transit from childhood to adulthood; and are also beset by challenges among which is mental health (UNICEF Nigeria, 2021).

Mental health is a state of emotional, psychological, and social well-being that affects how one think, feel, and act (World Health Organization, 2023b). It is more than just the absence of mental illness and includes the ability to cope with stress, realize ones potential, work productively, and contributes to one's community (National Institute of Mental Health, 2024; Stoewen, 2022; Chang, et al., 2022; Ahrnberg et al., 2021). Mental health exists in a continuum, and factors like genetics, life experiences, and socio-economic conditions can influence it (UNICEF, Nigeria, 2021; Ryan and Deci, 2020). World Health Organization,(2023b) maintain that anxiety disorder, mood disorder (depression), attention disorder (attention deficit-hyperactivity), and behaviour disorder are among the leading causes and consequences of mental illness and disability among adolescents. It further emphasized that adolescents with mental health conditions are particularly vulnerable to

social exclusion, discrimination, stigma (affecting readiness to seek help), educational difficulties, risk-taking behaviours and physical ill-health as well as human rights violations (Pasanen, et al., 2021). Precursors of mental health include a combination of genetic, environmental, and lifestyle factors (National Institute of Mental Health, 2024; Stoewen, 2022).

Common mental health disorders in adolescence can be addressed through positive mental health (Centre for Disease Control and Prevention, 2020; National Institute of Mental Health, 2024). The consequences of failing to address adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults (WHO, 2023b). Mental health problems begin at late childhood and early adolescence stages; therefore this stage is very crucial for a child if he/she is to overcome the changes (Joseph, Antony and Ranjit, 2021). There is growing evidence which suggests that high levels of positive mental health protect individuals from mental illness, and low levels of positive mental health are a risk factor for mental illness (Stoewen, 2022; Chang, et al., 2022).

Positive mental health is influenced by different factors and among them is self-efficacy. Self-efficacy has been defined as the individual's belief in his or her ability and skill to complete a specific set of tasks and to undertake a job (Bandura, 1999). It is the strength of an individual's perceptions toward the ability to successfully perform a specific task (Lang et al., 2022). Self-efficacy is influenced by four major factors: mastery of experiences, social role models, imaginal experiences, and emotional and physiological states (Seed, 2024). **It is believed that** the higher an individual's level of self-efficacy for a task, the more likely it is that he or she will keep on trying to accomplish it (Bandura, 1999). Self-efficacy plays a role in adolescents' mental health which is buttressed in Bandura's Social Cognitive Theory that defined self-efficacy as the belief in one's capability to succeed in a specific situation or task (Wu, et al., 2023; Bandura, et al., 1999). The importance of self-efficacy here is supported by Schönfeld et al. (2016) who found that lower self-efficacy was associated with more psychological problems, as individuals with low self-efficacy did not believe that they have the capabilities necessary to face challenging situations.

The influence of self-efficacy on adolescents' positive mental health can both be moderated by parenting style. In other words, parenting style can moderate the relationship between self-efficacy and adolescents' positive mental health. Parenting style refers to different methods which parents adopt in child rearing. Scholars have seen parenting style in

a number of ways: a psychological construct representing standard strategies that parents use in their child rearing (Mayuri, et al. 2017); the representation of how parents respond to and makes demands on their children; a set of attitudes a parent holds toward their child that are communicated to the child and that, taken together, create an emotional climate in which the parent's behaviours are expressed (Peng, et al., 2021). Parenting style is usually classified based on two dimensions: acceptance/responsiveness and demandingness/control (Sourander, et al., 2020). Acceptance/responsiveness dimension describes how parents provide responses towards their children and measures the extent to which the parents show support, affection, and close communication to their children (Malhotra and Kumar, 2020). Parenting style has much influence on positive mental health of adolescents and has always been a crucial factor in influencing all aspects of a person's development; identified as key variable in the overall well-being and self-confidence of teenagers (Sourander, et al., 2020).

Theoretical Framework

A number of theories have been put forward to explain the relationships between parenting styles, self-efficacy, and positive mental health of adolescents. These theories include: Pillar Theory (or Parental Styles Theory) by Baumrind (1966), Interpersonal Acceptance-Rejection (IPAR) theory by Ronald Rohner (1960), Family system theory by Kerr and Bowen (1988), Self-efficacy theory by Albert Bandura (1986), Theory of Planned Behaviour by Ajzen (1991), Self-determination theory by Ryan and Deci (1985), and Maintainable Positive Mental Health Theory by Zábó et al. (2022). Of the above theories, the Diana Baumrind's Pillar Theory (1966) and Murray Bowen's Family Systems Theory (1988) were found to be more apt for this study and thus formed the theoretical framework upon which this study is anchored.

