Chapter One

Introduction

1.1 Background to the Study

Social competence is one of the topical issues among adolescents owing to the expectation of attaining milestones of social development during the period of adolescence. Adolescents are transitioning and growing to become adults who should be capable of optimal social wellness in all areas of life. Indeed, the social domain of human development dictates that during the period of adolescence, boys and girls should develop quality relationships with parents, siblings, friends, peers, teachers and significant others. The development of social competence among adolescents has been emphasized in the developmental task theory, where youngsters are to develop new and mature relationships with people of the same sex and the opposite sex. This interestingly could extend to relations with parents of the same-sex and the opposite sex-both father and mother. Similarly, the psychosexual theory posits that adolescents develop a sense of heterosexuality, being able to relate with people, including parents both same and opposite sex. Also, the Oedipus and Electra complexes are expected to be resolved entirely during the period of adolescence, with teenagers having balanced relationships with both fathers and mothers or their figures where applicable.

To function in society in the future and lower the likelihood of behavioural and emotional issues, social competence development is crucial[1]. Adolescents' social competence from father-absent homes may be hampered by a missing father figure. Observably, adolescents whose fathers are absent for one reason or the other in their lives have a deficit, excess and weak behaviours needing constant counselling and psychotherapeutic interventions. When everything else is equal, both parents should ideally raise their children as a father and a mother, each of whom plays a distinct

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but complementary role in raising the child. A child looks up to their parents and learns equally from them, both consciously and unconsciously. Adolescents observe and imitate their parent's conduct and try to model after them; this always includes the picture of a socially competent individual. The issue of lack of social competence can then arise when the relationship with parents is altered due to the absence of one of the parents at home. This hindered process of socialization could be detrimental to adolescents' social wellness and how they fit in both virtual and real worlds. There is, in fact, a wealth of evidence linking differences in social competence throughout childhood to success in other areas during adulthood. People who naturally form positive relationships with others as youngsters, for example, are more likely to have better health as adults (living longer, being more robust to mental health issues, and performing well in society)[1].

A socially competent person tries to understand the needs of self, others and further leads to the upkeep of a civilisation[2]. The child grows to the age of going to school, thereby interacting with classmates, teachers, school authorities and gatekeepers for basic needs in terms of communication, learning, correction and developing competence in character and academic achievement and that is another level of socialization. Every individual no matter how intelligent or gifted would need to interact with people for basic survival. From the cradle, a newborn would need to get food, nourishment, care and bonding from the mother, interacts with his father, siblings, and other home caregivers and that is socialization. When the child comes into adolescence, there is even a greater need for social competence because that child wants to feel accepted among their peers and would sometimes do anything to be seen, recognized and preferred among their peers and this is another level of socialization.

An adolescent who has not built healthy ways of interacting with people from the first agent of socialization which is the home, may struggle in interaction with their mates in school because of

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the unique characteristics of this age[1]. The sense of self often, is fostered in the home, leading to self-concept. Adolescents who still struggle with their self-concept and are unsure of their identity may have low social competence because they do not know themselves and so they are easily influenced by their peers. When we see an adolescent from a 'good home' beginning to follow and hang around another adolescent who smokes tobacco, weed, general narcotics to feel high, forget their pain or gather some confidence, it is sometimes because of a poor knowledge of who they are, that makes they hang around the 'bad crowd'. If they had a strong sense of identity of who they are, they would consciously choose friends that would deliver on values that are important to them and associate with peers based on their inherent values.

According to a study, social competence can also influence children's achievement in school therefore, it is critical to develop early detection devices of children's social competence before they become adolescents. He further pointed that where social competence is lacking, the child may experience social isolation[3]. Further, the result of research indicates that there exists a positive and significant relationship between social competence and self-esteem of senior secondary school students. This means that students who are well behaved and understand appropriate behaviour with others in a society are also good in developing favourable opinion about themselves[2].

Most individuals thrive on social and emotional support. The support of friends and family can enhance the social competence of adolescents because they can discuss their feelings and experiences without feeling judged and condemned. An adolescent that is being bullied in school without visible physical injuries that are apparent to the sight of the parents, can confide in someone they receive social and emotional support from. This would only happen if there has been emotional support or social support from that individual who could be a parent, a friend, neighbour, clergy, matured adult that they trust to keep their secrets and speak in their favour. Having a social

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and emotional support would go a long way to mitigate the tough times an adolescent would have because if they can pour out their minds, they would be able to find some relieve to help them cope with the situation.

Parenting adolescents is a naturally daunting task to even the most prepared parents because of the uniqueness of the phase which is characterised by independence, tremendous physical changes, self-discovery, among others. Adolescents have been redefined by the World Health Organization (W.H.O) to be children between the ages of 10-19 years old contrary to the 'teenage years' parents previously had from generations before. This suggests that parents need to adopt strategies that fit into raising an adolescent early on in childhood. Having both parents raising an adolescent can still leave room for some level of dysfunctionality depending on their choice of parenting style, lack of quality time spent with the adolescent, the influence of negative peers, and so on, not to mention in homes where a father is absent. Fathers are frequently the parents who push kids to do new things, encourage them to venture beyond of their comfort zone, and teach them life skills[3]. In order to expand their mental universe and increase their flexibility, adolescents may turn to their fathers for abstract or more "philosophical" conversations that improve conceptual thinking and deepen their engagement with large political, social, or ethical concerns[3].

In the society we live in, which is largely traditional, we see that this concept has been adopted backward in the sense that although fathers in homes are meant to be respected when they accept and play their roles, they are also easily discarded if there is a problem. Society has made it seem as though mothers are more important than fathers, so if a child loses the father, the general notion is that the children would still be fine because of the presence of their mother. However, research differs in opinion towards this because the presence of a father in raising his children gives identity to that child.

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There could be many reasons why a father would be absent from his home. There is the possibility of death where a father dies due to natural or unnatural causes and the family is faced with the reality of moving on with life without him. Research has again proven that when the cause of father's absence is death, it has a mediating effect on the vacuum left by his absence than when it is due to other factors like infidelity, quarrels, irresponsibility or circumstances like that[4]. When there is fathers' absence due to divorce, infidelity, irresponsibility, mother's behaviour, health challenges, job requirements, incarceration and all things that are a matter of choice, character or negligence, adolescents from such homes go on a rampage physically, emotionally or mentally except when there are mediating factors such as the presence of a strong male figure, warm personality, among others.

Adolescents from father-absent homes may struggle with certain behavioural patterns because of the peculiarity of their situation if not mediated by other factors. Some areas of struggling may include rebelling against authority because there may not be enforcement of discipline at home as some mothers might give into permissive parenting to serve as a way to compensate the child for the absence of the father, and this would lead to rebellion to authority outside the home because they are completely unaware of the safety, strength and stability a father gives to children.

There could also be scenarios where the mother, in trying to provide for the children financially, might neglect them while raising funds for upkeep. If things are not handled properly, she might not even have time for the children she is working so hard to support. The percentage of adolescents involved in juvenile delinquencies are largely from father-absent homes, which points to the fact that fathers' absence can cause behavioural misconduct in children and adolescents. Due to spending most of their time with their mother, children may also adopt and take up her worries, causing the males to become "feminized" and the females to become "masculinized." In this

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scenario, the men either become so weak that they lack the desire to carry out their decisions or they become so weak that they let things happen by accident rather than acting bravely. On the other hand, the girls from such homes can be so responsible and driven that they make up their minds to be so financially strong that no man can ever have a say in the quality of life they lead. These complications can arise from father-absent homes.

Having sat on the disciplinary committee of a university before, the researcher finds it interesting that, each time undergraduate students were presented to the committee for a vice committed, such as stealing, gambling, and any other untoward behaviour, the students involved were mostly from father-absent homes. The statistics of those from father -absent homes are about 7-8 out of 10 every single time. This may not be happening by chance, as other adolescents observed outside the university system also appear to have problems with behaviour when they lack a father's presence in the home. There are some societies characterised with fast paced lives, events, urbanization, and westernization such as Lagos. The family values seem to have been affected by foreign culture. Children growing in Lagos could be exposed to varied experiences normalized because of the Lagos City orientation. Family time, spousal relationship and parenting in Lagos is indeed peculiar because of the nature of the city. Lagos State is a cosmopolitan society with blends of cultures, ideals, preferences, identities, self-expressions and these appear to have adverse effect on parent-child relationship.

Knowingly or unknowingly, adolescents score their parents on different fronts because of the experiences they have with them. A parent who does not spend quality time with their adolescent already has given the adolescent, an impression that the adolescent is not important to them. Adolescents in conversation would often say, ‘my parents are too busy, so neither of them has my time’. That is the adolescent scoring the efficacy of the parenting style used on them. Due to their

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fear of being misunderstood, adolescents come to believe that they cannot trust their parents with their most personal information. When there is defective and one-sided parenting, children can start showing defective behaviours that point out the absence of a parent. Adolescents from father-absent homes may most times struggle with social competence, because of imbalance in instilling confidence.

The social, emotional, cognitive, and behavioural abilities required for teenagers to successfully adjust to social situations are referred to as social competence. Social competence also could take another's perspective concerning a situation[5], learn from past experiences, and apply that learning to the changes in social interactions. It is the foundation upon which expectations for future interaction with others are built and perceptions of an individual's own behaviour are developed. Social competence frequently encapsulates social skills, social communication, and interpersonal communication that an individual needs to navigate social situations. Particularly for adolescents, which this study is addressing, social competence is critical because it helps in the formation of identity. The ability to relate meaningfully with people is referred to as social competence. It is an essential ability that may be adapted to interventions[6].

Social competence is regarded as an important goal of education in both family and school. As pro-social behaviour presumably emerges by observing successful models, social competence can also be seen as a major qualification of parents especially mothers and teachers developing sound instruments for the assessment of social competence constitutes the first step in studying both the development of social competence and its impact on other crucial outcomes of education and psycho-social development[7].

Socio-emotional learning (SEL) refers to the learning and acquisition of knowledge, attitudes and necessary skills through which individuals manage and understand their emotions. Students who

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acquire these socio-emotional skills set accomplish positive objectives, exhibit traits like empathy, accountability, and optimism, and can be considered adolescents with socio-emotional competence. Adolescents with these skills can easily control their emotions and behaviours. Socio-emotionally competent students are better able to make responsible decisions in difficult situations even when pressured to do something wrong at various times in life. The 21st century requires socio-emotional skills since many circumstances will require a person to react to their surroundings in constructive ways like cooperation with colleagues, controlling one's behaviour, and handling stressful situation well. Socio-emotional skills have been implicated into career and academic success of students[8]. When students are taught social competence through SEL, they tend to do better in relating with their peers and performing at tasks within a team.

A study found that social competence is also a focused behaviour, which is crucial for adolescents to possess. An adolescent's ability to solve interpersonal problems and be socially competent is significantly related to their future development of a sound outlook and emotionally developed mind. Teenagers express their emotions, including both positive and negative life experiences, through a process known as emotional regulation. As a result, it is equally crucial that adolescents improve their capacity to handle everyday issues by applying their interpersonal problem-solving abilities and social competence to become more emotionally stable[9]. Social competence is also the social, emotional, and cognitive skills and behaviours that adolescents need for successful social adaptation in society. The acquisition of social competence, such as showing prosocial behaviour that is, meeting the needs of others and social initiative being able to meet personal need, constitutes one major developmental task in childhood and adolescence[10]. Meeting the needs of others is as important as meeting personal needs.

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Our social skills determine how we interact and act in society. Due to various elements working together, social competence (SC) is believed to begin in childhood and develop throughout adolescence. Early childhood, in particular, is marked by the development of fundamental social skills, which serve as the cornerstone for effective social adaptation and growth[10].

Social competence, which is becoming more widely acknowledged as a key component of children's preparedness for school, is one of the most extensively studied aspects of human social development. When a child is initially brought to school, it becomes evident whether or not they are prepared for that level the moment their parents or primary caregiver leave. The social competence built from home can help the child adjust just as lack of it may prolong the adjustment of the child to the school environment.

Social competency in schools is linked to peer acceptability, emotional well-being, successful interaction, and the capacity to learn motivation, school preparedness, and social adjustment. Consequences of low social competence would include aggressive behaviours which would culminate in expulsion, addictions to harmful substances, rejection from peers and family amongst others. There could also be withdrawal from peers, excessive shyness which would affect interactions during classes thereby translating to poor academic achievement in adolescents.

The temperament of the adolescent would affect their social skills as well. Those who have higher scores in the extrovert's spectrum may find it easy to demonstrate social skills in any setting unlike those who get their energy from quietness and solitude. There can be programmes organized to make introverts feel included in social settings[11].

An adolescent who has gone through negative experiences such rape, and different types of abuse would have difficulties relating with their peers because they suffer guilt and shame which they

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consider private. They nurture negative thoughts of themselves and self-sabotage because of their unpleasant past. These may hinder their ability to trust others and play a role in their display of low social competence.

Executive functioning (EF) may also have an impact on social competence. By supporting high-level techniques like emotional and cognitive regulation that are essential for social interactions, EF may have an impact on social competence[9]. Intellectual achievements have also been connected to intrapersonal components of social competence, such as social goal setting, problem-solving skills, and sentiments of trust and support from others[12].

Parents are the primary source of social and emotional support for adolescents. During adolescence, peer relations become particularly important for them. A key developmental task of adolescence is forming an identity or sense of the kind of person one is and the kind of person one wants to be. Adolescents are constantly trying different social roles as they interact with peers, and peers serve as a social advancement as adolescents move away from their emotional dependence upon their parents toward autonomous functioning as adults. In many ways, adolescent peer relations serve as training grounds for future interpersonal relations, providing adolescents with opportunities to learn about reciprocity and intimacy. These skills are associated with effective interpersonal relations in adult life, including relations with co-workers and with romantic partners[9].

When adolescents experience serious difficulties in peer relations, the development of social competencies may be threatened. Rejection or victimization by peers may become a source of significant stress for them, contributing to feelings of loneliness and low self-esteem. In addition to this, peer rejection can escalate into a negative developmental spiral. When adolescents with poor social skills become rejected, they are often excluded from positive interactions with peers

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that are critical for learning social skills. Rejected adolescents typically have fewer options for play partners and friends than are accepted. When those who are rejected are under observation, it was found that they spend more time playing alone and interacting in smaller groups than their more famous peers[13].

In addition, the companions of rejected adolescents tend to be younger or more unpopular than those of accepted adolescents. Exclusion from a standard peer group can deprive rejected children of opportunities to develop adaptive social behaviours. Hence, the social competence deficits of rejected adolescents may increase over time, along with feelings of social anxiety and inadequacy, which are unhealthy for them. An adolescent's social competence depends upon several factors, including the child's social skills, social awareness and confidence. Social skills describe the child's knowledge of and ability to use a variety of social behaviours that are appropriate to a given interpersonal situation and pleasing to others in each situation. The capacity to inhibit egocentric, impulsive, or negative social behaviour is also a reflection of an adolescent's poor social skills[13].

Adolescence is seen as a storm and stress period by psychologists as they are between childhood and adulthood. The storms include confusion about what they should be doing, how they should act and society's expectations. This brings a lot of emotional and mental stress to adolescents. They are not able to identify fully with children or adults and this could affect where they stand in social settings. Arguably, the transition period from childhood to adulthood now occupies a more significant portion of the life course than ever before, when unprecedented social forces, including marketing and digital media, are affecting health and well-being across these years[14].

The fifth stage of Erik Erikson's psychosocial development is called identity/confusion. A child who has successfully gone through the previous stages without fixation can function at this stage, taking the identity role rather than being confused. Adolescence has evolved in terms of exposure

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over the decades. Though the main characteristics of this stage of life remains unchanged, however, the period has become more challenging to tackle because of the myriads of distractions and the intelligence of children of this age[15].

Perhaps the best time to prevent and form lifelong good habits is during adolescence. The importance of coping mechanisms and emotional control is shown by recent studies. Through emotional observation and the use of emotions to support thought, emotional understanding, and emotional regulation, emotional intelligence is the capacity to process emotional information about oneself and others. Emotional regulation has been highlighted as a mediating factor in the association between emotional intelligence and mental health. Because they are better at controlling their emotions, adolescents with higher emotional intelligence also exhibit lower levels of depression. Adolescence is a time when emotional regulation abilities are developed, and neuroimaging and self-report assessments have shown that anxiety and depression are symptoms of inadequate emotional regulation[16].

Adolescent growth is significantly influenced by emotional support and parenting effectiveness. Strong parental emotional support and self-efficacy help teenagers develop positive self-perceptions and deal with life's obstacles. Parenting self-efficacy fosters resilience in adversity-filled situations, whereas emotional support is linked to improved parenting skills and successful results for young parents, according to research conducted in sub-Saharan Africa. However, decreased paternal participation frequently results in a drop in both types of support in father-absent households.

Social competence is also significantly influenced by self-concept, a multifaceted construct that includes social identity, emotional self-regulation, and self-esteem. Nigerian adolescents from father-absent homes, according to research, have lower self-esteem than their peers, indicating that

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their self-concept is still weakened in these situations. Additionally, adolescents who experience neglect or absentee parenting frequently struggle with social competence, which is the capacity to build healthy relationships and successfully navigate social situations.

In some cases, the fathers may be physically present but emotionally unavailable which equates them to being absent emotionally. This also carries a negative impact on the psychological wellbeing of adolescents. It is important to maintain an open and efficient channel of communication between parents and their teenage children. Adolescents should be encouraged to develop a strong sense of self-worth and confidence by their parents. When adolescents show interest in something, parents should be interested in it as well. Individual, group, and personal/social counselling are necessary in schools where adolescents from difficult homes receive counselling. Students who want to succeed academically should cultivate a good self-concept[16].

Adolescents' perceptions of their physical capabilities and attractiveness define their physical self-concept. Similarly, it is shaped by one's own thoughts, opinions, or views regarding one's own talent, strength, beauty, physical state, and competitiveness in sports, among other things[17]. Imagine adolescents feeling they do not have a good physique or lack the 'preferred popular physical attributes' and how that affects the value they place on themselves due to the pressure to 'belong' among their peers.

Adolescents are also enrolled in school and are working harder to improve their marks as they advance through the grades. They are pressured to do well by their parents, school authorities, and peers, and this is an additional burden for them as they navigate this season of life. It could be a period of learning for some or a period of erring for others. Formal academic curricula and exposure to peers or teachers who prioritize academic accomplishment, learning motivation, skill

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development, self-improvement, and attitudes toward responsibility are two ways that schools impact the development of adolescents. Students that possess social skills are better able to adapt to their communities, schools, and homes. Academic success also depends on social development; children who have social development delays are more likely to exhibit maladaptive behaviours like violence and peer rejection, which hinders their academic progress[18].

Social networking, video games, and online shopping are examples of contemporary communication and engagement strategies that use a range of behavioural strategies to reward and encourage regular use, which can result in addiction. The technical advancements that define the digital age are characterized by a group of diseases known as technological addictions (TAs)[19]. Whether we acknowledge it or not, there are a variety of TAs in this age that would serve as major distractions and influence social competence of adolescents negatively. They may prefer to be reaching out to someone on their social media or posting some random content to get attention of their peers. According to studies, excessive daily use of social media might impair social competency by fostering feelings of loneliness and a fear of in-person social interactions. Adolescents also face pressure from their peers to behave and get involved in situations that would be against the social or cultural norm in their environment in a bid to be accepted. They may spend more time with their peers than with their parents purposely to identify with their mates and thereby exposing them to maladaptive behaviour like substance abuse, pornography, smoking, sex, truancy, among others[19].