Diana Baumrind's Pillar Theory propounded in 1966 emphasizes that a child's behaviour is associated with parenting styles as they grow and interact with new people. The theory utilizes the three (3) parenting styles: authoritative parenting style, authoritarian parenting style, and permissive parenting style. According to the theory, authoritative parents do control and demand with the consideration of the child's needs. Parents, who are authoritative, respond and support their child, and even compromise if the situation calls for it. On the other hand, authoritarian parents do control and demand, and never consider to respond, support nor compromise to a child's needs. Lastly, permissive parents do respond, support, and compromise to the child's needs but do neither control nor demand.

Diana Baumrind's pillar theory provides a foundational framework for understanding how different parenting styles - authoritative, authoritarian, and permissive - affect a child's development and behaviour (Candelanza et al., 2021; Caño et al., 2016). As an instance, adolescents with authoritative parents are likely to exhibit higher self-efficacy due to the balance of guidance and autonomy. By linking Baumrind's Pillar theory to the specific context of self-efficacy and positive mental health, we can appreciate the profound impact parenting styles have on adolescent development. This understanding serves as a critical tool for parents, educators, and policy-makers in Nsukka Education zone to cultivate environments that support the overall well-being and future success of adolescents.

Equally, Family Systems Theory (FST), developed by Murray Bowen in 1988, is a theory which defines the family unit as a complex social system, in which members interact to influence each other's behaviour. According to the family systems theory, the stability, harmony and over-all health of the whole family system have a crucial influence on children's psychological and emotional growth. The theory posits that family members are interdependent and that their actions and reactions are influenced by the emotional and relational dynamics within the family unit. In this theory, the interactions between family members are viewed as essential in understanding the behaviour and emotions of individual member of the family.

Family systems theory offers a profound insight into how family dynamics can shape the relationship between self-efficacy and positive mental health of adolescents in Nsukka Education zone. For example, within the family system, the support, encouragement, and belief in each other's abilities can significantly influence an adolescent's self-efficacy (Ryan and Deci, 2017; Johnson and Ray, 2016). Parenting styles that promote autonomy, confidence, and resilience can enhance a child's belief in their capacity to succeed in various endeavours, including mental health activities (Olalekan et al., 2021; Baumrind, 1966). Family systems that encourage these traits through supportive and empowering parenting styles can foster a positive mental health attitude in adolescents (Amadi et al., 2021). Conversely, overly controlling or uninvolved parenting may stifle these qualities, reducing adolescents' opportunities to develop resilience and independence necessary for positive mental health (Ryan and Deci, 2017; Amadi, et al., 2021).

Literature Review

Many works has also been done which provides empirical literature on this subject. On self-efficacy and mental wellbeing, Kamil and AL-Hadrawi (2022) adopting a

descriptive-correlational design, conducted a study to measure the level of perceived self-efficacy of adolescents and also determine the relationship between perceived self-efficacy and the psychological wellbeing of adolescents. Using a sample of 320 adolescents (120 males and 200 females) between the ages of 12 and 19 years old drawn using the snowball sampling technique through an online form; and two different scales (General Self-Efficacy Scale -10 items, and the psychological well-being scale 42-items) to obtain data for the study; analysed with descriptive statistics and correlational analysis, found that there was a positive correlation between perceived self-efficacy and adolescents' psychological well-being ($r = .370$, $p = 0.01$). It concluded that how adolescents perceived their personal efficacy can determine their level of psychological well-being. Also, Joseph, Antony and Ranjit (2021) investigating the link between self-efficacy and mental-health of the adolescents residing under institutional care, using 326 adolescents under a census method and standardized scales in measuring the key variables of self-efficacy and mental-health, revealed among others that self-efficacy and mental-health are strongly and positively associated with each other.

Likewise, on the relationship between parenting styles and mental health of adolescents, Vijay, et al. (2022) conducted a study to determine the perceived parenting styles and its association with stress among adolescents. A cross sectional study that involved adolescents between the ages of 13 and 19 years studying in Government Secondary Schools located in two villages of rural Karnataka, South India; using a sample of 445 adolescents made up of 228 males and 217 females, and measuring parenting styles with parenting styles and dimensions questionnaire (PSDQ) short version, and stress, by using the Perceived Stress Scale, the finding revealed that boys from all age groups felt their parents adopted permissive style and girls of all age groups felt their parents had an authoritative style; and, that permissive parenting styles for boys and authoritative parenting style for girls were associated with higher stress. The finding suggested that the relationship between parenting style and mental health differ according to gender. In other words, the influence of parenting style on mental health of the adolescent is based on gender; one parenting style does not have the same effect on all levels of gender.

Equally, Agarwal and Bahadur's (2021) analysing the different types of parenting style and their influence on mental health among school going adolescence both male and female, used 100 male and female students aged 16-18 years old as sample. Parenting authority scale developed by Buri and Mental health inventory developed by Jagdish and Srivastava (2011) were used for data collection, analysed using Correlation analysis and t-test

were. The finding showed that parenting style influences overall mental health of adolescents male and female; authoritarian style and permissive are not favourable parenting styles for adolescents and that a significant correlation was found between authoritative parenting style and mental health.