During adolescence, peer relations become particularly important for children. A key developmental task of adolescence is the formation of an identity or sense of the kind of person one is and the kind of person one wants to be. In many ways, then, adolescent peer relations serve

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as preparation for future interpersonal relations, providing them with opportunities to learn about reciprocity and intimacy[20].

Adolescents are socially interactive beings who deal with the problems they face in their daily lives on interpersonal and intrapersonal levels, resolving issues such as social, emotional, cognitive, and behavioural levels. Researchers have found that societal stressors have a significant impact on adolescents' emotions, and that these emotional imbalances are primarily caused by social criticism that is produced due to societal interaction. As a result, it is important to observe interpersonal problem-solving skills and social competence. Adolescents' multifaceted functionality, or social competence, is formulated by these encounters. Adolescents develop their viewpoint on their future experiences because of this social interactional adaptation[21].

Social competence may be influenced by self-concept, emotional support and parenting, as it is believed that any desirable or undesirable behaviour stems from the self; however, happenings in the micro and macro environments may also make or mar social competence. In this study, self-concept, emotional support and parenting efficacy have been selected as independent variables that may function in the development and sustenance of social competence especially among adolescents from father-absent homes.

The collection of emotions that a person has about themselves is known as their self-concept. As a sign of a person's proper physical, cognitive, behavioural, affective, and social integration, it is significant in adolescents. It has to do with how each person sees the world and is influenced by their own values, cultural norms, and interpersonal interactions. The sense of fulfilment increases with one's self-concept. According to this line of reasoning, self-esteem is the belief in one's own value, the sense of personal efficacy or acceptance, and the right to life and happiness. Self-

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acceptance and self-respect are linked to self-esteem. It acts as a buffer against undesirable habits including suicidal thoughts, anxiety, and depression[22].

The result of a person's self-worth and self-esteem is their self-concept. The way a teenager views themselves and, in turn, their abilities and accomplishments are determined by their self-concept. It has been observed that the degree of interpersonal communication and the adolescent's self-concept are related. Most of the time, people develop their sense of self by seeing how others respond to them. Poor self-concept among adolescents significantly impacts their academic performance and/or ability to acquire new skills. Positive effects on employment prospects, leadership qualities, and peer acceptance have all been linked to high self-concept. The quality of inputs often determines the quality of adulthood[23].

A poor adult approach to personal care, interpersonal relationships, and overcoming obstacles in life is thus a result of a negative view of one's appearance and self-concept. This unfavourable view of a person's notion and self-image becomes crucial when it also impacts how they seek health care. The processes people engage in when they seek treatment for an illness are known as health-seeking behaviours[23].

There have been reports of young people turning to unofficial sources for assistance rather than hospitals and official medical staff. Adolescents and young adults are burdened with their own medical concerns[23]. If a young person has an infection particularly when related to their genitals or appearance, they will rather ask their friends first before they seek help from a professional. Severe kinds of presentation and difficulties in adulthood are the result of not seeking the proper care, especially if it is sexually connected. Although adolescents are usually known to be healthy, it is crucial that they receive proper guidance on how to use the health services that are available to them because of the rapid changes in their development. Personal acts to support optimal

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wellness, healing, and rehabilitation are known as health-seeking behaviour. They range from possible to real medical problems and can happen with or without a health challenge. Teenagers must, therefore, understand that sometimes changing one's lifestyle is necessary to prevent disease[23].

An individual's confidence and clarity in self-evaluation and self-knowledge are referred to as self-concept clarity, which is a structured self-concept. According to some research, teenagers who have a vague sense of who they are, tend to have more anxiety and despair, more negative coping mechanisms, and worse interpersonal interactions. Teenagers who are more inquisitive but lack self-control and mature cognitive abilities are more prone to struggle with life events and environmental adjustment[24].

The self-concept of an adolescent affects the social competence. Self-concept covers self -image, self-esteem and self-awareness. It has been demonstrated that females' body dissatisfaction increases when they are exposed to media representations of idealized bodies. Comparing oneself to the people in the photos based on appearance is one way that exposure affects body dissatisfaction. When exposed to idealized photos, those with a less clear self-concept compared themselves more to control images, which increased their post-exposure body dissatisfaction. These results imply that a lack of clarity in one's self-concept may make one more susceptible to the harmful consequences of exposure to idealized media portrayals. A negative self-concept among adolescents is also correlated with low social skills[24].

The indices of self-concept are ideal self, self -image and self-esteem. This study captured all three indices to measure adolescents' self-concept.

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The ideal self is who the adolescent is striving to become. Most times, their ideal self is influenced by what they see in the media, particularly with the role of social media in the society. They could exalt a rap artist, musician, actor or someone popular and begin to see themselves as the ideal person they should become, it could also be a parent who was and still is an inspiring model, it could also be a friend they admire. The adolescent will somehow strive to capture and replicate how this model walks, talks, dances, and dresses to achieve their ideal self.

Self-image is how adolescents perceive who they are in the present. Self-image is influenced by what they do currently or in the past, what their primary caregivers say about them and the general overview of their strengths and weaknesses. It will be reflected in their self-image if they do not like their height, shape, or size. If they have always been criticized for their bad behaviour, failure in school, or some drawback in development, it directly impacts their self-image.

The third index of self-concept is self-esteem. Self-esteem deals with how much the adolescent esteems themselves. Knowing their strengths and weaknesses and who they want to be, are they satisfied with themselves? Do they love and accept themselves or not? If adolescents accept and love themselves despite the prevailing circumstances, they are said to have high self-esteem. However, if they despise or are unsatisfied with who they are, they are said to have low self-esteem.

Parenting efficacy also affects the social competence of adolescents. Parenting efficacy has been thought to mean an individual's belief that he or she can integrate and execute the knowledge and skills necessary to parent their infant[23]. If a mother feels her parenting is faulty, she may communicate that in the way she relates with her child, the child can pick that up and become incompetent in handling social situations. The parenting styles in the homes they have come from also affect how they relate with peers of the same and opposite sex. If there is acceptance of their opinions, thoughts, and ideas at home, they will be more confident in sharing their opinions at

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home and hence be more expressive of what is happening in their lives. Adolescents from authoritarian homes may find it difficult to relate with their parents on issues that bother them.

A mother is critical not because she has special skills but because she is with her adolescents for a much greater time than any other person, and her instructions strongly influence adolescents' attitudes, abilities and behaviour. It is a universal truth that children require the love and care of mothers the most. It is a tough decision for a mother to choose between working out of the home and staying home with the adolescents because somehow, she must take care of her child and their social competence. It has been proved through experiments and research that a significant part of children's cognitive, affective and psychomotor growth takes place at an early age below three years. Much research has proved that it is harmful when a mother's attention is absent at an adolescent's age of an individual. The child of working mothers scores comparatively lower than that of household mothers[23].

Given the current economic realities, even in Nigeria, it would be tough for a mother to put her adolescent's need for her presence above raising more funds for the family because adolescents need to keep increasing, which would need a financial answer. The need to dress well, live well and meet up with their peers can keep a mother looking for ways to earn more to be relevant in her adolescent's life.

Emotional support also can influence the level of social competence an adolescent display. The hug, the smile, the thumbs-up sign, the friendly tap on the shoulder, the kind nod of the head(non-verbal), the playful banter, and the words of affirmation(verbal) all fall into the emotional support category. If adolescents get sufficient emotional support from home, they are prepared to face the reality of harsh and unfriendly environments outside the home. However, when there is a lack of emotional support from home, the social competence of that individual is already attacked, except

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when some mediating factors intervene. A home where compliments, reassurance and hope are readily given without being begged for would naturally raise socially competent individuals because they have learned to be loved and accepted at home. That emotional support helps them collaborate with others and give their best at their tasks outside the home. It has been demonstrated that perceived social support protects against behavioural impulsivity, such as problematic online gaming, and cognitive and emotional impulsivity, such as suicidal ideation in self-harmers[25].

Intimate relationships are a principal source of emotional support, which fosters recipients' health and well-being. Yet, being able to provide support can be stressful, particularly if people are burdened with their emotional difficulties, and such stress may interfere with people's ability to behave in emotionally supportive ways[26, 27].

The social competence of adolescents from father-absent homes would be more affected because of the absence of the support that a father gives in a father-present home. One developmental factor that has consistently been shown to influence socio-sexual orientation is the father's absence in childhood[26]. Early pubertal development in girls was linked to fathers' absence during pregnancy and childhood, while early puberty onset in boys was linked to fathers' absence during late childhood.[27] Adolescents from father-absent homes can show behaviour maladaptiveness that can even lead to psychiatric issues. Having both parents brings some balance for the adolescent; even if the parents are not living warmly, there are still benefits to being together with the adolescent. There are obvious reasons why some couples cannot stay together, but the dominant effect of their inability to cohabit with each other has a resultant effect on their offspring.

There could be gender (sex) differences in social competence among adolescents from father-absent homes owing to how boys and girls are differently socialised. Adolescent boys and girls may have different ways the situation of father-absence affects them. Some adolescents may

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rationalise the fact that mothers can cover up for fathers and still manage to cope with the situation by focusing on the present mother and other phenomena happening around them, like pubertal changes and how to respond to developmental milestones. Other adolescents from father-absent homes could even become resilient and not get bothered about it, maybe because they have significant others (uncles, male teachers, male religious leaders) fill the psychological void. At the same time, others will be so affected that it could cause academic failure, psychiatric issues, psychosomatic problems, and disorientation. Girls are more competent in measures of social skills than boys, and this has been shown over time[28, 29]. Some other studies did not find gender (sex) differences in social competence among adolescents[30, 31].

There also could exist gender (sex) differences in self-concept. The development of the sense of self and identity during adolescence may differ when we compare boys and girls from father-absent homes. Some scholars reported no gender difference in the self-concept of adolescents[32, 33]. Self-concept is a self-perception construct that could stem from how a young person is nurtured and parented and the experiences that have been normalised as standard practice. Other scholars reported gender differences in self-concept, with adolescent girls having higher self-concept than adolescent boys[34].

Researchers in counselling and human development who care about the holistic development of children are concerned about family cohesion and parenting and a sense of compactness and nurturing practices. As explained by the father of psychoanalysis, Sigmund Freud, the Oedipus and Electra complexes are not even in place when a parent is absent. How can a parent positively model behaviour without being present? Some children in father-absent homes may believe it is the norm. Children must have father and mother figures in their lives, and these orientations should begin in childhood and continue throughout life. The gap still exists in social competence. The

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social competence of adolescents from father-absent homes is yet to be thoroughly evaluated extensively as this is a rising issue implicated in many delinquent behaviours of adolescents. This is why the study seeks to investigate self-concept, emotional support and parenting efficacy as predictors of adolescents' social competence from father-absent homes in public secondary schools in Lagos State.

1.2 Statement of the Problem

In Nigeria, especially in cities like Lagos State, the lack of fathers in the lives of teenagers is becoming a more common family situation. Poor social competence is one of the many developmental issues that adolescents face when their fathers are absent, whether as a result of death, divorce, separation, relocation, or abandonment. Adolescents' psychosocial development and future achievement depend heavily on their social competency, which includes the capacity to build positive connections, communicate well, and handle social situations.

Adolescents in father-absent households may suffer from irregular parenting styles, a weakened sense of self, and disturbances in their emotional support networks. Their capacity for interpersonal relationships, emotional control, and self-esteem may all suffer. Adolescents without fathers are said to be dealing with more difficulties than their fathered counterparts. The areas pertaining to the development of the body, mind, personality, social skills, and morality are where these challenges are most noticeable. When fathers are not present in their lives, adolescent boys feel angry, depressed, and alone. Furthermore, if their fathers are active in their lives and give them financial assistance, the chance that these adolescent males will engage in criminal activities will be reduced.

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This thesis, therefore, focuses on the following primary issue: The influence of self-concept, emotional support, and parenting efficacy, on adolescents' social competence. But empirical research in Lagos State hasn't yet thoroughly examined how these three interconnected elements work together to influence social competence in adolescents.

1.3 Aim and Objectives of the Study

This study investigates self-concept, emotional support and parenting efficacy as predictors of social competence among adolescents in Lagos State, Nigeria. The objectives of the study were to:

i. evaluate the level of social competence among adolescents in Lagos, Nigeria;
ii. assess the level of self-concept among adolescents in Lagos, Nigeria;
iii. examine the level of emotional support among adolescents in Lagos, Nigeria;
iv. predict the level of perceived parenting efficacy among adolescents in Lagos, Nigeria;
v. examine the joint influence of self-concept, emotional support and parenting efficacy on social competence among adolescents in Lagos, Nigeria;
vi. predict the relative influence of self-concept, emotional support and parenting efficacy on social competence among adolescents in Lagos, Nigeria;
vii. predict the gender difference in social competence among adolescents in Lagos, Nigeria; and
viii. explore possible gender difference in self-concept among adolescents from in Lagos, Nigeria.

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1.4 Research Questions

The following research questions would guide this study:

1. To what extent does social competence affect adolescents in Lagos, Nigeria?
2. What is the level of self-concept among adolescents in Lagos, Nigeria?
3. How does emotional support affect adolescents in Lagos, Nigeria?
4. To what extent does perceived parenting efficacy affect adolescents in Lagos, Nigeria?

1.5 Hypotheses

The following null hypotheses will be tested in this study at a 0.05 level of significance:

$H_0$1: There will be no significant joint influence of self-concept, emotional support and parenting efficacy on social competence among adolescents in Lagos, Nigeria;

$H_0$2: There will be no significant relative influence of self-concept, emotional support and parenting efficacy on social competence among adolescents in Lagos, Nigeria;

$H_0$3: There will be no significant gender difference in social competence among adolescents in Lagos, Nigeria; and

$H_0$4: There will be no significant gender difference in self-concept among adolescents in Lagos, Nigeria;

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1.6 Significance of the Study

This study is significant because social competence leads to many possibilities and opportunities for an adolescent trying to find their way in life. A high level of social competence would build

their self-confidence and communication skills. Networking can bring about a host of relevant connections between young adults and cannot be over-emphasized. This study would empower adolescents to work on their social competence levels, especially those from father-absent homes who always seek validation and long for a father figure.

This study would help parents brings awareness to the impact of divorce and separation on adolescents. It would also empower parents to support their children as they grow so adolescents avoid picking up vices. This study will help teachers probe further when a child has poor academic achievement suddenly or consistently over time and empathise with students from home environments that sponsor low social competence. This study would help school management and school owners avoid generalising the handling of delinquency cases among students. Instead, they can investigate the cause and sponsors of the undesired behaviour displayed.

This study would help employers consider moving the whole family when transferring a married man to a different state, country, or continent and make provisions for the family to relocate, not just their staff. This means that they will consider the importance of fathers being present with their families to sustain the family bond necessary for proper upbringing and emotional balance for children.

This study would empower single mothers to know that reinforcing positive self-esteem, emotional support given to adolescents can mediate father-absence and make adolescent resilient.

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1.7 Scope of the Study

The scope of the study focuses on the self-concept, emotional support and parenting efficacy as determinants of social competence among adolescents in Lagos State, Nigeria. The variable scope entails three independent variables and one dependent variable. The independent variables are self-

concept, emotional support and parenting efficacy. Self-concept can be low or high and will be studied using three (3) indices: self-image, self-esteem, and ideal self. Emotional support would be evaluated using two (2) indices: verbal and non-verbal and perceived parenting efficacy would be studied using three (3) indices: communication skills, interpersonal relations and assertiveness. The population and geographical scope consist of adolescents in Lagos, Nigeria. Instruments for the study would be limited to questionnaires while data analysis would be descriptive and inferential statistical methods.

1.8 Limitation of the Study

The field presented several difficulties. Notable among them was some principal's reluctance to permit the administration of research instruments because they were opposed to the process which was mitigated with several pleas. In addition, the researcher and her assistants were given a very short time by some principals to administer and recover the instruments, but after numerous requests, the time was extended. Another difficulty was that the statements on the instrument were difficult to grasp by some the respondents, therefore the researcher clarified the meaning using vernacular language.

1.9 Operational Definition of Terms

Adolescents: These are individuals between the ages of 10 and 19, as defined by the World Health Organization. The adolescents used for this study are in their semi-final year in senior secondary school (S.S.2). Some from homes where fathers were absent while some were from homes where fathers where present.

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Father-absent Homes: When the adolescent comes from a household where the father is absent due to death, divorce, separation, work, or physically present but emotionally absent in terms of neglect, very busy schedules, or disregard.

Social Competence: Social competence means getting along with others, building and preserving intimate bonds, and reacting in social situations in ways that are appropriate.

Emotional Support: This is the verbal and nonverbal process by which the adolescents receive care and concern, reassurances, empathy, comfort, and acceptance from family, friends, teachers and society.

Verbal Emotional Support: When parents, peers and others say words of concern, care, encouragement, appreciation and positive words.

Non-Verbal Emotional Support: When the action of parents, peers, teachers affirm and encourage an adolescent like a hug, a friendly tap on the shoulder, a smile, a thumbs up sign, availability, active listening, trust, and other actions that reinforce the self-esteem of adolescents.

Perceived Parenting Efficacy: This is the belief or judgement that adolescents hold about their mothers' ability to raise them using measures of discipline, communication patterns, care, support, and positive parenting.

Self-Concept: Self-concept is how adolescents see themselves in the light of how their loved ones or significant others treat them.

Self- image: How an adolescent sees themselves, the image they have of themselves presently.

Self-esteem: How an adolescent value themselves.

Ideal Self: The mental picture of who the adolescent wants to be.

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Discipline and Behaviour Management: This refers to the adolescent's appraisal of their mother's discipline and behaviour management in a father-absent home.

Communication skills: The abilities with which the adolescent communicates with others. It also speaks to how mothers communicate with their adolescents in father-absent homes.

Emotional Support and Nurturance: The adolescent's perception of the emotional warmth and support mothers provide in a father-absent home.

Interpersonal Relations: The capacity of adolescents to establish and preserve positive peer and adult interactions that foster empathy, cooperation, and respect for one another.

Assertiveness: The capacity of adolescents to balance their self-confidence with empathy by politely and non-aggressively standing up for themselves.

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Chapter Two

Literature Review

This study reviewed previous and relevant research work related to the variables, concepts, and constructs of the study from various authorities to give credence to the topic understudied. It is reviewed using the following outline:

2.1 Conceptual Review

2.1.1 Social Competence

2.1.2 Self-Concept

2.1.3 Emotional Support

2.1.4 Parenting Efficacy

2.1.5 Adolescence

2.2 Theoretical Framework

2.2.1 Carl Rogers Self Concept Theory

2.2.2 Social Support Theory

2.2.3 Social Cognitive Theory

2.3 Review of Empirical Studies

2.3.1 Self-concept and Adolescent Social Competence

2.3.2 Emotional Support and Adolescent Social Competence

2.3.3 Parenting Efficacy and Adolescent Social Competence

2.4 Conceptual Model

2.5 Summary of Gaps in Literature Reviewed

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2.1.1 Social Competence:

Social competence describes an individual's ability to function well in social situations. It cuts across childhood, adolescence, adulthood, and throughout life because everyone alive would participate in social situations. Looking at society, it is easy to think social competence would come naturally; however, children from dysfunctional homes or homes without emotional support may struggle with social competence.