Likewise, Azman et al. (2021) with a sample of 4596 children and adolescents, investigated the association between parenting style and the mental health of children and adolescents aged 11–17 years using data from the KiGGS cohort study (second follow-up). The findings revealed that there were only small differences between the permissive and the authoritative parenting styles; that significantly higher mean scores were observed for the demanding-controlling and emotional distancing styles for both the mother and father; that parenting behaviour is an important predictor of children's and adolescents' mental health; and that promotion of good relationships within families and improving parenting skills offer promising approaches for health promotion in young people. Lastly, Ashwini (2021) using a sample of 75 boys and 75 girls (15-19 yrs age range) along with their mothers, conducted a study to help clarify how parenting styles contribute to mental health among adolescents. Mental Health Battery and Parenting Styles Dimension Questionnaire were used for data collection and the result revealed that among the three types of parenting styles i.e., Authoritative, Authoritarian and Permissive parenting styles, the Authoritative Parenting Style has a Positive significant relationship with the Mental Health of the Adolescents.

Regarding Parenting styles and self-efficacy of adolescents, Agbari and Mahamid (2023) examined parenting styles and maternal self-efficacy and their association with social-emotional adjustment among Arab preschool children living in Israel. Parenting Styles Questionnaire, Maternal Self-Efficacy Questionnaire, and Adjustment Questionnaire were administered to 420 Arabic-speaking mothers of 3- to 4-year-old children; employing multiple regression analyses, the results indicated that parenting styles and the overall adjustment of children were significantly correlated. More precisely, a significant association between authoritative parenting style and higher levels of social-emotional adjustment among preschool children was found. Furthermore, maternal self-efficacy was significantly correlated to the overall adjustment of children. In this regard, higher maternal self-efficacy is associated with increased social-emotional adjustment among preschool children. Further revealed is the applicability of these constructs found relevant across numerous cultures in a

unique sample of Arab children living in Israel, which supports intervention programs that promote authoritative parenting style and parental self-efficacy in Arab communities.

Also, Richards (2023) examined whether there is an association between parenting styles and parental self-efficacy using a United States sample. One hundred and twenty-two parents with at least one child between the ages of 5 and 12 years were recruited for the study. Participants were asked to complete a survey with measures for parenting styles and parental self-efficacy as well as demographic information. Results indicated that authoritative parenting style was positively correlated with parental self-efficacy; while authoritarian, permissive, and uninvolved styles were negatively correlated. There is a need to replicate these findings to increase confidence that the results are due to a relationship between constructs and not due to chance or error. If replication of these results can be acquired then the way will be paved for future research examining the direction of the relationship and potentially inform how we approach parenting in the clinical setting to increase the likelihood of positive outcomes for both the parents and their children.

Finally, Kong and Yasmin (2022) examined the impact of parental style on early childhood learning, as well as the role of parental self-efficacy (PSE) as a mediating factor. In the domains of education and psychology, it is increasingly recognized that parents have a considerable impact on their children's learning and development. Using Purposive sampling gather data over 3 months from school children's parents, the hypotheses were tested using smart partial least squares-structural equation modelling (PLS-SEM v3.2.8) software. Findings reveal that an authoritative parenting style is positively associated with learning outcomes among Chinese students. Moreover, the mediating role of parental self-efficacy has been tested and proved to be a potential mediator between parental style and children's learning outcomes. Thus, high PSE is linked to parents' adoption of a variety of optimum parenting practices throughout childhood, including maternal sensitivity and responsiveness to children's needs, warm and affectionate parental behaviour, and monitoring, while low PSE has been linked to coercive or harsh parenting as well as a proclivity to give up easily when faced with parental difficulties.

Adolescents in Nigeria are beset by many problem among which is low self-efficacy which is exacerbated by poor mental health. It has been found (UNICEF, 2021), that one out of every six young Nigerian aged 15- 24 is suffering from poor mental health. Also shown (Isma, et al., 2020; Liu, et al., 2019) is that the mental health of these adolescents have some association with parenting style and self-efficacy. Hence parenting style has been always a

crucial factor in all aspects of the Nigerian adolescent's development (Olalekan, et al., 2021). Reports, (UNICEF Nigeria, 2021; Amadi, et al., 2021) shows that this has differently impacted the overall development, academic performance and job productivity of these Nigerian adolescents. Self-efficacy is a person's belief in his/her ability to successfully perform a task or achieve a goal. Parenting style and self-efficacy are very closely linked with each other. Children who grow up with supportive, positive, and encouraging parenting styles tend to have higher levels of self-efficacy. In contrast, children who grow up with controlling or critical parenting styles may develop a sense of helplessness and low self-efficacy. Therefore, parenting style can significantly impact a child's self-efficacy.