When it comes to fostering positive relationships with peers and navigating social situations, social competence is a multifaceted construct that includes distinct dimensions, such as emotion regulation and social skills, like prosocial behaviour (helping and consoling others) and cognitive reappraisal (an emotional regulation strategy that involves the ability to reinterpret a potentially emotion-eliciting situation in a way that changes its meaning and emotional impact on the individual). Moreover, it encompasses the ability to adjust and follow social norms (normative adjustment), the ability to engage in socially competent behaviours and be accepted by others (social adjustment), and the perception of being effective in social interactions. Examining many aspects of social competence may provide a more detailed view of teenagers' social behaviours since the various components of social competence contribute to interpersonal interactions in different ways.[1]

Possessing skills and using the ability to integrate thinking, feeling and behaviour to achieve social tasks are of great value. Skills must be developed; it isn't a gift. It must be honed over time. These goals and results in a school context would include addressing personal, social, and emotional needs, successfully accessing the curriculum, and cultivating transferable skills and attitudes that are valuable outside of the classroom. Social experiences are crucial for the later development of social skills and behaviours and are based on the connections between parents and children.[2]

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Looking at the Nigerian environment especially in climes where the cost of living is high, parents are busy sourcing funds for the family; they may delegate spending time with their children to their maids. This act could be unconscious because of the pressure of meeting up with their responsibilities financially. Social and emotional development in infancy, early childhood, and middle/late childhood is influenced mainly by parents. During adolescence, peer relations become particularly important for adolescents. This is why parents need to bond with their children emotionally before they get to adolescence where their friends would become very close to them.

A key developmental task is the formation of an identity- the kind of person you are and the kind of person you want to be. This leads to the acquisition of different levels of social skills among them. This knowledge and ability to use a variety of social behaviours that are appropriate to a given interpersonal situation could also influence their attitude to school and academic achievement.

The home is the first agent of socialisation; however, many parents are unaware of the impact of the quality of parenting on their children's lives. Parenting has quite a significant impact on the lives of children in every area.

Whether a child develops social competency is influenced by the socialisation techniques used by their parents. The foundation upon which expectations for future interactions with others are built, and individuals develop perceptions of their behaviour is social competence. The affective perspective of improving achievement level is viewed as social competence, which involves developing the appropriate self-concept and skills for collaboration or relating with peer groups.[2]

While certain adolescents manage social situations with ease, others are unable or uninterested to participate in constructive interactions with peers and adults. Social impairment can be displayed

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in different ways. The term social impairment isn't even commonly seen as a problem. Usually, people could cover for their 'socially impaired' children and say they are 'shy' in social situations. Children that are disruptive appear to have trouble controlling their emotions, internalizing rules, developing empathy and conscience slowly, and frequently lacking in adaptive problem-solving abilities.

A classic example of a child who lacks social competence is that of a particular video of a 6–8-year-old girl sobbing in her room and strewing everything from her closet and room became viral online. She was unable to articulate what was bothering her, so she essentially turned her room into a mess. Anyone who witnessed her would be perplexed by her behaviour, which was extremely disruptive; even after watching the tape, nobody could identify the source of her rage that led her to disarray the room. Over time, social impairment raises the risk of peer rejection and dislike, and children may engage in aggressive and disruptive interactions with others. As a result, social impairment appears to have both immediate and long-term repercussions, including poor behavioural and social adjustment.

When a child is acting up in comparison to social norms in that society, it is crucial to scrutinise the child's social competence. Sometimes, it's not just the child wanting to be unruly or stick out as a sore thumb, but it is an offshoot of a deeper issue that needs to be probed further. Labelling that child as refusing to play with their mates could be a sign of something that is not on the surface, so the onus lies on the informed parents and counsellors to dig deeper and seek to help that child.

Thus, deficiencies in social competence frequently restrict opportunities for future contact with friends and peers as well as for the development of new skills. Typically, social competence or social skills measure the ability to negotiate age-appropriate social encounters. These constructs

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frequently overlap and are ambiguously defined, as they span indices related to language, intelligence, attitude, and environmental interaction.

Furthermore, when children's social skills and social competence grow, both variables exhibit a distinctive dynamic. In other words, children gradually transition from socializing with their parents and siblings at home to spending more time with their peers in school as they grow older. Peer relationships are thought to be crucial in helping children develop complex and unique social skills that are lacking at home.

Social competence is a widely adaptive characteristic defined as "the ability to take another's perspective (which is sometimes difficult) concerning a situation and to learn from past experiences and apply that learning to the ever-changing social landscape". In essence, the concept reflects a child's understanding of how his or her actions influence those around him or her, as well as sensitivity to the needs of others. As a result, social competence manifests itself in a variety of ways, including friendship, peer popularity, good self-concept, social assertion, and more. This is why parents and counsellors must be sensitive to children's needs beyond the apparent character they present.

Even though it's sometimes difficult to distinguish between social competence and social skills, social skills are typically defined as the behaviours or talents required to complete a task. The capacity to precisely choose pertinent and useful information from a social setting, use that information to investigate prospects for goal fulfilment, and uphold positive connections with others is referred to as social skills. Social skills are the linguistic, nonverbal, interpersonal, and cognitive prerequisites for proper social behaviour.[2]

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Contrary to what fathers have thought over the years, particularly in the Nigerian and African cultures, their role is significant to their children's emotional state. It is easy to say the man's primary role is to provide for the family. However, it goes beyond that because the father's words and actions can mould a child's emotions.

The father's parenting plays an important influencing role in the mental and physical health of the children. The children of involved fathers mostly have good qualities of career achievement, higher educational fulfilment, and mental well-being. Regardless, a father is known as an authoritative figure in many societies, particularly in African cultures, and research shows a positive relationship between a father's involvement and adolescent growth. The relationship quality between the father and child is an essential factor for better children's growth and not just a cold or dull relationship where only a morning greeting would suffice.

Conversely, suppose the child is repetitively exposed to their father's annoyance. In that case, they might become a resentful, angry individual and generally exhibit disturbing and disruptive behaviour in a social environment because that was modelled before them. Expressed emotions are the ways of showing emotions in positive or negative manners, expressed as an attitude of high criticism, hostility, emotional over-involvement, warmth, and positive remarks from caregivers. Hearing some parents scream at their teenagers or put up disruptive behaviours can be damaging to the mind of that teenager with long-lasting effects. High emotional expression alters family interaction and relationships because these patterns in families lead to childhood mental illness. Despite all parental efforts of rearing their children, parental expressed emotions are one fundamental cause of psychopathology in adolescents.

In all forms of anxiety, social anxiety is the most disabling psychiatric condition, which is characterised by fear of negative evaluation by others. People must develop a healthy sense of self

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because other's opinions of one should not define one. Research on social anxiety identified that interpersonal relationships play an essential foundation in the symptoms of social anxiety. Further studies reported that negative parenting, such as rejection and other hostile outbursts in parenting, can cause social anxiety in adolescents, thereby increasing social anxiety symptoms in adolescents.

However, a fathers' positive expression of emotions enhances his young child's abilities and social skills, managing their own emotions and establishing positive relationships. Several researchers investigated social-emotional competence and parents' expression of emotions, which not only affect the children's experience but also help to understand others' emotions and express these emotions according to their own culture and situation.[3]

From a psycho-educational evaluation standpoint, one of the most comprehensive definitions of social competence takes into account all of the evaluations that a child's relevant social agents have made of him or her. It appears that social outcomes and individuals play important roles in defining socially competent behaviour since social behaviour effectiveness can only be evaluated in the context of a particular social environment, such as a community, peer group, family, or culture.[4]

A variety of factors can influence the social competency of teenagers. The adolescent's gender, the schools they attend, and the parents' educational background are typically the most significant factors. These elements are taken into account in this study due to the impact they have on the socialization of young people. Effective parent-teen interactions are associated with a number of favourable outcomes, such as mental and emotional health, social competency, and adjustment; they are also associated with a reduction in problem behaviours, such as substance misuse, delinquency, and early sexual engagement. Relationship quality with adolescents is also correlated with parental educational attainment.[4]

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The educational attainment of children influences the expectations that parents have of them. When parents with lower educational attainment are asked about their children's personal characteristics and preferences, they are more inclined to emphasize external characteristics like orderliness, cleanliness, and compliance. Conversely, parents with higher levels of education place greater value on psychological traits including self-direction, happiness, curiosity, and social and cognitive maturity.[4]

Parents' educational attainment has an impact on their children's social development: Years of education that teach them to think about abstract, subjective concepts encourage their parents' interest in verbally simulating and fostering inner qualities; parents can devote more time, energy, and material resources to fostering their children's psychosocial traits when they are aware of the academic, physical, and social worlds; and adolescents' social competence is correlated with the quality of their parents' social networks.[4]

Peer, social, and individual abilities are the three primary facets of social competence. Personality traits are referred to as individual skills. They show who a person is and what qualities others may find appealing in them. A person's understanding and use of certain social behaviours that suit a particular interpersonal setting and are acceptable to others in that scenario are referred to as social skills. These abilities include the capacity to communicate with people in a way that is suitable and productive. This is because social skills help people deal with commonplace situations like greeting and conversing, forming and sustaining friendships, and asking for assistance and mentoring others.[5]

Social skills help people identify and control their emotions, show concern and care for others, build healthy relationships, make responsible decisions, and deal with difficult situations. Academic proficiency is also thought to be enhanced by social abilities. Social skills are a strong

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indicator of academic success, according to research. Any successful learning requires students to interact with both teachers and peers closely. The school system requires students to interact with other students and teachers to get things done. Therefore, students must possess practical social skills to successfully navigate social discourses in class, school, and society. Another aspect of social competence is peer relation skills, which are the discrete abilities of people that contribute to friendships and peer acceptance. These skills enhance people's effective interactions with others.[5]

2.1.2 Self- Concept:

Self-concept is primarily how one sees and believes in oneself, one's abilities, competencies, etc. Adolescent girls were exposed to six types of toxic parental behaviour: controlling, verbal and physical abuse, neglect, and disparities in treatment with siblings. Adolescent girls' self-concept is harmed by this detrimental parental behaviour. Both positive and negative aspects of the self-concept are established. Adolescents' positive self-concept is founded on their self-knowledge and expectations. The self-concept of adolescents is founded on their unfavourable self-evaluation. Adolescent girls have opinions on parents, families, and the ideal parent-child relationship, which they use to understand the relationship between parents and children.[6]

Adolescence is also a crucial period for the development of the sexual self-concept. While existing research shows that adolescents' sexual self-concept varies, few studies have examined its relationship with psycho-social competencies such as the general self-concept, interpersonal skills, and self-control capacities. The findings indicated that adolescents who felt their interpersonal skills were more developed and whose overall internally consistent self-beliefs and higher self-

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worth were associated with a more positive self-concept and lower levels of sexual anxiety, higher levels of sexual self-efficacy, and higher levels of body and sexual self-esteem. [6]

Self-control skills had a negative correlation with sexual anxiety and a good correlation with sexual body-esteem. However, these correlations were weak and, when they were, showed an unexpected relationship with the path model's sexual self-concept. These relationships were not moderated by age, gender, or sexual experience. The study's conclusions emphasize the necessity of more investigation into the relationship between sexuality and psychosocial functioning to advance our knowledge of teenage development.[7]

The relevance of the study of the formation of self-concept of adolescents from foster families is the need to provide targeted assistance and support to foster children who have significant difficulties in forming a positive self-concept as the basis for their social adaptation and harmonious personal development.

In modern psycho-pedagogical science and practice, the content-methodological aspects of the formation of positive self-concept of adolescents brought up in foster families are insufficiently developed. The study aimed to substantiate through the experiment the context and conditions fostering the build-up of a positive self-perspective concept in foster teenagers. In the present-day context, the conditions for the successful development of self-awareness, self-actualisation, and acknowledgement by a teenager of himself- or herself are fundamental in foster families. The formation of a positive self-concept is a complex and lengthy process.[8]

Self-concept is an individual's view of themselves that is shaped by their experiences and how they interpret their surroundings. Cognitive concepts and memory structures are involved in the construction of one's self-concept since it is influenced by aspects of one's behaviour, significant

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persons, and praise or criticism. Many teenagers are wondering if they mean anything to their parents because there was emotional neglect, and no quality time spent speaking positive words to them.

Self-concept serves as a person's source of motivation, emotional barrier, experience organizer, and autobiographical memory. Furthermore, self-concept entails classifying a lot of information because it is multidimensional. Cognitive growth has an impact on how self-concept develops. People are able to integrate and differentiate because of the self-structure that develops during cognitive growth. People can build many selves in different settings by using differentiation to evaluate themselves in different domains. However, integration makes it possible for people to create higher-order generalizations, such as broad self-concepts.[8]

The social domain pertains to the adolescent's perception of his role in social relationships, his ability to be socially accepted by others, and his skills in appreciating social interactions with others; the physical domain is the adolescent's perception of his physical appearance, physical performance, and sports activities; the academic domain is the adolescent's assessment of academic achievement; the emotional domain is the meaning of the adolescent's perception of emotional conditions and responses to particular situations; the morality domain includes elements of morality, honesty, and behaviour; and the general self-concept or self-esteem is a practical action related to the value attached to self-assessment and is demonstrated as a person's abilities concerning his strengths and weaknesses.[8]

Adolescence is impacted by this, as young people use the praise and opinions of their peers to establish and preserve an image of themselves as capable, attractive, and respected individuals. As a result, people are combining different viewpoints on the self, such as their identity, goals, and

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public persona for example. In adolescents, self-concept is a more powerful indicator of wellbeing than academic success.[8]

A variety of methods were employed to evaluate self-concept. Techniques like the semantic differential, an adjective checklist, drawings, or reports from parents or caregivers were less common than self-report questionnaires or patient-reported outcome measurements (PROMs). Children, teenagers, and adults who are literate can all complete a self-report survey. A standard test is needed to select, evaluate, or compare the various self-concept measurements created. To construct PROM that incorporates patient perspectives, it is necessary to include assessment qualities. The Piers-Harris Children Self-Concept Scale Second Edition (Piers-Harris 2), Self-Perception Profile for Children (SPPC), Self-Perception Profile for Adolescents (SPPA), Self-Description Questionnaire II (SDQ-II), and Self-Description Questionnaire II short-form (SDQII-S) are all measures of children's self-concept that are said to be valid and reliable.[9]

Adolescents with disabilities had a negative attitude towards their own body and posture. But laughter therapy created positive emotions in their mind throughout the therapy session. During therapy sessions, researchers taught more laughter exercises to disabled adolescents. Most of them were related to increasing self-love, self-acceptance, self-esteem, and self-image, i.e., self-love laughter, appreciation laughter, cream laughter, self-hug laughter, body massage laughter, and many more. Adolescents learned these laughter exercises. They did practice these laughter exercises. After some days, they saw positive changes in themselves. They experienced a more manageable, happier, and more stable life.[9]

Adolescents learn to accept every situation in their lives, whether it is positive or negative. The feeling of ‘we can do something even if we are disabled’ was created in them. Gradually, the concept of one's own body and personality became positive. Laughter connects people. Laughter

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leads to friendship. While the adolescents were enjoying the laughter, they realized that talking to people or mixing with them removes the fear about society. Their attitude towards society was changing. As a result, adolescents began to integrate freely into society. Thus, laughter can be an effective tool for promoting social self-concept. The adolescents realized that by going among the people, they should speak in society. This led to their developing morality.[10]

To develop and execute targeted and suitable measures, examining the impact of physical fitness on mental health in young populations appears vital, as it is a potent indicator of physical health status. In this regard, a recent systematic review, including meta-analysis, shows that physical fitness and overall mental health in youth are positively correlated. But among the many factors that make up mental health, physical self-concept is particularly significant. Adolescence is a time of significant physical and sexual maturity development for both sexes, frequently resulting in appearance-related comparisons. Together with the media's portrayal of a "perfect" weight or form, this can exacerbate body dissatisfaction, hatred, and contempt.[11]

Self-esteem is another essential element in the mental health of young people since it is thought to be a key predictor of eating disorders and depressive symptoms. Accordingly, some writers have shown a high correlation between social contacts and physical fitness, demonstrating that less physically fit teenagers are more likely to be labelled social rejects, which directly impacts their self-esteem.[11]

It is important to remember that physical fitness comprises several factors, including muscular fitness, speed, agility, flexibility, and cardiorespiratory fitness, all of which have varying relationships with mental health indicators in young individuals. Therefore, it would be fascinating to determine whether the fitness variable strongly correlates with young people's physical self-concept and self-esteem. Teenagers' physical fitness and their physical self-concept are favourably

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correlated. Similarly, aerobic endurance and self-esteem have a cross-sectional and longitudinal relationship. Therefore, through physical self-concept and self-esteem, physical fitness may be a crucial factor for teenagers' mental health care and well-being.[11]

Self-concept refers to how someone thinks about oneself and their beliefs, including potential, thoughts, behaviour, and experiences in their life. It is the dominant constituent in the personality of an individual. In other words, it is an organised configuration of perception of the self that is permissible for awareness about oneself. There are various dimensions of self-concept, including physical, social, temperamental, educational, moral, and intellectual. It can be studied mainly in four aspects of the concept of self: perceived self, real self, ideal self, and social self.

The perceived self of a person is related to the point of view that she/he thinks; the ideal self is the person he wants to be in the future, the real self is that the person is in the present, and the social self is how the person interacts with other people. All these aspects of a person may be different or similar. A person is not born with a self-concept but gradually develops due to interaction with the environment. Based on this result, we can conclude that with a high self-concept, one can achieve a good lifestyle. So, at this stage of development, care must be taken while dealing with adolescents, and every step should be taken because a high level of self-concept must be developed among them[12].

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2.1.3 Emotional Support

Those who were abused as children may find that social support particularly emotional support is crucial in preventing the onset of depression in adulthood. Persistent social support, especially emotional support, showed protective effects on prenatal depression, according to a recent study that used marginal structural models. According to a narrative comprehensive review, women who have faced childhood adversity during the postpartum period may fare better if they have access to both external supports and internal coping methods. Compared to other forms of social support (such as instrumental help), we believed that emotional support would be far more important for "pregnant" women who had experienced abuse as children[13].

This should make every parent careful of the quality of exposure they give their children to avoid maltreatment. Once there is abuse or maltreatment, it is already a depression getting ready for that child in the future. Parents may feel that children forget the wrong treatment they are given during childhood, but that is far from the truth. We can prevent this abuse to protect their future. This study showed that emotional support helped these pregnant women. How much more will it be beneficial for adolescents? This is one of the reasons this study seeks to check the impact of emotional support on adolescents.

Sex is one of the basic needs for humans and animals, and it ranks close to thirst and hunger. The concept of sexual behaviour in adolescents is complicated and influenced by several developmental stages. It is said that adolescents are the time between childhood and adulthood. The World Health Organization (2014) states that teenagers are those who are between the ages of 10 and 19. Teenagers between the ages of 10 and 24 are not married. Adolescence is marked by significant changes, particularly in terms of sexual maturity and reproduction, particularly in relation to changes in social, emotional, and cognitive processes[14].

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In addition to sexual development, several factors determine an adolescent's sexual behaviour, including self-confidence, proximity to parents and classmates, environment, and the ability to recall past experiences. Due to these conditions, teenagers may engage in harmful sexual behaviour. Over 3,000 teenagers die every day worldwide, accounting for 1.2 million deaths annually. Teenage sexual activity is one of the leading causes of death[14].

A person's capacity to abstain from alcohol use and unprotected sexual behaviour (condoms) can also be improved by self-efficacy. Self-efficacy is positively correlated with safe (protected) sexual behaviour and has a major impact on it. Self-efficacy in avoiding risky sexual behaviour and adopting safe sex practices (using contraception) is demonstrated by the findings[14].

Communicating with partners about the use of condoms during sexual activity is seen as a sign of assertiveness and personal confidence. A significant correlation between sexual behaviour and emotional support is indicated by the Spearman test results, which reveal a p-value of 0.000. This is corroborated by research showing that family emotional support influences the likelihood of school dropout. Teenagers' emotional regulation skills have an impact on risk factors for their decision-making. There are five stages of emotion generation where people can strategically manage their emotions. These five factors include response modulation, cognitive shift, attentional distribution, context selection, and situation alteration[14].