Evidence from the reviewed literature provides link between parenting styles, self-efficacy and positive mental health. Despite having several empirical studies that have examined the relationships between self-efficacy, positive mental health and parenting styles individually, and of which most were carried out outside Nigeria and African setting, there remains a dearth of research investigating the relationship among these variables within the specific context of adolescent students in Nsukka Education Zone to reflect African background. More so, while some studies have examined the impact of parenting styles on self-efficacy separately, there is a notable gap in the literature concerning how these parenting styles may interact with this psychological construct (self-efficacy) to influence positive mental health outcomes among adolescents. Equally, no study, to the best of the researchers' knowledge, had been specifically conducted on the moderating role of parenting styles in the relationship between self-efficacy and positive mental health of adolescent students in Nigeria and in Nsukka Education Zone.

Understanding the moderating role of parenting styles in shaping the relationships between self-efficacy and positive mental health could provide valuable insights for developing targeted interventions and support systems to promote holistic adolescent development in this zone. Considering the need to address the mental health of the adolescent students to avoid its consequential effect being extended to adult and working lives, there is therefore a compelling need for empirical research to fill this gap and contribute to a more comprehensive understanding of the mechanisms underlying adolescent well-being. This study, therefore, investigate the moderating role of parenting styles in the relationship between self-efficacy and positive mental health of adolescent students in Nsukka Education zone, Enugu State.

The specific objective of the study is to: (i).Determine whether self-efficacy would be associated with positive mental health of adolescent students in Nsukka Education zone; (ii).Investigate whether parenting styles dimensions (Authoritarian, Authoritative, Permissive, and Uninvolved) would be associated with positive mental health of adolescent students in Nsukka Education zone; and, (iii).Assess whether parenting styles dimensions (Authoritarian, Authoritative, Permissive, and Uninvolved) would moderate the relationship between self-efficacy and positive mental health of adolescent students in Nsukka Education zone.

To guide the study therefore, the following research questions were posed:

1. Would self-efficacy be associated with positive mental health of adolescent students in Nsukka Education zone?
2. Would parenting styles dimensions (Authoritarian, Authoritative, Permissive, and Uninvolved)be associated with positive mental health of adolescentstudents in Nsukka Education zone?
3. Would parenting styles dimensions (Authoritarian, Authoritative, Permissive, and Uninvolved) moderate the relationship between self-efficacy and positive mental health of adolescent students in Nsukka Education zone?

Hypotheses

The following hypotheses were postulated and tested in the study:

1. Self-efficacy would be significantly associated with positive mental health of adolescent students in NsukkaEducation zone.
2. Parenting styles dimensions would be significantly associated with positive mental health of adolescent students in NsukkaEducation zone.
3. Parenting styles dimension would significantly moderate the relationship between self-efficacy and positive mental health of adolescent students in NsukkaEducation zone.

Methodology

The study adopted a Cross-sectional research design as data were collected from many subjects at the same time and also as the research focused on investigating an already existing phenomenon and did not involve active manipulation of variables. The population of the study comprises over 30,000 adolescent students in the 60 public senior secondary schools in Nsukka Education Zone,Enugu State. The study purposively adopted a multi-stage sampling technique due to its appropriateness for collecting primary data from a

geographically dispersed population. Simple random sampling was used in selecting 2 from the 3 LGAs which makes up the zone. Six (6) co-educational secondary schools each (12 in all) were drawn from among the 43 senior secondary schools in Nsukka and Igbo-Etiti LGAs without bias to their rural or urban location but chosen purposefully for the study. From these schools, 749 adolescent students aged between 16 and 19 years were purposefully selected among the SS3 students from the 6 schools. This comprised 280 males and 469 females (all disproportionately and randomly selected for purposes of convenience in eliciting information for the study).

The instrument used for data collection is the questionnaire comprising: Parenting Styles Scale (PSS) adapted from Mernyi (2017); General Self-Efficacy Scale (GSES) adapted from Schwarzer and Jerusalem (1995); and the Warwick-Edinburgh Scale (WEMWBS) developed by NHS Health Scotland, University of Warwick and University of Edinburgh in 2006 (Tennant, et. al., 2007). The PSS consisted of 20 items organized into 4 clusters corresponding to the four widely recognised parenting styles. Each cluster contains 5 structured items on the modified Likert-4-point rating scale (Strongly Agree, Agree, Disagree, Strongly Disagree). The GSES is a 10-scale self-report measure of self-efficacy scale made on a 4-point rating scale ranging from 1= not at all true, 2= hardly true, 3= moderately true to 4= exactly true. The total score ranges between 10 and 40, of which a higher score indicate more efficacy. The WEMWBS was developed to enable the monitoring of the mental wellbeing in the general population. It is a 14-item scale with positively worded statements covering feelings, and functioning aspects of mental wellbeing with 5-response categories ranging from “none of the time” to “all of the time”. As standardized instruments, they had been validated and their reliability equally established. But despite that, the researchers re-validated the instruments by adapting the instruments for Nigerian sample. A pilot study was conducted with 150 SS3 in-school students in public secondary schools in Igbo-Eze South LGA under Obollo-Afor Education Zone. The tests yielded internal reliability consistency (Cronbach’s alpha) value of 0.77 and a concurrent validity value of 0.65 thus it was considered appropriate for use.