Since this method influences feelings, it will also influence actions. This emotional regulation skill can result in healthy sexual encounters, but it can also result in dangerous sexual behaviour. The reason for this is because teenagers' cognitive development is still developing, which leads to improper decision-making. For instance, they may think that sexual behaviour is restricted to penetration of the penis and vagina, even though kissing, oral sex, and caressing are also considered risky sexual behaviours. More dangerous sexual behaviour will arise from the capacity

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to control negative feelings. Teenagers who engage in sexual activity have a detrimental impact in comparison to those who do not[14].

Women are 1.5 to 2 times more likely than men to suffer from major depressive illness, with an estimated frequency of 3.2% to 9.2%. Women are especially susceptible to developing depressive symptoms and disorders during pregnancy. Perinatal depression may be detrimental to the health of both the mother and the child, and antenatal depression may result in postnatal depression. Maltreatment of children can have detrimental long-term impacts on an adult's body and mind. Abuse throughout childhood has been linked to several negative outcomes, including behavioural and psychological issues as well as medical illnesses. Depression in adolescents and adults is one of the most prevalent and serious effects of child abuse.

Positive athlete outcomes, like continued participation and enjoyment of sports, have been linked to parental support in youth sports. Even though research has shown the critical and influential role parents play in the context of youth sports, there is still a lack of theoretical frameworks describing parental support in youth sports and empirical studies looking at parental support across athlete development stages and sports.[15]

People frequently turn to their social network for help, particularly in trying times. A vital component of interpersonal relationships, social support is an essential tool for handling difficult circumstances. Social support can have various characteristics depending on the kind of assistance given. Among these, emotional support is any communication behaviour intended to assist someone else in managing unpleasant feelings. It is primarily focused on helping people deal emotionally with stressful events. It encompasses sentiments of gratitude, support, and concern for the other person, giving the person the impression that they are valued and cared for. Practical,

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emotional support improves a person's sense of identity, self-worth, and coping mechanisms and is associated with several health benefits[16].

Although close friends, relatives, or partners frequently offer emotional support, strangers, coworkers, or teachers can also be helpful. It has been discovered that middle and high school pupils who receive emotional support from their teachers are more motivated and exhibit fewer emotional and behavioural problems. Similarly, learning results, motivation, and good affect have all been favourably correlated with college students' perceptions of their teachers' emotional support. In this context, emotional support is defined as the teacher's perceived availability to discuss and offer emotional support regarding academic subjects and communicate in a kind and upbeat manner that fosters emotional well-being, lowers stress levels, and fosters positive relationships within the classroom[16].

2.1.4 Parenting Efficacy

Self-efficacy refers to beliefs about one's capabilities to learn or perform behaviours. It is essential to recognise that physical fitness comprises several components, including cardiorespiratory fitness, muscular strength, speed and agility, and flexibility. There is a distinct correlation between each of these elements and youth mental health indices. Determining which fitness component is most closely associated with teenagers' physical self-concept and self-esteem would be beneficial. Research shows that physical self-concept positively correlates with overall physical fitness in this age group. Furthermore, aerobic endurance and self-esteem have a cross-sectional and long-term relationship. Therefore, physical fitness may be essential in fostering teenagers' mental health and well-being through its impact on physical self-concept and self-esteem in various academic, social,

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and emotional domains. Academic motivation, self-learning management, and emotional regulation are all impacted by self-efficacy. It is crucial to understand that physical fitness is made up of many different elements, such as muscular strength, speed, agility, flexibility, and cardiorespiratory fitness. These elements relate to youth mental health indicators in different ways. Understanding which specific aspect of fitness correlates most strongly with physical self-concept and self-esteem among adolescents would be valuable[17].

Research indicates that physical self-concept is positively associated with physical fitness in this age group. Additionally, self-esteem has been linked to aerobic endurance both cross-sectionally and longitudinally. Consequently, physical fitness could be crucial in promoting mental health and overall well-being in adolescents, particularly through its impact on physical self-concept and self-esteem. Mainly through its effects on physical self-concept and self-esteem among adolescents. Parental self-efficacy refers to the parent's belief in themselves to raise their adolescent right. It is crucial to distinguish self-efficacy from outcome anticipation because individuals skilled at an activity but lacking confidence in their abilities are unlikely to try it. Put another way, there is little probability that a highly skilled somebody will complete a task successfully if they have poor self-efficacy. Moreover, anxiety and despair might be triggered by a low sense of self-efficacy. Parents must exhibit high self-efficacy to avoid feeling that they do not meet parenting expectations[17].

Particularly in adolescence, when adolescents are expected to effectively manage their difficulties through empowerment and self-efficacy, an unstable and perplexing family situation diminishes children's social skills and self-confidence. A healthy family can, in fact, handle and resolve issues well and make the right choices when it comes to children's issues. Due to their high levels of diligence and effort, adolescents in these homes are less likely to experience disappointment and feel more self-assured and capable of handling difficulties[18].

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Mothers' emotional work is often regarded as a role for mothers. However, this view does not recognise mothers' power and influence to create opportunities for educational success. By centering the mother as the head of her family and drawing on emotional capital as a legitimate and valuable resource within single-mother families, it becomes possible to show how mothers in a low socio-economic community invest in their children's schooling. This article is based on a qualitative case study of single-mother families from a South African community. The findings show that the single mothers maintained strong bonds with their children, enhancing perceived support and positively contributing to their education. Maintaining open communication channels, demonstrating authoritative parenting, and communicating pride in non-academic qualities were significant emotional practices that served to maintain these strong bonds. By engaging in these practices, these single mothers from low-income contexts activated their emotions strategically to support their adolescent child's education[19].

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2.1.5 Adolescence

Significant physical development and growth occur during adolescence, including changes in body composition, hormonal and metabolic alterations, organ system maturity, and the formation of nutritional deposits, all of which can impact long-term health. Adolescence has a significant role in shaping a person's lifetime relationship with food regarding nutrition, especially the interaction between diet, exercise, and body image. It is a period that could be a defining moment for every young person as they surmount the changes they face. During this time, there are also difficulties managing time due to social, professional, educational, and training obligations, as well as emotional ups and downs. Adolescent peers can also moderate all behaviours, including eating,

with growing influence. If their friends are watching their weights, they automatically also carry that impression to keep slim unless they have built a mind of their own from home[20].

Natural experimentation occurs during adolescence, and this can also affect dietary preferences. Individuals' behaviours vary greatly, and adolescents' experiences are different. Eating a balanced diet and nutritious food is particularly important because of all the growth at this stage. Stakeholders in youth athlete management must prioritise eating habits that support healthy physical, physiological, and psychological development and are in line with established sports nutrition principles if they want to guarantee that adolescent athletes reach their full potential.[20]

The use of media devices by kids and teenagers is growing quickly because of their small size, which enables mobility, interaction, and simple access to free apps and information. Families now have easy access to technology thanks in part to declining expenses in recent years. Youngsters utilize mobile devices to access content and apps, play games or watch films, and take photos and record videos. However, the distinction between socializing and entertainment has become hazy due to the popularity of social gaming. Given that children and teenagers are in a stage of psychological development, families should be mindful of both the amount of time their children spend on media devices and the content they consume[21].

During the pandemic, kids and teenagers utilized the Internet extensively, and they spent more time using recreational electronics—mostly in the late evening—than they had previously, which increased the possibility of unfavourable outcomes. Media consumption can affect the quality of sleep by causing nightmares or poorer sleep, as well as by raising psychophysiological arousal due to the content or extended exposure to intense light. Teenagers who use smartphones right before bed are at a higher risk of experiencing sleep issues like arousal, decreased sleep duration, and increased sleep latency because these devices have a detrimental impact on the circadian rhythm.[21]

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The final expansion of the frontal lobe and specific brain neurodevelopment are other characteristics of adolescence. Specifically, the brain stem, cerebellum, occipital lobe, parietal lobe, frontal lobe, and temporal lobe all actively mature currently. The frontal lobes involved in problem-solving, spontaneity, memory, language, initiative, judgment, impulse control, and social and sexual behaviour complete their development at the end of adolescence and the beginning of young adulthood[22].

The biobehavioural systems involved in top-down emotion regulation and self-control are still developing during adolescence, which limits the effectiveness of "gold standard" emotion regulation techniques like cognitive reappraisal during this age range. Adolescence is a time of emotional vulnerability. It can also be viewed as a developmental stage that starts when puberty sets in and ends when people reach "independence" from caretakers and begin to plateau in terms of their brain and biological growth. This shift from childhood to adulthood is thus characterized by a series of hormonal changes, brain plasticity, and growing autonomy. Adolescence is also a time of increased emotional sensitivity and environmental sensitivity. The basis for long-term health and wellbeing is laid by the development of the capacity to control emotions during childhood and adolescence[23].

Adolescents from marginalized groups, those with poor levels of education and career possibilities, and those living in poverty are more likely to become pregnant unintentionally. Adolescent moms frequently experience quick repeat pregnancies, making pregnancy itself a valuable opportunity to provide guidance on future contraception options. One possible obstacle for teenagers is the expense of contraceptive techniques and services. Adolescents may find contraception to be unaffordable, and anonymity may be jeopardized if they require parental financial support. Free contraception may eliminate one financial barrier, but it does not ensure high rates of use[24].

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Learning can also be heightened in adolescence. For example, autobiographical memories acquired in adolescence and early adulthood are more likely to be recalled than memories formed at other ages across the lifespan. Adolescence is associated with increased learning following cognitive training in abstract reasoning: older adolescents (16–18 years) learn more efficiently than younger ages (11–16 years)[25].

Heightened emotionality in adolescence is most often and most strongly experienced in social settings. As adolescents progressively become independent from their caregivers and find their place amongst peers, the social world becomes increasingly salient. Emotions affect multiple cognitive processes, including learning and memory. Therefore, the heightened affective and social sensitivity observed in adolescence suggests that learning might also be altered in this period of life. This can lead to increased learning when it does not involve decision-making, as in Pavlovian conditioning, and – perhaps counterintuitively – decreased learning when it does involve decision-making, as in instrumental conditioning[25].

Adolescents differentiate more between recipients and situations, according to experimental research employing prosocial giving tasks. This suggests that ingroup-outgroup differentiation increases during adolescence. We also show that adolescence is a crucial time for social development because environmental factors play a role in the development of the social brain during this time[26].

Adolescence is a time in life when psychological health is particularly susceptible. Teenagers who engage in physical activity (PA) seem to benefit from it, as evidenced by their increased self-esteem and improved body image. There is solid proof that obesity and physical inactivity are associated with an unfavourable body image (BI), which plays a significant part in the development of eating disorders in adolescents[27].

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Over the course of a lifetime, our perception of our bodies might evolve. However, because of the age-related changes that take place during this time, adolescence is essential for the development of a healthy BI. Teenagers' perceptions of their bodies are significantly influenced by their sociocultural background. The influence of body ideals interacts with the main stage of adolescence, which is characterized by quick and diverse physical changes, such as changes in primary and secondary sexual characteristics, body shape, size, and composition[27].

Finding one's position in society as an autonomous and socially responsible adult requires learning how to react appropriately to social input, which is a key developmental objective. People can make socially acceptable decisions and develop realistic worldviews by observing the behaviour of others, which helps them manage the variety of interactions they encounter on a daily basis. Peers are crucial sources of social information for kids as they approach puberty and get ready for adult responsibilities in society. Adolescent social impact is frequently linked to higher risk-taking and unfavourable consequences (such as crime, drug usage, alcohol abuse, and unprotected sex)[28].

When it comes to rule compliance, poor examples lead to a lot of disobedience, but positive examples also significantly boost rule compliance. When social values and preferences are disregarded, peers can have a significant impact on how beliefs are formed. While older teenagers prioritized their own preferences and ideas, younger adolescents are highly sensitive to the behaviour of their peers.[28]

Their families shape adolescents' behaviour and psychological health. The adolescents need their parent's love and protection to preserve their identity. A correlational survey was carried out in five randomly chosen schools in Southern India with 554 adolescents enrolled in the eighth through ninth grades to evaluate the adolescents' psychological well-being and perceived parenting style and ascertain the relationship between the two[29].

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The study concluded that parenting styles will influence adolescents' psychological well-being. Among the four parenting styles, authoritative parenting is warm and steady and hence will contribute to the psychological development of adolescents. They also maintain a positive relationship with others and have a purpose in life. Adolescents who perceived their parents as authoritarian had decreased autonomy, and those who perceived their parents as permissive had diminished personal growth[29].

Although there is little study on nondisclosure in other intimate relationships during adolescence, adolescents often keep secrets from their parents to demonstrate their independence or to escape punishment. Girls reported hiding information from mothers more than boys because they would feel guilty, humiliated, or embarrassed, and adolescents had more reasons to hide information from family as they grew older. These results offer a more profound comprehension of adolescent nondisclosure behaviours, which may affect adolescent adjustment and the quality of relationships[30].

Adolescence is a time when people develop a variety of social views. The main subjects of this study were the cooperative and competitive attitudes of adolescents in grades 7–11 and their performance in grade 12. Competitive attitudes more positively predicted academic outcomes, while cooperative attitudes positively influenced social outcomes. According to the findings, teachers who encourage cooperative or competitive attitudes in early to mid-adolescents must find a careful balance because these attitudes do not change independently, and each has unique advantages and disadvantages.[31]

Significant changes occur at all levels of functioning during adolescence, which has long-lasting effects on relationships with parents, self-control, and flourishing. The phrase "flourishing" describes living a pleasant life, feeling happy, and acting with great effectiveness. Positive

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interpersonal interactions, personal attitudes or beliefs, and task-related traits like initiative and diligence are all components of thriving in adolescence. These factors have an impact on adolescents' attainment of key objectives, like self-improvement and greater independence. If adolescent flourishing is not attained, it may have an impact on associated domains like curiosity, interest in learning, and attachment relationships. Furthermore, thriving as a success metric might act as a potential mediator between adult health issues and familial adversity[32].

One of the primary human strengths is self-control, which is a collection of abilities that allow one to manage one's thoughts, behaviours, emotions, and impulses as well as to act in accordance with one's own interpersonal and personal objectives in order to support the pursuit of long-term objectives. Early self-control is linked to a wide range of long-term benefits, including as improved mental and physical health, more educational attainment, and more favourable employment prospects[32].

Low self-control is therefore associated with psychological distress, the emergence of mental health issues, and difficulties functioning at work or in school. Although self-control continues to develop during adolescence, it gradually gets better as one gets older. Self-control is crucial at this point in life since it raises the degree of optimism by managing feelings, ideas, and actions. Because they are less worried about losing their own control, adolescents who possess strong self-control feel more at ease asking for assistance. They are more flexible, productive, introspective, and obedient because they can relate to people better, compromise, and communicate their feelings[32].

According to recent research, exercise throughout adolescence has been linked to four sociocultural variables: peers, family, media, and technology. However, little is known about how these sociocultural factors, specifically social media and fitness monitoring device use, influence

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teenagers' attitudes and behaviours related to exercise. According to reports, peer and parental expectations of exercise and the pressure to reach fitness-tracking technology targets prescribed by others are the leading causes of exercise pressure. Additionally, adolescents reported imitating their parents' or peers' exercise habits to feel more connected to others and to attain socially acceptable "ideal" body types. The significance of messages from others about exercise and the tendency toward compliance brought on by societal expectations surrounding exercise in general make exercise interventions necessary[33].

Adolescence is a crucial time for the development of good traits like tenacity and growth mindset, but these qualities are vital throughout life. While self-esteem, perceived aptitude, academic involvement, and grades tend to fall during these critical years, stress tends to rise. Grit refers to the tendency to pursue long-term goals with steadfast dedication[34].

Like grit, growth mindset also contributes to adaptive cognitive and behavioural outcomes. For example, individuals with more of a growth mindset tend to choose challenging tasks that help them to learn rather than easier options that minimize mistakes When people believe that their sweat and tears will pay off, they are more likely to set a long-term ambitious goal and persevere to meet it. The reverse may also be true; grit might increase growth mindset. Gritty individuals are more likely to engage in deliberate practice, which leads to improved skills.[34]

Adolescent psychological and behavioural adaptation, as well as youth growth, are significantly influenced by stressors. According to the findings, adolescents are highly likely to experience negative stressors (such as health problems, parental conflicts, problems with parents, teachers, peers, or friends, romantic issues, and worries about the future and school) and positive stressors (such as leisure time, self-discovery, academic or other achievements, social acquisitions, getting help, romance and friendship, birth, and happy family moments)[35].

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Adolescents need at least nine hours of sleep per night, and those who get less sleep are more likely to suffer from obesity and learning disabilities, according to a study by Wolfson and Carskadon. Since sleep regulates several neurobiological processes, its significance during adolescence is widely known. It has been demonstrated that sleep plays a significant role in the immunological, respiratory, cardiovascular, and metabolic systems that support homeostasis in the body and brain. Additionally, it is important for growth because sleep is when growth hormone (IGF-1) is created[36].

Scientific data has demonstrated that problematic internet use has an emotional component in addition to its physiological and mental effects; studies have indicated a reciprocal relationship between increased feelings of loneliness and heavy internet use. The key findings indicated that internet use has a variety of effects on sleep quality; the more use, the less sleep an adolescent gets, both quantitatively and qualitatively; bright light from devices appears to influence when sleep begins; and excessive internet use appears to result in symptoms of insomnia. Additionally, the usage of sleep aids was linked to problematic internet use. Sleep deprivation puts adolescents at risk for several mental health problems, including anxiety, depression, and, in more severe cases, suicidal thoughts[36].

People with executive function (EF) can plan, organise, regulate, and alter their behaviour in response to changing conditions. EF assists people in carrying out daily duties and accomplishing objectives. From promoting academic success to maximising behaviour in various and shifting situations, it is an essential part of day-to-day functioning. Working memory, inhibition, shifting, and attention control are the four main skills that make up EF. Attention-deficit/hyperactivity disorder, autism, depression, schizophrenia, dementia, and traumatic brain traumas are all linked to deficiencies in EF. EF dysfunction can affect language development, school preparedness and

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performance, and behaviours that lead to an increase in aggressiveness, alcohol use, and binge drinking[37].

Externalising issues are linked to EF impairments and may be more likely to manifest in children exposed to cocaine during pregnancy (PCE). The worst developmental results have been observed in youth with PCE and those living in high-risk circumstances. A child's sex may also moderate the effects of PCE in addition to environmental risk; typically, this means that exposed boys experience more negative outcomes (such as externalising behaviours, increased marijuana use, attention problems, and increased risk-taking behaviours) than exposed girls. Youth EF may also be impacted by prenatal exposure to alcohol and drugs[37].

An important stage of life for the development of well-adjusted social behaviour is adolescence. The capacity to modify our opinions about other people's reliability in light of new facts is a crucial aspect of socially adaptive behaviour. Teenagers want to attain and preserve a favourable peer status, spend more time with their peers, and are vulnerable to peer pressure. The mental health and social development of adolescents are particularly negatively impacted by trust violations, such as gossiping, social rejection, and other unfavourable peer interactions[38].