The instruments were administered with the help of 6 research assistants, 3 each from the two Local Government Areas sampled. The data collected in research questions/hypotheses 1 and 2 were analysed using hierarchical multiple regression while Hayes PROCESS Macro for SPSS (Hayes, 2022) was used to analyse research question/hypothesis 3. All the hypotheses were tested at 0.05 level of significance. IBM SPSS

Software Version 27 was used for the analyses and results presented in tables according to the research questions and hypotheses.

Results

Sociodemographic Characteristics of the Study Group

Table 1: Sociodemographic Characteristics of the Study Sample (N = 749)

Variable	Frequency	Percentage (%)
Geographical Location		
Urban	286	38.2
Rural	463	61.8
Gender		
Male	280	37.4
Female	469	62.6
Parenting Style		
Authoritarian	202	27.0
Authoritative	196	26.2
Permissive	286	38.2
Uninvolved	65	8.7
Continuous Variable		
	Mean (SD)	Range
Age	17.03 (0.81)	16–19
Self-efficacy	30.62 (4.42)	24–40
Positive Mental Health	41.35 (4.30)	31–54

Note. Categorical variables are presented with frequencies and valid percentages. Continuous variables are presented with means, standard deviations, and observed minimum and maximum values. Percentages may not total 100 due to rounding.

Research Question/Hypothesis 1: Positive Mental Health and Self-efficacy

Table 2: Hierarchical Multiple Regression Analysis Summary Predicting Positive Mental Health from Self-efficacy, Controlling for Demographic Variables (Age, Gender, Location)

Variable	B	95% CI for B		SEB	B	R ²	ΔR ²
		LL	UL				
Step 1							
Constant	39.28***	32.48	46.09	3.47			0.03
Age	0.16	-0.23	0.55	0.20	.03		
Location = Rural	0.03	-1.67	1.72	0.86	.003		
Gender = Female	-0.16	-1.85	1.54	0.86	-.02		
Step 2							
Constant	24.51***	18.64	30.39	2.99		0.331	0.301***
Age	0.06	-0.27	0.38	0.17	.01		
Location = Rural	-0.61	-2.02	0.80	0.72	-.07		
Gender = Female	0.48	-0.93	1.89	0.72	.05		
Self-efficacy	0.55***	0.49	0.61	0.03	.56***		

Notes: * $p < .05$, ** $p < .01$, *** $p < .001$

LL = Lower Limit; UL = Upper Limit; SE B = Standard Error of B; R² = Model R-squared; ΔR² = Change in R-squared.

Research Question/Hypothesis 2: Positive Mental Health and Parenting Styles

Dimensions

Table 3: Hierarchical Multiple Regression Analysis Summary Predicting Positive Mental Health from Parenting Styles Dimensions when Controlling for Demographic Variables (Age, Gender, Location)

Variable	B	95% CI for B (LL, UL)	SEB	BAR ²
Step 1				0.03 .03*
(Constant)	39.28***	(32.48, 46.08)	3.47	—
Age	0.16	(-0.23, 0.55)	0.2	0.03
Location = Rural	0.03	(-1.67, 1.72)	0.86	0.003
Gender = Female	-0.16	(-1.85, 1.54)	0.86	-0.02
Step 2				0.085.055***
(Constant)	37.12***	(30.38,43.85)	3.43	—
Age	0.21	(-0.17, 0.59)	0.19	0.04
Location = Rural	0.63	(-1.03, 2.30)	0.85	0.07
Gender = Female	-0.54	(-2.20, 1.13)	0.85	-0.06
Parenting style= = Authoritarian	0.53	(-0.67, 1.73)	0.61	0.05
Parenting style = = Authoritative	2.76***	(1.55, 3.96)	0.61	0.28
Parenting style = = Permissive	0.46	(-0.69, 1.61)	0.59	0.05

Notes: CI = confidence interval; LL = lower limit; UL = upper limit.* $p < .05$. ** $p < .01$. *** $p < .001$

Research Question/Hypothesis 3: Parenting Style Dimensions Moderating the Relationship between Self-efficacy and Positive Mental Health

Table 4: Regression Coefficients for the Moderating Role of Parenting Styles in the Relationship between Self-Efficacy and Positive Mental Health