In order to update their ideas and modify their behaviour accordingly, teenagers must sample information regarding the reliability of their peers. Information can be sampled, for instance, by asking close friends what they think about a certain peer or by seeing how they interact with others. However, a recent study that used a novel task and computational model found three different elements that underpin adults' information sampling process about the reliability of others. The results of this study lead to more complex hypotheses regarding teenagers' information sampling. Prior views regarding trustworthiness, confusion over the prior belief, and uncertainty tolerance were the primary components found in the study. Before any information is sampled, an

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individual's initial expectations about the reliability of others are reflected in their prior views about trustworthiness. A biased prior belief subsequently influences how information is sampled and how the belief is modified considering new knowledge, according to previous research on adults. Uncertainty over past beliefs reflects the range of expectations one has for the reliability of other people. The degree of posterior uncertainty that a person can tolerate is reflected in their uncertainty tolerance[38].

Significant psychological growth occurs during adolescence in the areas of cognition, mood, and social interaction. Interactions between these domains can also be seen in their development. Adolescents' propensity for taking risks is one way that these relationships between these domains are demonstrated. Teenagers are more likely to make dangerous decisions than adults or children. Substance abuse, which includes smoking and using e-cigarettes, is an example of risk-taking behaviour. An increase in reward sensitivity during adolescence has been a prominent explanation for risk-taking behaviour. However, in contrast to children and adults, teenagers also exhibit different risk processing[39].

Identity creation, increasing parental estrangement, relational interest in peers, and physical changes that also incorporate sexuality difficulties are some of the changes that define adolescence. Relationship problems are often expressed by internalizing behaviours in women and externalizing behaviours in men. The time of life known as adolescence is when people construct their identities by accomplishing particular developmental tasks. Transferring the attachment bond from parents to peers gradually is one of these duties. Adolescents are becoming less dependent on their parents as key attachment figures and more dependent on their peers. Teenagers start looking to their friends and love partners for closeness and support. Early love relationships and experiences are crucial to this phase of life[40].

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During the difficult time of adolescence, emotional dysregulation may increase the likelihood of internalizing issues like anxiety or depression. In this stage of life, relationships are already vulnerable to changes in attachment systems, and this type of dysregulation is frequently linked to these problems.

Due to the fear of doing poorly and the ensuing fallout, women with anxiety disorders reported higher levels of sexual inhibition and lower sexual functioning than women without anxiety disorders. Long, steady, and fulfilling relationships with high levels of investment, trust, and friendship appear to be the norm for people with a secure attachment style (low on anxiety and avoidance)[40].

2.1.5 Fathers' Absence.

Fathers' absence is a concept that refers to the physical absence of the father in a home due to death, divorce, separation, mothers' behaviour, work conditions, unemployment, incarceration amongst many other reasons. Fathers' absence can also be emotional such that a father may be physically present but completely deficit in his relationship with his adolescent for several reasons such as ignorance, strict discipline, cultural and traditional biases, etc. These put a sense of absence in the adolescent, and it can be implicated into low social competence as well as many other maladaptive outcomes.

Men as fathers may be wholly absent from the lives of their children, intermittently present through informal access arrangements or wholly present through joint custody arrangements or other formal access rights. Alternately, they may occupy the status of lone parent with full responsibility for the rearing of their children. Traditional role assignations within families have

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proved remarkably resilient. Women are still the primary caregivers and there is little evidence to show the willingness of fathers to share care-giving tasks with women. Indeed, the increased participation of mothers in the labour force has not brought about a corresponding participation of men in household tasks and childcare within the family. Rather, the expansion of women's roles and the general democratisation of family life means that fathers increasingly lack a template for how fathering should be performed. Clearly, the role confusion around fathering can only be exacerbated for those men who find themselves estranged from their former partner or spouse and the children.[41]

The father's role is as important in child and adolescent development as the mother's role. A nurturing father contributes to his children and adolescents' development in various fields such as cognitive, intellectual, behaviour, gender role and faith development. Parental support facilitates a positive relationship, positive outcomes of academic achievement and self-concept development. The resident father's involvement is related to the child's performance in verbal intelligence, more complex vocabulary, more meaningful phrases and cognitive ability. Several studies found that fathers have a significant impact on their children's moral development such as aggression, dependency, generosity, honesty and delinquency[42]. According to these studies:

• Generous boys perceived their fathers as warmer and more nurturing

• The fathers of aggressive men caused the aggression in their sons

• The child who is honest, perceived his or her father more positively than a child who is dishonest

• A lack of as well as excess parental discipline is related to juvenile delinquency.

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A nurturing father provides the child with a good model and motivates him or her to adopt the father's behaviour. When the father and his children have a close and warm relationship, the children are advantaged in their moral development[42]. Fathers need to be more intentional about their relationships with their children because their children really need them contrary to what the society portrays.

There is considerable evidence from industrialized and less-industrialized nations that suggests that fathers' absence from home has a negative short-term and long-term impact on children's psychosocial development, cognition and education as well as their health. With respect to health, research carried out in less-industrialized nations suggests a relationship between family structure and undernutrition. There are few additional studies from less-industrialized countries that describe the link between paternal presence and children's nutritional status. Just as importantly, little is known about how the type and quality of paternal involvement affects children's nutrition. There are many ways fathers can positively impact children's health and their nutrition. These include decision-making and greater resource provision that favour children, access to resources because of fathers' status in the community, social and emotional attachment and role modelling[43].

In terms of behavioural issues and academic performance, children with non-resident fathers typically fare worse than children who live with both biological parents, according to almost all family scholars. This demonstrates how the effects of a father's absence extend beyond a mother and father's marriage. It might be linked to maladaptive behaviours and subpar academic performance. Poor achievement should not be attributed to the child or the teachers, but rather to the state of the family ties[44].

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Drawing on qualitative data from a study of fathers working in the petroleum industry in Norway, an article analysed the impact of absence and presence on fathering practices. The article proposed a theoretical approach: a matrix of fathering that draws on insights from migration and mobility studies, fathering studies and 'new material' approaches. It argues that attention to different components of parental involvement and fathers' own experiences contributes to a nuanced understanding of fathering practices by showing how physical absence does not necessarily imply emotional absence. By focusing on socio-emotional aspects, activities and the agency of materialities and structures in men's parenting, the article also challenges dominant ideas of parenting as mainly mothers' domain[45].

A team at the University of Toronto put adults in a functional MRI scanner to assess their reactions to their parents' faces. Mothers' faces elicited more activity in several parts of the brain, including some associated with face processing. The faces of fathers, in contrast, elicited activity in the caudate, a structure associated with feelings of love. The evidence shows that fathers make unique contributions to their children[45].

A girl who grows up in a family in which the bond between her parents is more secure and who has a father who lives in the home might well (subconsciously) adopt a slower reproductive strategy. She might conclude that she will take longer to start having children. She can be more thorough in her preparation. According to a study, girls who spent a lot of time with their fathers throughout the first five to seven years of their lives and had a warm relationship with them were less likely to experience teen pregnancy, early puberty, and early sex initiation. Yet he could not

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determine whether the parental behaviour caused the consequences he was seeing in the daughters[46].

2.2 Theoretical Framework

2.2.1 Carl Rogers Self-Concept Theory

Central to Rogers' personality theory is the notion of self or self-concept. This is "the organized, consistent set of perceptions and beliefs about oneself. Carl Rogers' self-concept is a central theme in his humanistic theory of psychology. It encompasses an individual's self-image (how they see themselves), self-esteem (how much value they place on themselves), and ideal self (the person they aspire to be). The self is the humanistic term for who we really are as a person. The self is our inner personality, and can be likened to the soul, or Freud's psyche. The self is influenced by the experiences a person has in their life, and out interpretations of those experiences. Two primary sources that influence our self-concept are childhood experiences and evaluation by others[47].

According to Rogers, we want to feel, experience, and behave in ways consistent with our self-image and which reflect what we would like to be like, our ideal self. The closer our self-image and ideal self are to each other, the more consistent or congruent we are and the higher our sense of self-worth. Discrepancies between self-concept and reality can cause incongruence, leading to psychological tension and anxiety. A person is said to be in a state of incongruence if some of the totality of their experience is unacceptable to them and is denied or distorted in the self-image[47].

Unconditional positive regard is a concept in psychology introduced by Carl Rogers, a pioneer in client-centred therapy. Unconditional positive regard is where parents, significant others (and the humanist therapist) accept and loves the person for what he or she is, and refrain from any

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judgment or criticism. Positive regard is not withdrawn if the person does something wrong or makes a mistake[47].

Unconditional positive regard can be used by parents, teachers, mentors, and social workers in their relationships with children to foster a positive sense of self-worth and lead to better outcomes in adulthood.[47]

In essence, the idea of self or self-concept is the focus of Rogers' personality theory. The term "self-concept" refers broadly to a person's propensity to act in ways that actualise themselves, lead to their differentiation, and a collection of experiences subsequently differentiated and symbolised in conscious awareness as self-experiences, the sum of which determines the person's self-concept. His research on the idea of self is essential to the client-centred theory of personality and therapy[48].

According to Rogers, people who can integrate events into their self-structure are considered healthy. To a certain degree, they clarified that people are receptive to experiences: a unity between self and experience. On the other hand, neurotic people do not match organismic experience; they can reject awareness of significant emotional and sensory sensations. Rogers took advantage of the following terms in his hypothesis: Actual self (self-perception). It encompasses the inherent impact of our body image. Our self-perception is crucial to psychological well-being. Put another way, we may think of ourselves as excellent or evil, attractive or ugly. How someone feels, thinks, and behaves in the world is strongly influenced by their self-image[48].

We all have a true self, according to Rogers. Of course, inner personality is connected to the true self. The self that feels most authentic to our genuine selves is this one. Even though it is not flawless, our ideal selves are the parts of ourselves that seem the most genuine. It momentarily symbolises our attempts to realise our objectives or aspirations. Put another way, it is our ever-

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changing aspirations and objectives. The ideal self in our teens, late twenties, and so on may not be the same as this during childhood. The degree to which our society deviates from the actualising tendency, forcing us to live with worthy conditions inconsistent with organismic valuing and receiving[48].

By ideal, Rogers suggested that some things situated beyond our reach might result from the gap between the authentic and ideal selves. This self is borne out of influences outside of us. It is the self that holds values absorbed from others, a culmination of all those things that we think we should be and that we feel others think we should be. Holding the values of others is not a conscious decision, but rather, a process of osmosis, to the extent that Rogers highlighted free choice is dominant in his personality theory. It refers to individuals who are responsible for what happens to them and stop attributing their actions from outside forces[48].

The ability to completely function their valuing processes would surely cause people to begin experiencing self-movement and growth toward the realization of their potential. It is clear from this that those who can achieve self-actualization are called fully functional people. In Roger's terminology, they will be on their way to becoming fully functional individuals. According to Rogers, people who are fully functional are intriguing to know, balance, and well-adjusted. In his subsequent works, Rogers expanded and intensified his conception of the fully functional individual to include emerging individuals. The circumstances of value and self-worth. The person learns to distinguish his or her own experiences in a similar way to how he or she perceives the variations in other people's experiences as not being equally deserving of praise[48].

A person's evaluation of positive self-esteem is determined by what is known as a condition of worth. According to Rogers, experiences of conditional regard led to conditions of worth. Additionally, as indicated by an organismic valuing process, the conditions of value may make it

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impossible for an individual to simultaneously satisfy the needs of the entire organism and the desire for positive self-regard. Rogers defines a person as having a high sense of self-worth, being able to handle life's problems, being open with others, and occasionally tolerating setbacks and suffering. A person with self-worth could avoid problems in life and not accept that things can be difficult and upsetting at times. To influence children, Rogers emphasised the significance of early experiences that positively increase self-worth provided by parents[48].

Relevance of the theory to the Study

Carl Rogers personality theory of self-concept explains the relationship between self-concept and social competence of adolescents. Poor self-concept translates to low or non-existent social competence because the adolescent view themselves in a negative light, The theory emphasizes the importance of creating a non-judgmental atmosphere for adolescents at home, school, and among peers to express their thoughts and feelings thereby delivering on social competence.

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2.2.2 Social Support Theory

Social support theory emerged from publications by Don Drennon-Gala and Francis Cullen, both of whom drew on insights from several theoretical traditions. The theory is centred on the proposition that instrumental, informational, and emotional supports reduce the likelihood of delinquency and crime. The theory incorporates macro- and micro-level effects, emphasizing how supportive societies and supportive relationships can lessen delinquency and crime rates and individual delinquency and crime. Social support is also implicated in social control and criminal justice processes, in that effective social control and rehabilitation are based on social support. Research suggests that communities able to provide higher levels of social support have lower rates of juvenile crime, that social support is an essential element of adolescent well-being, and that social support can be a crucial factor in rehabilitating juvenile offenders[49].

Don Drennon-Gala and Francis Cullen's writings served as the foundation for the social support theory, a thorough theory that highlights the connection between psychological health and perceived social support. It suggests that social support is a major factor in adolescent well-being, that communities with higher levels of social support have lower rates of juvenile criminality, and that social support can play a crucial role in the rehabilitation of young offenders. The vulnerability model, which contends that poor self-esteem serves as a risk factor for depression, particularly in the face of significant life stressors, is another explanation put up to explain this association. Additionally, six aspects of positive functioning were incorporated into a theoretical model of psychological well-being: self-acceptance, autonomy, environmental mastery, personal development, life purpose, and positive relationships with others[50].

Self-esteem is based on the conviction that one is deserving of respect, which is determined by one's assessments of oneself and how one perceives criticism from significant others. Well-being

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and psychological well-being are often associated with strong self-esteem. Additionally, many factors influencing teenagers' psychological health and self-esteem have a statistically significant positive link with one another. Peer support, especially during adolescence, aids in the development of positive self-esteem in teenagers. Additionally, the relationship between mother and paternal attachment and life satisfaction is moderated by psychological health and self-esteem.[50]

In his book 'Delinquency and High School Dropouts – Reconsidering Social Correlates' Don Drennon-Gala researched delinquency and the causes of young adolescents' disengagement from school and eventual dropout. He claims that the "blame game" has persisted in interfering with young people's education. The schools shamefully blame the parents, and the parents shame the schools. More "victims" are produced in communities and schools as a result. Drennon-Gala believes that "the home may no longer, because of the two parents working in the household, be the place for the early adolescent to receive social support." He argues that "intervention programs to address a newly defined 'at-risk' group would be as important to the school as are the teachers that fill the schools. "An interaction between early adolescents and the significant adults at school and in the home" is necessary, he believes, to lessen or eradicate socially incorrect behaviours at all levels[51].

According to an analysis of the literature currently available on intimate partner violence (IPV), social learning theory is the most often applied criminological theory to explain this public health concern. Differential coercion and social support (DCSS) is one such hypothesis. By elucidating the connection between social support, coercion, and criminogenic behaviours, DCSS combines elements of strain and self-control theories and aims to link multiple criminological study subjects. On the one hand, DCSS contends that coercive force is a motivating factor for criminal action

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when it causes someone to behave out of fear or anxiety. Anger, worse self-control, weakened social ties, and coercive ideation are among the so-called "social-psychological deficits" brought on by coercion. Increased anger weakened social ties, and a lack of self-control may increase the risk of criminal activity[52].

Social support, however, deters crime and is characterized by “the delivery (or perceived delivery) of assistance from communities, social networks, and confiding partners in meeting the instrumental and expressive needs of individuals”. While instrumental help refers to giving someone material and financial support, expressive support can take the shape of emotional care and confirm their value and dignity. Family, friends, one's social network, and social institutions including the workplace, government, and schools can all provide both instrumental and expressive support. By giving them a non-criminal way to deal with adversity, support helps to reduce crime[52].

A basic human need is to be socially linked. Loneliness may arise if this need to fit in is not satisfied. When a person's desired and actual levels of social relationships diverge, it can lead to the uncomfortable experience of loneliness. Consequently, the subjective perception of a quantitative or qualitative lack in one's social connections is loneliness. According to the Evolutionary Theory of Loneliness (ETL), loneliness can have long-term effects on one's physical and mental well-being. This idea suggests that, similar to physical pain, perceived social isolation, or loneliness, has a signalling purpose. Human and nonhuman primates' fundamental behavioural adaptation has been identified as social bonds, which offer defence against resource constraint and predation[53].

Anxiety and depression are two mental health conditions linked to loneliness. Anxiety is a chronic condition characterized by an excessive sense of threat and non-adaptive hypervigilance.

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Loneliness and anxiety symptoms and disorders in adults, older individuals, students, and adolescents have been linked in earlier research. Loss of positive affect, which shows up as avoidance, withdrawal, and decreased activity, is a hallmark of depression. The amount of assistance, direction, consolation, and information that a person receives from their social connections is referred to as social support. Social assistance can take several forms, such as instrumental, emotional, and informational help. Perceived social support refers to the availability and sufficiency of the social assistance one receives, whereas received social support refers to the amount of support one receives[53].

This means that if people perceive that they have support from family, friends and their environment, they will feel better and be strengthened to cope in unpleasant situations even if they do not get the support they need. In keeping with earlier studies, a positive correlation has been shown between mental health and a reported lack of social support. These findings corroborate the main-effect hypothesis of social support, which holds that social support improves health regardless of stresses. Because it gives people socially satisfying responsibilities that encourage positive affect and, in turn, promote mental health, social support has a protective effect. Additionally, social support may enhance physical health by improving immune system performance through emotional induction. According to the study's mediation analyses, loneliness and physical symptoms, anxiety, and depression may be partially explained by perceived social support. This suggests that interventions that successfully compensate for a person's perceived lack of social support may help the lonely avoid or lessen mental and physical health problems[53].

The term "postpartum depressive symptoms" describes the overt signs of depression or the common periods of depression that women experience during the puerperium. The main features of postpartum depression symptoms include persistent emotional discomfort, behavioural and

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thought changes, and physical symptoms. According to reports, postpartum depression symptoms often start two weeks after giving birth and reach their height four to six weeks later. The World Health Organization research states that depression has emerged as one of the leading causes of disability worldwide. Pessimistic suicide and even infanticide are possible outcomes of severe postpartum depression. In addition to increasing the financial strain on the family and community, it will not support postpartum rehabilitation if treatment is delayed. Postpartum mental disorders may be avoided by promptly identifying emotion-related issues through specialized psychological evaluation of negative feelings[54].

The assistance and support those members or experts in a social network offer on a physical, mental, and emotional level is sometimes referred to as social support. Structural and functional support are other definitions of social support. Emotional, tangible, informational, and appraisal support are the four categories of functional support. Structural support is the degree of connection between the supported and its social network, including growing the number of people in the social network, interacting with others more frequently, and engaging in social activities[54].

There are two types of social support: perceived social support and actual received social support. Perceiving social support emphasizes the consistency between the impact of received social support and the level of perceived support, in addition to focusing on self-awareness and self-feeling of social support. Maternal mental health was found to be more accurately predicted by perceived social support than by actual social support. The biggest risk factor for postpartum depression symptoms is a perceived lack of social support. Some individuals with postpartum depression tend to exaggerate their discomfort and negative aspects while ignoring their benefits. The incidence of postpartum depression symptoms can be successfully decreased by increasing perceived social support and making use of it. The relationship between perceived social support

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and postpartum depression symptoms is mediated by self-efficacy, according to research, and self-efficacy in turn influences perceived social support. Improving self-efficacy and lowering the incidence of postpartum depression symptoms can be achieved by increasing perceived social support[54].

Their ability to use social assistance increases with their perception of it. For example, the mother's physical and mental fatigue can be reduced, and the intensity of postpartum depression symptoms is either minor or non-existent if someone assists her with the kid and daily chores and visits and chats with her on a frequent basis. By adopting mindfulness therapy to reduce impulsive behavior in a variety of ways that increase awareness of one's own experience and enhance control over impulsive behaviour, women can maximize their behaviour and minimize the anxiety and discomfort associated with role transition[54].

Relevance of the theory to this study: Knowing how social support impacts behaviour, families, individuals and organizations can be intentional in providing social support for adolescents and individuals who suffer from a low self-esteem as this could reduce criminal behaviour.

2.2.3 Social Cognitive Theory

Albert Bandura, a psychologist, created the Social Cognitive Theory in 1986. According to this idea, learning takes place in a social setting where behavioural, environmental, and personal (or cognitive) elements interact reciprocally. A person's knowledge, expectations, and attitudes are examples of personal or cognitive elements. Social norms and the impact of others on an individual are examples of environmental influences. For example, teacher self-efficacy is widely researched within education; it affects student achievement and motivation as well as teacher performance and commitment[55].

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Social Cognitive theory was formerly called social learning Theory, and it is founded on the principles of observation and modelling[55]. As children watch their parents behave, they tend to behave the same way. There was a recent video of a 5-year-old boy on the internet mimicking his father's preaching style in his father's office while his father sat at his desk watching him. The young lad used a pen as his microphone and began to repeat all the gesticulations and movements his father does when preaching. Though it looked funny to observers, it was a clear indication that the boy had learned by observing his father.

Seven elements make up the Social Cognitive Theory, which promotes reciprocal determinism and, eventually, behaviour modification: The first one is Self-efficacy which is the belief that one can effectively carry out an action to achieve results, such being assured that one can choose, buy, and cook veggies to increase dietary intake. The second one is the Environment describes the social (family), physical (weather), and economic external factors (product availability, price) influencing behaviour. A change in the surroundings can have an effect, but the individual must be able to carry out the intended behaviour change. The third one is the term Behavioural capability which describes an individual's actual capacity to carry out a behaviour on their own, such as making a decent meal. The fourth one is Observational learning which means observing another person modelling a specific behaviour to make it easier to replicate desired behaviour, such as watching someone fold clothes before they try folding clothes[56].

The fifth is Expectations which illustrate the expected results of implementing a behaviour change, such as broadening vegetable preferences by using a wider variety of vegetables when cooking. The sixth is Self-regulation, which helps people manage their behaviour, comes in sixth. To accomplish a desired result, they may use this to set, modify, and commit to goals. For example, they might decide to buy two fresh vegetables every week to increase the number of veggies

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available in the home. The seventh step in changing behaviour is Reinforcement, which can be demonstrated by rewards or other forms of success acknowledgment, such receiving a trophy for successfully incorporating a seasonal vegetable into a main course. Applying fewer of the seven SCT components will decrease the possibility of producing favourable results because they are all intimately related to sustaining behaviour change.[56]

Bandura's social cognitive theory offers a frame for understanding how self-efficacy, environmental factors, and goal motivation are related to sexual risk behaviours for older adults, including the interplay between these variables. Using a diverse sample of older adults of ages 50years and above, social cognitive theory was modelled to determine the relationship between environment variables (age, gender, and sexual health conversations with practitioners), behavioural variables (self-efficacy), and cognitive variables (importance of sexual wellness goals) with the outcome variable of sexual risk behaviours. Self-efficacy had an indirect effect on sexual risk via sexual wellness goal motivation. Healthcare provider conversations had both direct and indirect effects on older adults' sexual risk through sexual wellness goal motivation. Sexual risk behaviours among older adults are more influenced by environmental factors in their healthcare settings and their perception and prioritisation of sexual wellness goals[57].

Social Cognitive Theory (SCT) is the basic health behaviour modification concept that forms the basis of traditional weight-loss lifestyle interventions. SCT-based therapies have been shown time and time again to help initiate behavioural changes in weight loss programs. SCT has proven to be effective in helping people make the behavioural changes necessary for weight reduction in the short term, but it has not been as effective in helping people maintain the recommended lifestyle changes over time in order to achieve clinically meaningful weight loss and long-term weight loss maintenance[58].

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We think that the depressing results are partly because present methods have overlooked the crucial role that biological processes play in energy control. Hunger and fullness levels can have a substantial impact on energy intake, programming adherence, and the success of both purposeful weight loss and weight loss maintenance. There is now compelling evidence that maintaining weight involves more than just willpower or psychological factors. The maintenance of weight reduction may also be impacted by biological adaptations to the weight-loss state other than hunger and satiety. Energy control is affected by the generally decreased energy flux that occurs after weight reduction in people who do not increase their level of physical activity. This makes it more challenging to eat in ways that are both fulfilling and culturally acceptable while using less energy[58].

Eating breakfast is considered a healthy behaviour, with breakfast skipping linked to non-communicable diseases, overweight, and obesity. Eating breakfast also supports cognitive performance, which is paramount for both physical and mental work. Institutional feeding provides meals to various consumers within Australia from health care settings, prisons, military, and workplace settings. In Western countries, 10–15% of foodservice meals are provided in institutional settings. Some workplace institutional populations work long or demanding days, involving physical tasks or a requirement to remain alert and vigilant in potentially high-risk situations. For these groups, it is essential to understand whether institutional feeding supports them to perform healthy behaviours (like breakfast eating) and how this imposed setting interacts with individual behavioural influences. Workplace stress has also been linked to unhealthy behaviours such as inadequate diet. However, a person's eating habits are moulded by a variety of external factors in addition to cognitive factors like knowledge[59].

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The reciprocal determinism of behaviour, in which an individual influences their environment and the environment effects the individual, is acknowledged by Social Cognitive Theory (SCT). Interviews were used to provide rich insights into participants' breakfast behaviours and explore their thoughts and experiences with breakfast consumption in these institutions. The cognitive aspects of breakfast consumption were the most prominent theme throughout the interviews. Participants discussed their thoughts and feelings on how breakfast either contributes to or derails the start of the day. Broader evidence also links cognitive thinking and control to breakfast consumption and improving cognitive control to keeping a healthy weight range. However, social modelling may have been a powerful influence earlier in the lives of these participants. The participants who ate breakfast as a child still eat breakfast now, and the participants who skipped breakfast during childhood are continuing to skip breakfast[59].

Preventing childhood obesity has been explained and encouraged by the social cognitive theory. We investigated whether the SCT ideas predicted the outcomes of childhood obesity among children of African American caregivers. The results showed that the SCT's hypothesised linkages were not entirely supported. Furthermore, behavioural competence did not statistically significantly mediate the indirect effects of the environment on outcome expectations. More focus should be placed on this study to evaluate the SCT concepts for the creation of paediatric obesity prevention initiatives that give African American families in rural areas priority[60].

Sedentary lifestyles are typical among women of reproductive age despite the well-established benefits of regular exercise during the preconception period on pregnancy outcomes. 220 Iranian women receiving preconception care participated in a cross-sectional study theoretically grounded in social cognitive theory (SCT). A questionnaire created by the researcher was used to measure the SCT components. The International Physical Exercise Questionnaire's long form was also used

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to gauge the amount of time spent engaging in moderate-to-intense physical exercise. The study's findings highlighted the importance of observational learning in shaping prenatal physical activity habits; as a result, designing interventions that offer observational learning opportunities may raise the level of physical activity among expectant mothers[61].

A formative qualitative study looking at the exercise status and perceptions of 20 people with Multiple Sclerosis who use wheelchairs for mobility was conducted, with 12 participants classified as regular exercisers and eight as inconsistent exercisers. According to social cognitive theory (SCT), regular exercisers reported high self-efficacy, consistent exercise knowledge, and numerous facilitators more often. Multiple sclerosis (MS) is an immune-mediated neurodegenerative disease of the brain, optic nerves, and spinal cord, and 30% of people with MS experience significant mobility impairment that necessitates the use of a wheelchair[62].

Every participant listed several facilitators and barriers and some positive result expectations. These results can help guide future intervention research that uses Social Cognitive Theory to assist changes in exercise behaviour. People with MS who use wheelchairs for mobility may benefit from strategies like boosting self-efficacy, delivering educational resources, creating realistic outcome expectations, and offering tools for overcoming obstacles and finding facilitators[62].

The design and implementation of theory-based behavioural therapies have been influenced by Social Cognitive Theory (SCT), which has been widely and effectively used to uncover correlates of physical activity in Multiple Sclerosis (MS). A key component of SCT is human agency, or the conscious exercise of control over one's life's character and quality. This idea is closely related to the main elements of Bandura's socio-cognitive causal framework for health-promoting behaviours. The SCT variables of self-efficacy, obstacles, expectations for outcomes, goal setting,

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planning, social support, and functional restrictions are all part of the causal structure. Theoretically, these factors correlate more with physical activity in difficult situations, including when people with extreme weariness engage in physical exercise. They have also been consistently linked to physical activity in multiple sclerosis. Therefore, SCT is a great place to start when finding theory-based factors correlating with physical activity in tired individuals with multiple sclerosis[63].

Professors' domain-specific knowledge, skills, and talents are enhanced through Knowledge Sharing (KS). It improves the effectiveness of instruction by allowing peers and colleagues to share helpful teaching resources. Higher education in Saudi Arabia is not utilising information exchange to its total capacity, significantly reducing the sector's effectiveness and efficiency in providing its community, research, and educational services. First, efforts to share knowledge are thwarted and its effects on the organization and its members are lessened when university offices, colleges, and departments lack a common understanding of the function of knowledge sharing and how it should be used to further the purpose of institutions[64].

Implementing knowledge-sharing is further complicated by the absence of common physical and digital platforms where everyone in the organization may access and utilize explicit and implicit knowledge. According to social cognitive theory, a variety of contextual and personal factors both influence and are influenced by an individual's behaviour. A person's current and future knowledge-sharing behaviours are partly influenced by their prior knowledge-sharing behaviours. Overall, a combination of social and cognitive elements dictates how people share their information. Knowledge-sharing self-efficacy among faculty members enhances faculty members' perceptions of their chances of obtaining specific benefits related to their professional development

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because faculty members are likely to share all their knowledge with others, who are likely to reciprocate by offering material rewards for their knowledge-sharing behaviors[64].

Relevance of the theory to this study: The Social Cognitive Theory takes into cognizance the role the environment plays in shaping adolescents while pointing out that adolescents can determine the behaviour they imbibe and choose to model even with the environmental influences.

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2.3: Review of Empirical Studies

2.3.1. Self- Concept and Adolescent Social Competence

This study aimed to examine the influence of extroversion and social self-concept on the connection between internet addiction and social media burnout. The Compulsive Internet Use Scale, the Social Media Burnout Scale, the Multidimensional Self-Concept Scale, and a scale of reduced markers for personality assessment were completed by 200 members of the Brazilian general population aged 18 to 45. The SPSS program was used to examine the data. The findings indicated that social media burnout and internet addiction were positively and statistically significantly correlated, while extroversion and social self-concept were negatively correlated with both variables. Additionally, by seemingly mediating the association between Internet addiction and social media burnout, social self-concept had a substantial indirect impact on this relationship. The literature on the topic is supported by this study, which also makes psychologists think about the interventions they should use to encourage social skills and responsible internet use.[65]

In a large, diverse community sample of 636 adolescents, this study looked at the relationship over time between depressive symptoms and self-competence (academic, social, athletic, physical appearance, and close friend). All 10th and 11th graders at participating high schools were given surveys at baseline (mean age = 16.10, SD =.71) and one year later. While boys reported higher levels of self-competence in athletics and physical attractiveness, girls reported higher levels of self-competence in close friendships and more depressed symptoms. However, the relationships between depressive symptoms and self-competence did not differ by gender. In middle-late adolescence, the results of autoregressive, cross-lagged path analyses showed that depressive symptoms were more likely to predict self-competence than self-competence was to predict depressive symptoms. There is a discussion of the preventative implications[66].

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The study was conducted in order to ascertain the professional values and self-concept of final-year nursing students in undergraduate institutions in the Inner Anatolia Region. A total of 619 senior nursing students from the Inner Anatolia Region participated in this cross-sectional study. The Nurses' Professional Values Scale, the Student Nurses' Professional Self-Concept Scale, and a Student Information Form were used to gather data. Descriptive statistics, the Shapiro-Wilk test, the t-test, analysis of variance, and the Bonferroni test were used to analyze the data. The study was approved in writing by the Erciyes University Faculty of Medicine's Ethics Board as well as the participating nursing schools. Students provided both written and verbal consent prior to data collection after being briefed on the study's objectives. Study participation was entirely voluntary[67].

Overall and sub-dimension ratings on the Nurses' Professional Values Scale and the Professional Self-Concept Scale for Student Nurses were both moderately high for the study's participants. The Professional Self-Concept Scale for Student Nurses' professional satisfaction, professional competence, and professional attributes sub-dimensions showed that students who voluntarily selected their department and had a positive perception of the nursing image scored highly ($p < 0.001$). Women were found to score higher than men on the professional attributes sub-dimension. It is believed that raising students' understanding of these issues can help them develop better views of professional ideals and self-concept[67].

Immersion (the level of sensory engagement) and fidelity (the level of realism) are characteristics that distinguish educational virtual environments (EVEs). We refer to these EVEs as career-oriented EVEs since they are increasingly being used for training and professional development. The impact of immersion and fidelity on career-related outcomes, such as interests and self-efficacy, as well as the learning processes that may affect these outcomes, have not, however, been

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thoroughly studied. We use an inductive approach to meet these research goals in two investigations. According to Study 1, people that use EVEs report higher levels of professional self-efficacy when comparing welding career exploration to traditional career exploration. Study 2 looks at how performance and career-related self-efficacy and curiosity are affected by social learning dynamics, or how people learn from one another through behavioural modelling. Each group was given a choice between using a high or low immersion and quality EVE. Strong social learning dynamics were seen in both EVEs; however, the benefits were stronger for groups who used the higher immersion and fidelity EVE. Groups converged on two performance metrics in particular, and the performance of those positioned as behavioural models was a significant predictor of other group members' performance. For males, but not for women, and only for those who used the greater immersion and fidelity EVE, career self-efficacy and interest were predicted by individual performance. We conclude with useful suggestions for and implications of deploying career-oriented EVEs for career exploration and skills training based on these findings[68].

Finding out how general self-esteem and body image affect social skills in women and their biological daughters was the main objective of this study. Research measuring the same psychological traits in mothers and their adult daughters at the same time is currently lacking. These factors include general self-esteem, body self-assessment, and particular social competencies in relation to behaviour in intimate situations, situations requiring social exposure, and assertiveness. 51 pairs of moms (40–64 years old, M = 51.33) and their biological daughters (19–25 years old, M = 22.49) made up the study group, which had 102 participants. The Rosenberg Self-esteem Scale, the Body Esteem Scale, the Social Competence Scale, the Contour Drawing Rating Scale and categorized interviews were the instruments utilized to assess BMI and collect data regarding the research group's selection criteria. Stepwise regression analysis and the

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significance of the differences were carried out. The study's findings showed that the following factors significantly predicted the individuals' social competencies: Mothers' physical condition B = 0.362, daughters' discrepancy real-obligatory body image B = 0.275, and general self-esteem B = 0.615[69].

Daughters' overall sense of self-worth has a favourable impact on all forms of social competencies that have been validated, including assertiveness, social exposure, and intimacy. Nonetheless, it is the sole predictor of mothers' ability to handle socially exposed situations. Real-obligatory body image discrepancy predicts daughters' social competence and conditioning success in assertiveness-demanding settings. Mothers' physical health appears to significantly impact their effectiveness and assertiveness in private settings. Another significant factor in determining the assertiveness of the mothers in the group is the tension between the ideal and actual body image. The study's findings may help develop educational and preventative initiatives that emphasize women's social skills and self-worth and the dynamics of the relationship between mothers and their daughters[69].

A cross-sectional study design was used to test a structural equation model of the hypothesized relationships between a set of variables: students' social competence in physical education (PE), motivational climate in PE, out-of-school physical activity (PA) motivation, PA intention, and their moderate-to-vigorous PA (MVPA). According to the model, which was based on the self-reports of 363 elementary school students in the fourth through sixth grades (172 girls and 191 boys), the task-involving motivating climate in physical education was associated with increased MVPA through cooperation in the classroom, extrinsic incentive, and PA intention. Higher extrinsic motivation and motivation, as well as higher PA intention and, ultimately, better MVPA, were all associated with an ego-involving motivational climate[70]. Students' social competency indicators

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of empathy and cooperation were positively correlated with a task-involving motivating atmosphere, while disruptiveness was adversely correlated. Impulsivity and disruptiveness, indicators of poor social competence, were positively correlated with an ego-involving motivating climate. The study demonstrated that the cooperative component of social competence and the motivating climate significantly influenced students' PA motivation, PA intention, and MVPA. Creative physical education (CPE) is an educational strategy emphasising acquiring social competence-related abilities. A CPE analysis is presented that focuses on instructional practices that support students' MVPA through cooperative learning environments, PA motivation, PA intention, and motivational climates[70].

This study aimed to examine the impact on preschoolers' self-concept, self-esteem, and social skills of a 10-week integrated active lessons program centred on entertaining math activities (30 minutes per day × two days per week). A total of 184 preschoolers, 53.6% of whom were girls and ages 53.36 ± 11.82 months, were divided into the experimental group (EG) and the control group (CG). In both boys and girls, the EG's self-concept improved considerably more than the CG's (6.8% and 7.1%, respectively). There was a notable rise in academic and personal self-esteem (8.1% and 5.5%, respectively, exclusively in girls). Despite achieving notable gains in social skills and self-esteem compared to the start of the trial, the EG did not achieve the same outcomes as the CG. It is advised that active lessons built around entertaining math games be implemented in the classroom to help early childhood educators enhance students' social skills, self-concept, and self-esteem[71].

This study examines whether culture has an impact on children's early social-cognitive development from the standpoint of developmental systems. We assess the state of research on cross-cultural similarities and differences in the three main developmental milestones of early

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social cognition— (i) the development of self-awareness and an understanding of oneself and others as intentional agents; (ii) advanced forms of social learning; and (iii) prosocial cognition and behavior—based on a review of the current cross-cultural literature. Though there are culturally specific accentuations of social-cognitive development across domains that primarily correspond with cultural values, beliefs, and practices, the current body of cross-cultural research generally suggests universality without uniformity: the familiar suite of social-cognitive skills emerges reliably. Caretakers logically organize infants' developing intuitions, feelings, and inclinations into increasingly coherent patterns of attention, appraisal, experience, and behaviour that are consistent with cultural ideals and beliefs by adhering to distinct agendas when creating and organizing their children's physical and social environments. By doing thus, social interactions that are culturally sensitive lay the groundwork for culturally unique changes in social cognition as early as infancy[72].

Psychological literature has not given much attention to self-respect, which is not easily distinguishable from self-esteem. To experimentally explore the foundations of self-respect, the current study manipulated moral adherence and interpersonal evaluations (IAs), or competency related to tasks, in both fictitious situations (Studies 1a and 1b) and a situation that participants experienced (Studies 2 and 3). Measures were taken of the participants' state of self-respect and self-esteem. Although there was minimal support for competence and IAs directly influencing self-respect, studies 1 through 3 revealed that self-respect was strongly influenced by moral observance, and the relationship between moral observance and self-esteem was mediated by self-respect. Self-respect, in addition to competence or IAs, was a unique contributor to expected or perceived self-esteem. The data pattern lends credence to the idea that self-respect is a part of self-

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esteem linked to morally upright behaviour, as opposed to performance and social self-esteem. The results have consequences on how we perceive moral behaviour and self-worth[73].

Sports participation offers a unique environment for healthy youth psychosocial development. However, no longitudinal data supports the link between sport and perceived social competence; as a result, it is unclear how the association evolves from late childhood to early adolescence. Assessing the connection between self-perceived social competence and sports participation during four years of early adolescence was the main objective of this study. The Physical Health and Activity Study, a longitudinal cohort, provided the data for this investigation. 2,278 fourth graders in all were monitored for four years, until they were 13 or 14 years old. Harter's Self-Perception Profile for Children was used to gauge self-perceived social competence (SPSC). The involvement Questionnaire was used to gauge involvement in sports. Sport's impact on SPSC as a continuous and categorical variable was assessed using mixed effects models[74].