Predictor	B	SE	t	p	% CI
Constant	41.33	2.71	15.26	<.001	[36.01, 46.64]
Self-Efficacy (SE)	0.44	0.05	8.63	<.001	[0.34, 0.54]
PS (Authoritative) (W1)	2.98	0.34	8.81	<.001	[2.31, 3.64]
PS (Permissive) (W2)	0.28	0.31	0.91	0.362	[-0.33, 0.89]
PS (Neglectful) (W3)	0.68	0.5	1.37	0.172	[-0.30, 1.65]
SE × W1 (Int_1)	0.4	0.08	5.3	<.001	[0.25, 0.55]
SE × W2 (Int_2)	0.03	0.07	0.4	0.688	[-0.11, 0.16]
SE × W3 (Int_3)	0.23	0.11	2.06	0.04	[0.01, 0.45]

Table 5: Conditional Effects of Self-Efficacy on Positive Mental Health by Parenting Style

Parenting Style	Effect (b)	SE	t	P	95% CI
Authoritarian	0.44	0.05	8.63	<.001	[0.34, 0.54]
Authoritative	0.85	0.06	15.07	<.001	[0.74, 0.96]

Permissive	0.47	0.05	10.29	<.001	[0.38, 0.56]
Neglectful	0.67	0.1	6.81	<.001	[0.48, 0.87]

Discussions

The sociodemographic characteristics of the study group as presented in Table 1 shows that the study sample consisted of 749 adolescent students. The majority of participants (61.8%) resided in rural areas, while 38.2% lived in urban locations. The gender distribution was skewed toward females, who represented 62.6% of the sample, while males accounted for 37.4%. Regarding perceived parenting styles, the most commonly reported style was permissive (38.2%), followed by authoritarian (27.0%), authoritative (26.2%), and uninvolved (8.7%). For continuous variables, the participants had an average age of 17.03 years ($SD = 0.81$), ranging from 16 to 19 years. The mean self-efficacy score was 30.62 ($SD = 4.42$), and positive mental health had a mean score of 41.35 ($SD = 4.30$), with scores ranging from 31 to 54.

Table 2 presents the hierarchical multiple regression analysis summary predicting positive mental health from self-efficacy, controlling for demographic variables. This examined whether self-efficacy would be significantly associated with positive mental health among adolescent students in Nsukka education zone. In Step 1, demographic variables (age, gender, location) were entered as control variables and accounted for 3% of the variance in positive mental health, $R^2 = .03$, $F(13, 735) = 1.76$, $p = .045$, indicating a small but statistically significant prediction. In Step 2, self-efficacy was added to the model and accounted for an additional 30% of the variance, $\Delta R^2 = .30$, $F(1,734) = 330.31$, $p < .001$. This shows that self-efficacy is a strong and significant predictor of positive mental health among adolescent students, even after controlling for demographic factors.

This is therefore in support of hypothesis 1 which stated that self-efficacy would be significantly associated with positive mental health of adolescent students in Nsukka zone. As shown in the table, after accounting for demographic variables in Step 1, the inclusion of self-efficacy in Step 2 significantly improved the model, $\Delta R^2 = .30$, $p < .001$. Self-efficacy was a strong positive predictor of positive mental health ($B = 0.55$, $SE B = 0.03$, $\beta = .56$, $p < .001$), with a 95% confidence interval [0.49, 0.61]. These results confirm that higher self-efficacy is significantly associated with greater positive mental health in the sampled adolescents. Consequently, this finding supports the first hypothesis which states that self-

efficacy would be significantly associated with positive mental health of adolescent students in Nsukka zone. These results align with earlier research findings by other scholars such as Kamil and AL-Hadrawi (2022), Joseph-Antony and Ranjit (2021), Schönfeld et al. (2016) that a positive correlation exist between self-efficacy and positive mental health outcomes; and that, high self-efficacy empowers adolescents to perceive challenges as manageable rather than overwhelming, fostering a more optimistic and resilient outlook on life. Thus, adolescents with higher self-efficacy are better able to maintain emotional stability and a sense of control, key elements contributing to their positive mental health.

Table 3 presents the **hierarchical multiple regression analysis summary predicting positive mental health from parenting styles dimensions (Research question 2; Hypothesis 2), when controlling for demographic variables.** This examined whether parenting styles dimensions would be significantly associated with positive mental health among adolescent students in Nsukka zone. In Step 1, demographic variables (age, gender, location) were entered as control variables and accounted for a small but statistically significant proportion of the variance in positive mental health, $\Delta R^2 = .03, p = .045$. In Step 2, the three parenting style dimensions (authoritarian, authoritative, and permissive) were added to the model, resulting in a significant improvement in the explained variance, $\Delta R^2 = .06, p < .001$. Among the parenting styles, authoritative parenting emerged as a significant positive predictor of positive mental health ($B = 2.76, \beta = .28, p < .001$), whereas authoritarian and permissive parenting styles were not statistically significant. These results suggest that parenting style, particularly the authoritative dimension, is meaningfully associated with adolescents' mental well-being. In step 2 the hierarchical regression significantly increased explaining the variance in positive mental health outcomes, $\Delta R^2 = .06, p < .001$. Specifically, authoritative parenting showed a robust and statistically significant positive association with mental health ($B = 2.76, \beta = .28, p < .001$), while authoritarian and permissive styles did not significantly predict the outcome. These findings underscore the importance of supportive and structured parenting in promoting positive psychological functioning among adolescents.