For both males and females, there was a significant correlation between sport and SPSC at baseline (b =.06, 95% CI:.04-.08) and over time (b =.01, 95% CI: 4 x 10-3 to .017). Engaging in any sport, whether in school, after school, or both, correlates positively with SPSC compared to not participating in any sport. According to the study, increased involvement in sports is linked to marginal improvements in late childhood to early adolescent social competence perceptions. This indicates that sports may play a minor but significant role in how young adolescents view their social skills[74].

Throughout life, there are significant relationships between self-concept and psychological functioning and well-being. Therefore, it is critical to comprehend if individual differences persist throughout infancy, adolescence, and early adulthood, as well as how and when they start stabilising in various areas of self-concept. Over 20 years, from the ages of 4 to 24, we evaluated

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the academic, social, athletic, and physical attractiveness self-concepts of 372 individuals in five waves. While stability was generally high, several domains had medium-sized estimates over more extended periods (e.g., 6 years). Indirect impacts were minimal between childhood and early adulthood, but between the ages of 14 and 24, they were moderate to significant. Regardless of family socioeconomic level and overall self-worth, stability remained significant. Except for academic self-concept, which was more stable for females than boys during adolescence, stability estimates for boys and girls were comparable. Stable individual-difference traits comprise multiple self-concept domains independent of overall sentiments of self-worth. Early in life, people with high or low self-concepts typically hold onto their relative status throughout early adulthood, indicating areas that may benefit from intervention[75].

This study aimed to investigate the potential protective effects of self-efficacy, self-esteem, resilient coping, and perceived competence against nursing students' academic procrastination. There were 35 men and 202 women among the 237 nursing students that took part. The Tuckman Procrastination Scale (TPS), Perceived Personal Competence Scale (PPC), Brief Resilient Coping Scale (BRCS), Rosenberg Self-Esteem Scale (RSES), and General Self-Efficacy Scale (GSE) were among the instruments on the questionnaire that the participants completed in Spanish. The procrastination scale and the other measures were shown to have significant and negative correlation coefficients ($p<.01$). Perceived Competence (PPC) was found to be the sole predictor of delaying behaviour by the linear regression analysis, accounting for 21.5% (R2aj) of the variance. The study's findings demonstrate the significant protective effect of "positive" psychology-related factors on procrastination. The finding that shows how Perceived Competence predicts students' academic procrastination is very pertinent to teaching theory and practice[76].

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Many teenagers struggle with mental health issues, which can have detrimental effects on their health and well-being both now and in the future. Socioeconomic disparities in emotional symptoms, self-efficacy, and social competence are examined in this study. Additionally, whether social competence and self-efficacy lessen socioeconomic disparities in emotional symptoms. The Danish Health Behaviour in School-aged Children Methodology Development Survey 2012 is the source of the data. All students in grades 5–9 (ages 11–15) in 23 public schools across two municipalities had their data gathered. There were 3969 participants, or 76.8% of the total. Using SAS version 9.3, logistic regression analyses were used to examine the relationships among daily emotional symptoms, occupational social class, self-efficacy, and social competence. To investigate effect modification, multilevel logistic regression analyses were employed. Compared to students from better socioeconomic backgrounds, those from lower socioeconomic backgrounds are more likely to have daily emotional symptoms and have lower levels of social competence and self-efficacy. The relationship between socioeconomic status and emotional symptoms is mitigated by high levels of social competence and self-efficacy. i.e., they shield kids and teenagers from poorer socioeconomic backgrounds from the increased likelihood of experiencing everyday emotional symptoms. Low socioeconomic status has a negative impact on schoolchildren's emotional symptoms, but this effect is mitigated by high levels of self-efficacy and social competence. Promoting social competence and self-efficacy, for example, through school-based programs, may be a useful strategy to enhance mental health and lessen socioeconomic disparities in emotional symptoms in kids and teenagers[77].

The foundation of interpersonal relationships and societal functioning is social skills. It is believed that social competence (SC) develops progressively during childhood and adolescence because of several interrelated factors. The foundation for good social development is laid throughout the

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early years of life, characterised by the formation of fundamental social skills. Although this has not yet been demonstrated empirically and thoroughly, in the framework of appropriate brain development, the biopsychosocial Socio-Cognitive Integration of Abilities model (SOCIAL) contends that internal (child-based), external (environment), and cognitive factors are essential to SC[78].

This study used a sample of preschoolers with typical development to test the SOCIAL model. A neuropsychological evaluation of the children's social cognition, communication abilities, and executive functioning (EF) was conducted, and the parents of 103 children (M = 67.59 months, SD = 11.65) filled out questionnaires. Each phase of the regression model strongly predicted SC, according to three-step hierarchical regression analyses: (1) internal factors, 2) external factors, and 3) cognitive elements. Above and beyond internal and external factors, general cognitive and socio-cognitive factors were found to be significant predictors of SC in the final model. Children with better non-verbal communication and theory of mind, lower temperamental negative affect, and less parent-reported executive dysfunction had higher SC. Our findings support the conceptual SOCIAL model and highlight the importance of cognitive, environmental, and internal elements for social cognition in preschool. Both clinical and normative methods to identifying intervention loci and improving social cognition in those at risk for maladaptive social functioning can be guided by the discovery of early social development determinants[78].

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2.3.2. Emotional Support and Adolescent Social Competence

Adopted children from other countries are exposed to unfavourable circumstances before adoption, which puts them at risk for social-emotional development issues. To assist internationally adopted parents in acting in ways that foster the social-emotional development of young children, the Attachment and Biobehavioural Catch-up (ABC) intervention was created. 131 parent-child pairs participated in the study; they were randomized to receive either ABC (n = 65) or a control intervention (n = 66). Furthermore, 48 biologically related parent-child pairs with low risk were included as a reference group. Compared to children who received a control intervention, internationally adopted children who got the ABC intervention demonstrated greater levels of parent-reported social-emotional competence at follow-up evaluations between the ages of 24 and 36 months. Furthermore, foreign-adopted children who received ABC had greater social-emotional competence than children who got a control intervention, according to observational evaluations done when the children were 48 and 60 months old. Compared to low-risk children, adopted children who received the control intervention but not the ABC intervention showed greater challenges with social-emotional competence. Lastly, after adjusting for preintervention parent sensitivity, the impact of ABC on the observed social-emotional competence of children in parent interactions was mediated by postintervention parent sensitivity. These findings show how well a parenting-focused intervention can improve the social-emotional skills of children who have been adopted from other countries[79].

The importance of funding the development of adults' social and emotional competence (SEC) has been underlined in the literature. Thus, it is necessary to create a theoretically based and developmentally appropriate measure that accurately evaluates SEC across its several aspects. The purpose of this study was to create a self-report battery for evaluating adults' SEC. The Social and

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Emotional Competence Assessment Battery for Adults (SECAB-A) was evaluated for validity, reliability, and factor structure. Seven hundred ninety-six adults, 80.7% female, completed the SECAB-A. A subsample of 63 primary school teachers (92.1% female) participated twice to test for test-retest reliability and convergent and discriminant validity. It filled out external tests measuring affect, emotion regulation, and burnout symptoms. The SECAB-A scales showed no statistically significant differences across groups despite sample size variance. The hypothesised factorial structures were validated by factor extraction and confirmatory factor analysis. High correlations between scores from the two waves of data collection and coefficient omegas indicated sufficient internal consistency and test-retest reliability. The SECAB-A's discriminant and convergent validity versus the external measures were also demonstrated. According to the study's findings, the SECAB-A is a promising measure for the adult population. However, more study on construct validity and criteria is required[80].

To present the findings of an exploratory trial based on social and emotional learning to encourage healthy lifestyles in five to six youngsters, a randomized controlled trial was conducted. The study took place between 2015 and 2016. A total of 37 youngsters were divided into two groups: the intervention group (N = 19) and the control group (N = 18). The program's initial efficacy, acceptability, and feasibility were assessed using a multi-method and multi-component evaluation approach. For the inferential analytic and qualitative data, a content analysis was employed, and repeat measures ANOVA and ANCOVA tests were used. In the children's intervention group, positive impacts were observed on resilience and emotional perception. Program acceptability was high among children and families, and during implementation, a variety of obstacles and enablers were found. Some of the study's findings appear to corroborate theories about how social and

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emotional competence can help kids lead healthier lives. To confirm these mechanisms and reproduce such results, more research is necessary[81].

The absence of agreement on a framework for defining essential social and emotional skills (SE skills) is a problem in social and emotional development. There hasn't been much empirical research to support the assumption that the Big Five model from personality psychology offers a comprehensive framework for organizing SE skills from a conceptual approach. We present multimethod evidence from two investigations, one using an expert consensus approach and the other using a factor analytic, data-driven approach, showing a high overlap between SE skills and the Big Five. We conclude that the Big Five can be used to organize SE talents[82].

Early childhood instructors are crucial to the emotional socialization of infants and serve as attachment figures for them. Taking into account a number of educator attributes (age, years of experience, degree of development and parenting knowledge), as well as the setting (daycare center-family communication), this study attempts to analyze the role of educators as emotional socializers and its relationship with infants' social competence and attachment security. In this study, 223 early childhood educators (M = 42.61 SD = 11.02) and 563 infants (M = 25.98 months SD = 5.41) who attended daycare centers took part. The teachers filled out the following questionnaires: the AQS-Attachment-Q-Sort, the QRS-F-Questionnaire on the Relationship between Services and Families, the QPI-Questionnaire on Peer Interactions, the CEESQ-Crèche Educator Emotional Style Questionnaire, the Information Sources Questionnaire, and two subscales of the KIDI-Knowledge of Infant Development Inventory[83].

The findings demonstrated a positive correlation between the coaching style of educators and the degree of communication between daycare centers and families, as well as between the educators' emotional self-efficacy and social skills and attachment stability. However, the relationship with

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parental knowledge is not very strong. In order to support children's adjustment to daycare facilities, our findings emphasize the significance of improving educators' emotional intelligence and understanding of instructional methodologies[83].

A significant social-contextual protective factor against loneliness has been social support. Less is known, though, about how social support and loneliness may be influenced by protection characteristics at the individual level, such as social competency and a positive stress attitude. Among migrant children, this study investigated the degree to which social competency and stress attitude would modulate the relationship between social support and loneliness, in Beijing, China, 198 migrant adolescents between 10 and 14 from rural to urban areas filled out a series of self-reported questionnaires (56.1% of them were girls). An examination of moderated mediation was conducted. Only migrant children with a positive stress perspective (shown by a high ratio of the stress-is-a-challenge mindset to the stress-is-a-threat mindset) showed a significant correlation between perceived social support and a decreased feeling of loneliness. Interestingly, perceived social support was indirectly linked to less loneliness through improved social competency in kids with varying stress mindsets. According to our research, a stress-is-a-challenge mentality and social skills are crucial individual-level protective variables that help migrant children overcome loneliness. A stress-is-a-challenge mentality can maximise the impact of environmental resources on mental health, and social skills can carry the influence of social support[84].

It is currently unknown how exactly parenting contributes to these gender differences, which could be due to the different effects of similar parenting strategies for boys and girls (differential susceptibility and diathesis-stress model) or exposure to different parenting strategies (differential socialization model). In this study, we used a multi-method, multi-informant strategy to examine both possibilities. Girls typically exhibit higher skill levels in social competence compared to boys.

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The study investigated whether age and gender mediated the association between social competence and parenting practices, as well as how various parenting styles mediate the relationship between gender and social competence[85]. Home visits were used to evaluate parenting techniques, and performance-based neurocognitive tasks and questionnaires for parents and teachers were used to gauge social competence (N = 98, ages 4 to 8). The findings demonstrated that (1) Parenting techniques did not mediate the association between social skills and gender. (2) The relationship between parental questioning style and social competence was mediated by gender: only males with parents who asked fewer questions had worse social cognitive skills. Parental support and intrusiveness were associated with social competency qualities, regardless of gender. The association between social ability and parenting was attenuated by age, albeit in different (unexpected) ways. In addition to offering some support for a diathesis-stress model to explain parental influence on gender differences in social competence, our data refute the differential socialisation hypothesis.[85]

Negative symptoms, social cognition deficits, and social skills deficits primarily predict deficits in social functioning in schizophrenia. Here, we look at those predictors for differences in the degree of diminished emotional experience. We postulated that elements like social cognition would be less significant in predicting social outcomes in patients with severe symptoms. Five distinct social cognition tests were administered to individuals with schizophrenia (n = 312). Social competence was evaluated using clinical ratings of diminished emotional experience and performance-based tests. Unaware of other patient information, high-contact informants evaluated social acceptability of behaviour and interpersonal functioning. Using previously established criteria, patients were separated into groups with higher and lower diminished emotional experiences. At least moderate signs of diminished emotional experience were present in 33% of the patients. Patients with higher

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severity did not have worse social competence and social cognition, but they did have more impairment in social functioning[86].

Social cognition explained 9% of the variation in interpersonal functioning in patients with lower severity, but it did not predict any variation in patients with higher severity. Four percent of the variation in the socially acceptable behaviour of the individuals with lower severity was explained by social cognition. Conversely, in patients with greater severity, social cognition did not predict any variation either. Patients with less severe symptoms of diminished emotional experience seem to be more affected by social cognition in terms of social outcomes. These findings imply that these interventions should be applied differently depending on the severity of the symptoms, as there are proven effective treatments for both these symptoms and social cognition[86].

The objective of this study was to analyse the relationship between emotional intelligence and social skills and how these variables influence bullying. In this study, 912 Spanish high school students, 471 boys and 441 girls aged 14-16 years, participated and were administered the Spanish version of the Trait Meta Mood Scale 24, the "Bateria de socialización BAS-3" and the Peer Harassment Questionnaire. To analyse the findings, a structural equation model was created. The findings showed a negative correlation with bullying ($B = -0.56$, $p < 0.001$) and a positive correlation with social skills and emotional intelligence ($B = 0.44$, $p < 0.001$). Conversely, there was a negative correlation between social skills and bullying ($B = -0.38$, $p < 0.001$). These findings demonstrate the necessity of putting in place educational initiatives aimed at fostering emotional intelligence in the classroom to prevent bullying behaviors[87].

The goal of the Social-Emotional Prevention Program (SEP) is to improve preschoolers' social adjustment and lower their risk of emotional and behavioural issues through a multimodal strategy that includes a classroom curriculum and training for teachers and parents. Implementing the

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technology-assisted SEP version was the main goal of the current study, which also sought to (a) Analyze how the curriculum affects parenting styles and kids' social-emotional skills and (b) evaluate the program's conceptual framework, emphasizing the use of children's emotion regulation (ER) abilities and parental emotion socialization techniques as explanatory intervention mechanisms. Five schools participated in a randomised controlled trial (RCT) where they were randomised to either the intervention or a comparator condition (wait-list control). SEP effectiveness on teacher- and parent-rated child outcomes (primary outcomes) and parental behaviours (secondary outcomes) were assessed using structural equation models (SEM) and complier average causal effects (CACE). The results of this study showed that: (a) SEP promotes increased use of adaptive ER strategies and increased social-emotional competencies, with teacher and parent ratings convergent to support these outcomes; (b) parental participation in the program increased the use of emotion coaching and reappraisal strategies; (c) children's ER mediated the effect of the intervention on social competence, while parental coaching and parental ER mediated children's ER. The results of this study imply that the SEP might be a universally beneficial intervention for fostering toddlers' social-emotional skills and could offer new proof in favour of the program's proposed mechanisms of development[88].

Self-respect is not easily distinguishable from self-esteem and has not been given much attention in psychological literature. The goal of the current study was to experimentally examine the foundations of self-respect by manipulating moral adherence and interpersonal evaluations (IAs), or task-related ability, in both hypothetical circumstances (Studies 1a and 1b) and a situation that participants experienced (Studies 2 and 3). Self-esteem and state self-respect were assessed for each participant. There was limited support for competence and IAs directly influencing self-respect, while studies 1 through 3 demonstrated clear impacts of moral adherence on self-respect,

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with self-respect mediating the effect of moral adherence on self-esteem. Self-respect, in addition to competence or IAs, was a unique contributor to expected or perceived self-esteem. The data pattern lends credence to the idea that self-respect is a part of self-esteem linked to morally upright behaviour, as opposed to performance and social self-esteem. The results have consequences on how we perceive moral behaviour and self-worth[73].

2.3.3. Parenting Efficacy and Adolescent Social Competence

Using a cross-sectional design, 260 parents of children with ASD were recruited between September 2019 and November 2020, and they completed the Beach Centre Family Quality of Life Scale, the Parenting Sense of Competence Scale, and the Social Support Rating Scale. This study found that social support may mediate the relationship between parental self-efficacy and FQOL in parents of children with ASD[89].

About 49.5% of the variation in FQOL was explained by parental self-efficacy and social support. Parental self-efficacy had an indirect effect on FQOL ($\beta = 0.165$, SE = 0.069, $P < 0.01$) and a direct effect on FQOL ($\beta = 0.292$, SE = 0.108, $P < 0.01$) after adjusting for the confounding effect of parents' educational attainment. Social support was a mediator of the effects, with 36.11% of the total effect coming from partial mediating effects. Social support and parental self-efficacy are essential to promoting FQOL, and social support has been shown to have a partial mediation influence. Enhancing parental self-efficacy should be the primary goal of interventions for families with children with ASD. This should be followed by a perceived social support and FQOL prompt[89].

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One of the most significant social and health issues facing South Africa is teen parenting. More than thirty per cent of teenagers in South Africa have given birth at least once by the time they are eighteen. Being "othered" can make teen moms feel disempowered, and as a result, they may exhibit resistance that, in most situations, may make it difficult for them to parent. Social support is a crucial intervention for successful teen parenting, although this is not well known in South Africa. The purpose of this study was to examine how single teen moms' social support networks and parenting efficacy relate to one another in various family structures. In a poor socioeconomic group, 160 single teen moms with a family participated in a cross-sectional comparative correlation study using a quantitative methodology. The participants completed a self-report questionnaire that included the Parenting Sense of Competence and Social Provisions Scales. Descriptive statistics and Pearson correlation were employed to examine the data. It was discovered that parental efficacy and societal support had a strong positive correlation[90].

Single adolescent moms who lived with one parent reported higher levels of parental efficacy when comparing various family structures, and those who lived with two parents reported higher levels of social support under the subscales of nurture, guide, and reliability. Nevertheless, the data indicate no substantial correlation between social support and parental efficacy when guardian-skip generation is considered. Additionally, there is no association between the social support subscales. Planning and implementing parenting programmes for single teen moms and raising awareness of the value of social support and family structures when considering parenting techniques depend on the favourable links between social support and parental efficacy.[90]

Mothers of children with autism spectrum disorder (ASD) may endure increased parenting stress because of the children's ongoing social communication impairments. Although the fundamental mechanisms are unknown, the mother-child bond may be mediated or moderated by internal and

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external psychosocial resources. The purpose of this study was to examine the determinants of parenting stress in mothers of children with ASD and to elucidate the mechanisms behind the link between parenting stress and social impairment in children. A cross-sectional study was carried out in Shanghai, China, between October 2020 and March 2022. Mothers of children with ASD participated in a study that looked at social impairment, parenting stress, parental self-efficacy, and social support[91].