This finding supports Ashwini's (2021), Agarwal and Bahadur (2021), studies, which found that among authoritative, authoritarian, and permissive parenting styles only the authoritative parenting style had a positive and significant relationship with adolescents' mental health; and that authoritative parenting positively influenced the overall mental health of adolescents, while authoritarian and permissive styles were not favourable for adolescents'

mental well-being indicating a significant positive relationship between authoritative parenting and the mental health of adolescents.

On research question 3, table 4, a moderation analysis was conducted using the PROCESS macro (Model 1; Hayes, 2022) to examine whether parenting style moderates the relationship between self-efficacy and positive mental health. Self-efficacy was entered as the predictor, positive mental health as the outcome variable, and parenting style as a categorical moderator (four levels: Authoritative, Authoritarian, Permissive, and Neglectful). Demographic variables (age, gender, location) were included as covariates. In line with Hayes (2022), multi-categorical variables used as covariates (e.g., age and location) were dummy coded prior to analysis. This step was necessary because the PROCESS macro does not automatically recode such variables for inclusion as covariates. The overall model was statistically significant, $F(20,728) = 27.95, p < .001$, accounting for approximately 43.4% of the variance in positive mental health ($R^2 = .434$). Importantly, the interaction between self-efficacy and parenting style was also significant, $\Delta R^2 = .028, F(3, 728) = 11.87, p < .001$, indicating that parenting style significantly moderated the relationship between self-efficacy and positive mental health.

The present findings is in tandem with those of Piko and Balázs, (2020), and Baumrind, (2013), which emphasize that parenting styles play a crucial role in shaping the mental health outcomes of adolescents as different parenting styles - authoritative, authoritarian, and permissive – impact adolescents' psychological well-being through various mechanisms, influencing their self-concept, stress management, and emotional regulation abilities. Specifically, the authoritative parenting style, characterized by a balance of high warmth and appropriate control, appears especially beneficial as adolescents raised in authoritative environments tend to develop higher self-esteem, greater emotional resilience, and stronger social competence, all of which contribute positively to their mental health. Thus, supportive and structured parenting fosters adaptive coping skills, reduces susceptibility to anxiety and depression, and enhances adolescents' capacity to manage life stressors effectively.

In contrast, authoritarian parenting, marked by high control but low warmth, is often associated with increased anxiety, lower self-esteem, and social withdrawal in adolescents (Grolnick and Pomerantz, 2009; Milevsky et al., 2007). Such environments may inhibit open emotional expression and foster internalized emotional struggles, adversely affecting mental health (Dwairy and Achoui, 2010). Similarly, permissive parenting, characterized by high

warmth but low control, may lead to difficulties in impulse regulation and boundary-setting among adolescents, resulting in emotional instability and increased vulnerability to stress (Pinquart, 2017).

Furthermore, on hypothesis 3, table 4 presented the regression coefficients for all predictors and interaction terms. Self-efficacy positively predicted positive mental health ($b = 0.44$, $SE = 0.05$, $t = 8.63$, $p < .001$, 95% CI [0.34, 0.54]). Among the parenting style dimensions, Authoritative parenting style (W1) was a significant positive predictor ($b = 2.98$, $SE = 0.34$, $t = 8.81$, $p < .001$, 95% CI [2.31, 3.64]). Significant interaction terms were observed for the interaction of self-efficacy with Authoritative ($b = 0.40$, $SE = 0.08$, $t = 5.30$, $p < .001$) and Neglectful ($b = 0.23$, $SE = 0.11$, $t = 2.06$, $p = .040$) parenting styles, but not with Permissive parenting style. To further probe the nature of this moderation, conditional effects of self-efficacy on positive mental health were examined at each level of parenting style. Simple slopes analyses (Table 5) revealed that the conditional effect of self-efficacy on positive mental health was significant across all parenting styles. The effect was strongest among adolescents raised with an Authoritative parenting style ($b = 0.85$, $SE = 0.06$, $t = 15.07$, $p < .001$, 95% CI [0.74, 0.96]), followed by the Neglectful style ($b = 0.67$, $SE = 0.10$, $t = 6.81$, $p < .001$, 95% CI [0.48, 0.87]), the Permissive style ($b = 0.47$, $SE = 0.05$, $t = 10.29$, $p < .001$, 95% CI [0.38, 0.56]), and the Authoritarian style ($b = 0.44$, $SE = 0.05$, $t = 8.63$, $p < .001$, 95% CI [0.34, 0.54]).

The findings also align with previous research showing that parenting styles are associated with adolescents' self-efficacy (Agbaria and Mahamid, 2023) and with their positive mental health (Ashwini, 2021; Agarwal & Bahadur, 2021). Thus, self-efficacy - the belief in one's ability to achieve goals and cope with challenges - is a critical determinant of mental health, promoting psychological resilience and adaptive coping strategies. However, the extent to which self-efficacy translates into positive mental health outcomes is influenced by contextual factors such as parenting style, which can either strengthen or weaken this relationship (Bandura, 1999). Although self-efficacy consistently predicts better mental health across all parenting styles, the strength of this effect is greatest for adolescents raised under an Authoritative parenting style. The findings further support Hypothesis 3, confirming that parenting style significantly moderates the relationship between self-efficacy and positive mental health among adolescent students in the Nsukka zone.

Summary of Findings:

1. There is a statistically significant moderate positive association between self-efficacy and positive mental health among adolescent students in Nsukka Education zone.
2. Among the parenting styles examined, only the authoritative parenting style demonstrated a significant positive association with adolescent students' positive mental health, whereas neither authoritarian nor permissive parenting styles showed a significant relationship.
3. Parenting style dimensions were found to significantly moderate the relationship between self-efficacy and positive mental health among adolescent students in Nsukka Education zone, with authoritative parenting exhibiting the strongest moderating effect.

Implications of the Findings:

1. Self-efficacy, recognized as a cornerstone of resilience and adaptive coping, emerges from this study as a critical target for mental health promotion. Psychologists working in schools, clinics, or community settings and public administrators can leverage this finding by advocating for and implementing cognitive-behavioural interventions aimed at strengthening adolescents' self-belief, goal-setting skills, and coping strategies. Importantly, the evidence supports a preventive approach: early interventions to build self-efficacy could better equip adolescents to manage stressors, thereby promoting a healthier developmental trajectory.
2. The study's finding that only authoritative parenting is significantly associated with positive mental health reinforces long-standing psychological research emphasizing the benefits of balanced, supportive, and structured parenting. For psychologists, managers or administrators and policy makers, this highlights the necessity of family-based interventions that encourage authoritative parenting practices, including emotional warmth, consistent discipline, and open communication. Family therapists, school psychologists, community mental health practitioners and government policy makers can utilize this evidence to design and deliver parenting workshops and psycho-social educational programs that emphasize how authoritative parenting enhances adolescent emotional stability, resilience, and psychological growth.
3. The moderating role of parenting styles in the relationship between self-efficacy and positive mental health, especially the prominent influence of authoritative parenting, emphasizes the dynamic interaction between personal competencies and family environments. Psychological and management/administrative interventions aimed at

enhancing adolescent self-efficacy may yield stronger and more sustainable outcomes when they concurrently address family dynamics. Government and practitioners should consider incorporating family therapy elements into self-efficacy training programs, helping parents to foster autonomy, competence, and emotional support in ways that maximize their adolescents' socio-psychological development.

4. Overall, the findings emphasize the need for integrated approaches to adolescent mental health that consider both individual traits such as self-efficacy and the broader familial context, particularly parenting styles. For practitioners, educators, and policymakers in Nsukka and similar contexts, these insights offer a roadmap for designing intervention programs that foster both personal competence and supportive environments, ultimately enhancing the positive mental health of adolescents.

Conclusion

This study showed the intricate interplay between personal and environmental factors in fostering positive mental health among adolescent students in Nsukka Education zone. Findings reveal that self-efficacy exhibit a significant, moderate positive association with adolescents' mental health, highlighting the importance of fostering resilience, independence, and proactive thinking in youth. The study therefore conclude that authoritative parenting not only directly correlates with positive mental health outcomes but also moderates the impact of both self-efficacy enhancing their positive effects on mental health, and in contrast, authoritarian and permissive parenting styles showed no significant association, underscoring the unique importance of a balanced, supportive, and structured approach in adolescent development.

Recommendations

The following recommendations are provided for psychologists and administrators working with adolescents, families, and educational communities in Nsukka Education zone:

1. Given the positive association between self-efficacy and mental health, psychologists and administrators should design targeted interventions that build adolescents' self-belief, coping skills, and resilience. Such interventions could include cognitive-behavioural techniques to help adolescents set achievable goals, manage challenges, and increase self-efficacy. These programs can be integrated into schools, community centres, or family therapy sessions to ensure that adolescents have consistent reinforcement and support in enhancing their self-efficacy.

2. Psychologists and administrators should advocate for this parenting style in community and therapeutic settings, educating parents on combining warmth and structure with autonomy support. Workshops for parents, focusing on clear boundary-setting, and empathetic communication, and positive reinforcement, can foster environments that better support adolescents' psychological growth and resilience.
3. Since authoritative parenting strengthens the relationship between self-efficacy and mental health, psychologists and administrators should encourage family-based interventions that promote authoritative practices. Therapy sessions involving both parents and adolescents can focus on building understanding and mutual respect, reinforcing supportive parenting behaviours that nurture adolescent self-efficacy and mental well-being.

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