In the end, the analysis included 185 moms of children with ASD. Parenting stress was clinically substantial for 70.27 percent of women. Parenting stress was substantially associated with social support ($r = -0.35$, $P < 0.001$), parental self-efficacy ($r = -0.58$, $P < 0.001$), and child social impairment ($r = 0.46$, $P < 0.001$). After adjusting for the correlation between parenting stress and socioeconomic level (SES), the connection between parenting stress and child social impairment was fully mediated by parental self-efficacy ($B = 0.51$, $P < 0.001$). Social support did not significantly moderate the relationship between parenting stress and child social impairment ($B = 0.01$, $P = 0.09$). Parenting stress may be lessened by future early intervention programs that emphasize social communication skills in children and equip moms with relevant techniques through group-based parent education programs[91].

Perceptions of parenting competence by parents influence their interest and involvement in parenting, as well as the development of their children, and they predict the effective completion of parenting duties. Thus, efforts to advance the safety and wellbeing of children can be better informed by recognizing the factors that influence parents' beliefs of their own parenting skills. The current study uses the social disorganization theory to investigate the connection between parents' perception of competence and collective efficacy as measured along two dimensions: parental satisfaction and parental efficacy[92].

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It investigates whether parent perceptions of their quality of life (QOL) and sense of hope act as a mediating factor in the direct relationship between the two dimensions. 198 parents who lived in a neighbourhood in southern Tel Aviv, Israel, provided the data. High parental efficacy was directly linked to high collective efficacy, but not to good parental satisfaction, according to the studies. Higher collective efficacy was linked to (a) higher QOL, which was linked to a greater sense of hope, which was linked to higher parental efficacy, and (b) higher QOL, which was directly linked to higher parental satisfaction, according to a mediation model discovered through the use of structural equation modelling. The results provide more evidence that neighbourhood traits are crucial for effective parenting[92].

Parenting self-efficacy has been tied to myriad child outcomes during middle childhood and adolescence, directly and indirectly, through parenting practices. The present study examines contemporaneous associations between parenting self-efficacy, parenting practices, and child outcomes during preschool in a community sample of 1455 Danish parents (76.7 % mothers) of 3-5-year-old children (49 % girls). Parents (M = 39.2 years old) completed a survey describing parenting self-efficacy and three facets of parenting practices: inductive reasoning, psychological control, and instrumental reward. Parents also described child adjustment in four domains: prosocial behaviour, hyperactivity, conduct problems, and emotional problems. Results revealed direct concurrent associations between parenting self-efficacy and each child's outcome, with greater efficacy tied to more prosocial behaviour and less hyperactivity, conduct problems, and emotional problems. Parent psychological control mediated associations from parenting self-efficacy to child hyperactivity, conduct problems, and emotional problems. Inductive reasoning mediated associations from parenting self-efficacy to child prosocial behaviour. Consistent with previous findings from older children, parental use of psychological control had debilitating

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consequences for preschool children. Inductive reasoning, in contrast, appeared to promote positive development[93].

Healthcare providers knowledgeable about social support and parenting self-efficacy can assist parents in adjusting to parenthood. Few research, nevertheless, have looked at Chinese dads' and mothers' social support and parental self-efficacy six months after giving birth. Therefore, the purpose of this study was to (a) examine how parenting self-efficacy and social support changed during the six months following childbirth, (b) examine how these two factors relate to one another, and (c) compare how mothers and fathers differed in these areas. From September 24, 2020, to October 8, 2021, prospective cohort research was conducted in a teaching hospital in Guangzhou, China. This study involved 116 pairs of Chinese parents who gave birth to a single full-term baby[94].

Within two to three days of delivery (T1), six weeks postpartum (T2), three months postpartum (T3), and six months postpartum (T4), participants completed the Parenting Self-Efficacy Subscale of the Parenting Sense of Competence Scale and Social Support Rating Scale. At T1, obstetric and demographic data were gathered. During the six months following childbirth, paternal parenting self-efficacy stayed constant, but maternal parenting self-efficacy declined from T1 to T2 before rising to T3 and T4. In general, social support from both parents decreased over the six months following childbirth. Social support and parenting self-efficacy were positively correlated. Furthermore, at T1 and T4, the subjective support of mothers was substantially lower than that of fathers. The current study examined the shifts and connections between dads' and mothers' social support and parental self-efficacy six months after giving birth in mainland China. To ease the transition to parenthood, medical personnel should treat the mother and father as a system[94].

One of the elements that parenting interventions aim to address is parental self-efficacy, which is characterized as a person's assessment of their own competence in the role of parent. There are

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few studies on community/societal factors associated with mothers' parental self-efficacy, however elements pertaining to maternal self-efficacy have been defined, primarily focused on individual and family traits. We sought to elucidate the relationship between community/societal characteristics and parental self-efficacy among women with newborns and toddlers in order to offer recommendations for maternal and child health initiatives. An anonymous, self-administered questionnaire survey was mailed from November 2019 to February 2020 to the health and welfare center in a ward approved by Japan's largest designated city as part of this cross-sectional study. Mandatory baby health examinations were attended by 649 moms with children ages 0–3. The Parental Self-Efficacy Scale is the main outcome measure that is employed[95].

490 responses were legitimate (valid response rate: 75.6%). The moms were 33.2 years old on average (SD 4.9). These items were included as independent variables because they were found to be significantly related to parental self-efficacy ($p<0.05$), loneliness, social isolation (social network), community commitment, greeting neighbours, willingness to interact with neighbours, participation in parent-child circles, and neighbourhood association events. Low loneliness score ($\beta=-0.436$, $p<0.001$), high social network score ($\beta=0.153$, $p<0.001$), and high community commitment score ($\beta=0.110$, $p<0.01$) were the factors that were substantially associated with high parental self-efficacy, according to multiple regression analysis. The R2 was 0.488 after adjustment. According to the findings, it is crucial to strengthen community links, improve both qualitative and quantitative assistance by creating programs to lessen loneliness, enhance the surroundings to promote social networks, and spark community activities by encouraging engagement with locals[95].

Although there is little empirical backing, it has been acknowledged that bolstering social support may be a useful tactic to improve parenting self-efficacy. This study looked at the relationship

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between parenting self-efficacy and perceived social support. Analysis was done on data collected from 647 parents of children ages 0–8 in the Netherlands as part of the CIKEO cohort research. The period of data collection was October 2017 through December 2019. The relationship between parenting self-efficacy and social support was investigated using multivariable linear regression models. 94.9% of the participants were mothers, and their mean age was 33.8 years (SD = 4.9). 15.1% of parents thought they had low to moderate social support at the beginning of the research.

Regardless of possible sociodemographic confounders, parents who had less social support at the beginning of the trial reported worse parental self-efficacy at follow-up (β: 0.13; 95% CI: 0.05, 0.21). Parenting self-efficacy was positively correlated with perceived social support during the study period (β: 0.15; 95% CI: 0.10, 0.21). According to our research, parenting self-efficacy among parents of children ages 0–8 is correlated with perceived social support. The future longitudinal studies must confirm our findings and examine which social support interventions effectively strengthen parenting self-efficacy[96].

For parents and children, self-regulating thoughts, feelings, and behaviours is a critical life skill and emergent developmental competency. People who are more adept at self-regulation have better life outcomes and are less likely to experience serious relationships, social life, and mental health issues. Parenting support programs that foster healthy, loving parent-child connections offer a unique multigenerational setting for enhancing parents' and kids' capacity for self-regulation. These programs give parents a purposeful framework and numerous chances to improve their self-regulation abilities, which support autonomous problem-solving and responsive parenting. These abilities include goal setting, self-monitoring, self-evaluation, self-efficacy, personal agency, and thought and emotion regulation[97].

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Structured session activities and homework assignments that can be customised to support parental self-regulation are standard features of parenting programs grounded in social learning theory, cognitive behavioural principles, and developmental theory. To improve cognitive flexibility, impulse control, and the ability to generalise and apply learned parenting principles and skills beyond their immediate concerns to a broader range of child problems and challenging parenting and family situations, parents should work on improving executive functions like anticipating, planning, following a plan, and problem-solving. We examine the consequences for research and practice and provide examples of how positive parenting techniques and concepts might support improved self-regulation[97].

The purpose of the current study was to look into negative thoughts, a significant component of mental health, among new fathers during the postpartum period. We looked examined the connections between depressive symptoms, parental self-efficacy, and negative thoughts. There are many advantages for fathers, mothers, babies, and the family structure when there are positive and active father-infant relationships. The psychological aspects of parental engagement, like as mental health and wellbeing, are, nevertheless, poorly understood. The study polled 300 fathers in Australia who were found using social media. In addition to a researcher-modified version of Hall and Wittkowski's (2006) Postnatal Negative Thoughts Questionnaire (PNTQ) tailored for use in a paternal population, known measures of parental self-efficacy and depression symptoms were employed. Research indicates that having negative thoughts is common when adjusting to fatherhood. This is the first study to examine and describe negative sentiments in paternal postnatal patients quantitatively. There were very few individuals with depression in the sample, which was quite homogeneous. Self-report instruments provided the data. A higher frequency of negative thoughts is associated with more depressive symptoms and worse levels of perceived parental

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competence, even though paternal postnatal negative thoughts are a normal and essential functional component of a smooth transition to fatherhood[98].

A parent's perception of competence strongly impacts healthy infant development and the calibre of parenting behaviours. Primiparous women who have never had children, however, could feel stressed and lack confidence. This study aimed to investigate the level of parenting ability among primiparous mothers and determine the factors that influence it. The design of the study was longitudinal. A convenience sample of primiparous women was drawn from two Chinese cities' women's and children's hospitals. One month after giving birth, all primiparous mothers answered questions about their demographics, the features of their infants, the role of the family, and their sense of competence as parents. Each woman's sense of competence as a parent was reassessed three months after giving birth. Three months after giving birth, the predictors of parenting sense of competence were determined using generalized linear regression. The investigation comprised 743 Chinese primiparous women in total. At three months after giving birth, the participants' average parental sense of competence score was 70.18 (SD = 12.33). The results of the generalized linear regression analysis showed that older age ($\beta = 0.13$, $P = 0.005$), better family function ($\beta = 0.37$, $P < 0.001$), and higher levels of parenting sense of competence ($\beta = 0.35$, $P < 0.001$) at one month postpartum were all significantly correlated with higher levels of parenting sense of competence at three months postpartum. Conversely, three months after giving birth, lower parenting sense of competence levels were linked to worse. Important variables included baby health, feeding habits, family function, maternal age, and economic position. Young primiparous women, have a low income, have an unwell baby, and use mixed or formula feeding should receive greater attention to increase their sense of competence as parents. Additionally, steps to enhance family function should be made in the early postpartum phase[99].

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This study tested a social cognitive model that used three parental behaviours (monitoring, parental involvement, and parent-adolescent communication) to predict parental efficacy, predicting adolescents' academic and social-emotional adjustment. The model was based on family socioeconomic status (SES) and neighbourhood quality. A stratified random sample of 929 parents and their teenage children in the US participated in the study to examine parental efficacy. Reports were obtained through telephone interviews with parents and teenagers.

The model fit for the entire sample, as well as the European American (n = 387), African American (n = 259), and Latin American (n = 283) subsamples, was examined using structural equation modelling. The model fits each racial or ethnic group and the entire sample. Each model's paths were also looked at. Adolescents' academic and social-emotional adjustment was predicted by neighbourhood quality, parental efficacy predicted reported parental involvement and monitoring, and parent-adolescent communication predicted social-emotional adjustment for the entire sample. Disparities in racial or ethnic backgrounds became apparent. The investigation confirmed the social cognitive theory's expectations. Given the connection between parenting practices, adolescent outcomes, and parental efficacy, increasing parental efficacy may be a key objective of programs for parents of adolescents[100].

Parenting practices and self-perceived academic proficiency among low-income teenagers in Norway were examined in this study. The research has three objectives: 1) to ascertain whether there are any differences between low-income ethnic Norwegians and low-income ethnic minorities in their self-perceived school competence; 2) to examine whether there are any differences between the groups' perceptions of parenting styles; and 3) to ascertain whether parenting styles are a predictor of self-perceived school competence in the two groups. Of the 253 adolescents aged 12 to 18, 130 belonged to ethnic Norwegians and 123 to ethnic minorities,

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making up the sample. Harter's Self-Perception Profile for Adolescents' Scholastic Competence subscale was used to gauge the adolescents' self-perceived level of academic proficiency. The three scales of support, monitoring, and neglect were used to gauge how parents were perceived to be parenting. Ethnic minorities reported higher levels of self-perceived school ability than ethnic Norwegians, according to an independent-sample t-test. The groups' perceptions of parenting approaches did not differ significantly. Neglect negatively correlated with school competency, while support and supervision correlated favourably. A high level of perceived neglect significantly predicted low self-reported school competence in both groups when all three parenting styles were independently incorporated into typical multiple regression models. This research suggests ways that educational institutions and policymakers might investigate the kinds of assistance that families might require to adopt more effective parenting practices[101].

2.4 Conceptual Model

The conceptual model for the study shows the relationship between the independent variables (Self-concept, Emotional Support, and Parenting efficacy) and the dependent variable (Social Competence of Adolescents from father-absent homes) as illustrated in figure 2.1

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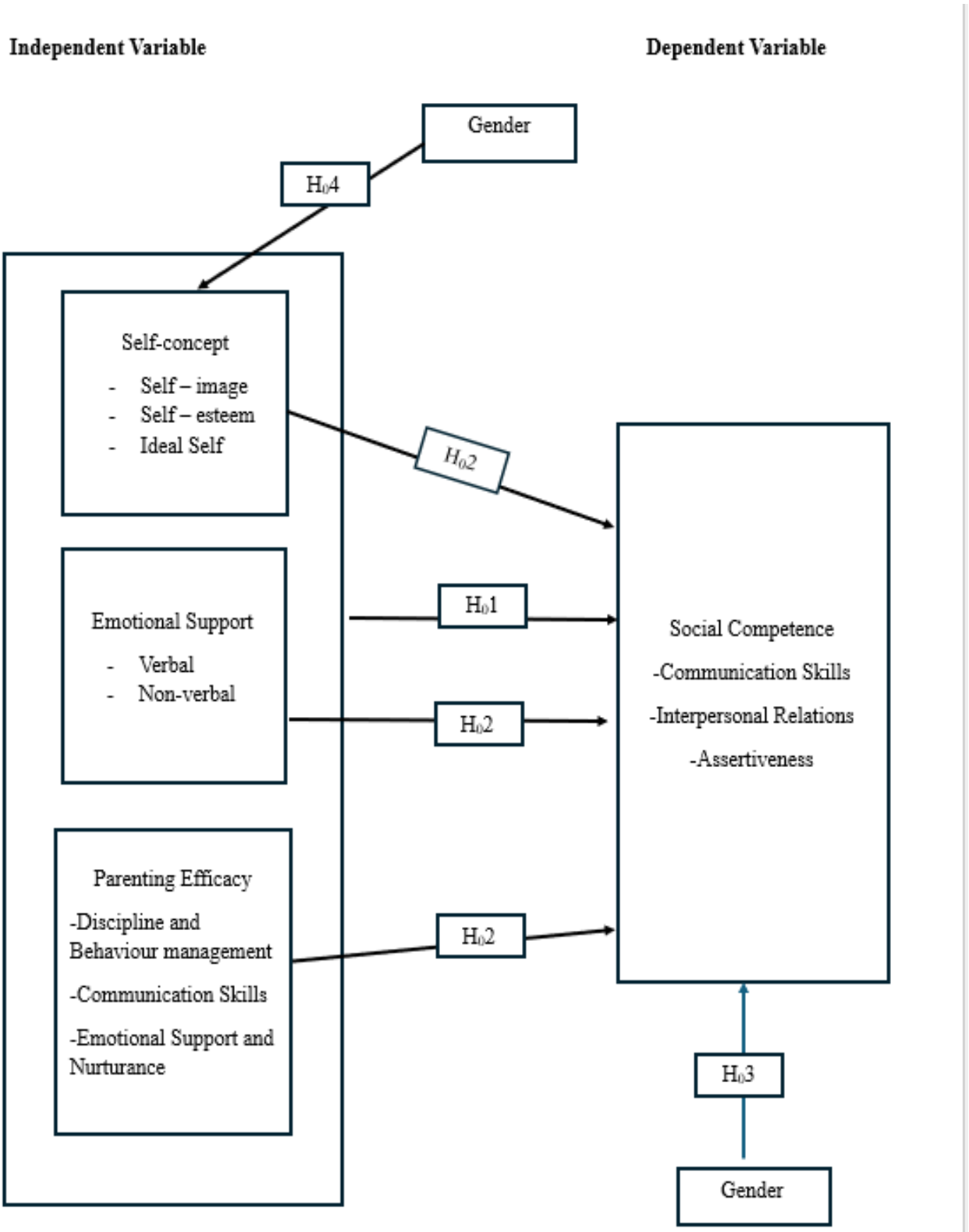


Figure 2.1 – Conceptual Model

Source: Researcher, 2024

The conceptual framework shows how self-concept, emotional support and parenting efficacy impacts on the social competence of adolescents in senior secondary schools in Lagos State. It also examines the difference in role of gender in self-concept and social competence of these adolescents. The dependent variable in this study is social competence.

2.5 Summary of Gaps in Literature Reviewed .

The gap this study aims to point out is the effect of the independent variables (self-concept, emotional support and parenting variables) on the dependent variable (Social competence) in adolescents from father-absent homes. This study also aimed to compare the results of this research with data from adolescents from father-present homes.

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Chapter Three

Methodology

This chapter presents the methodology and procedures that was used to investigate the influence of the independent variables – self-concept, emotional support and parenting efficacy on the dependent variable – social competence The study's design, population, sample and sampling methods, research tool, and data gathering and analysis procedures provide the basis for the discussion.

3.1 Research Design

The research design used for this study is the descriptive research design of an ex-post-facto type. It is a crucial methodology in the social sciences, education, healthcare, and business research because its primary objective is to accurately depict characteristics, behaviours, or events without altering the study environment. It provides a snapshot of conditions or traits, this type of research is essential for understanding trends, patterns, and connections[1].

This study has four variables, comprising of three independent variables (self-concept, emotional support and parenting efficacy) and one dependent variable (social competence).

3.2 Population of the Study

The population of this study is all senior secondary school two students in Lagos State, Nigeria. Lagos State established the six (6) Education Districts[2]. The population of this study is all the adolescents in the senior secondary school two (SS2) in the six educational districts as shown in table 3.1 below. The number is one hundred thousand, six hundred and sixty-seven (100,667)[3].

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Table 3.1 Population of Male and Female Public Senior Secondary School Students (SS2)

S/N	Educational Districts	Male	Female	Total
1	DISTRICT I	9929	10863	20792
2	DISTRCT II	10192	9394	19586
3	DISTRICT III	6024	6392	12416
4	DISTRICT IV	5569	6712	12281
5	DISTRICT V	10973	11712	22685
6	DISTRICT VI	6172	6735	12907
	TOTAL	**48859**	**51808**	**100667**

Source: Office of the Educational Districts Information, Lagos State Ministry of Basic Education

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Table 3. 2: Educational Districts and the Number of Public Secondary Schools and the number of S.S.2 Students in Lagos State.

S/N	Educational District	No. OF PUBLIC SENIOR SECONDARY SCHOOLS	No. OF PUBLIC SS2 STUDENTS
1	**DISTRICT 1**		
	AGEGE	8	
	ALIMOSHO	25	
	IFAKO-JAIYE	30	
	TOTAL	**63**	**20,792**
2	**DISTRICT II**		
	IKORODU	30	
	KOSOFE	14	
	SOMOLU	10	
	TOTAL	**54**	**19,586**
3	**DISTRICT III**		
	EPE	26	
	ETIOSA	19	
	IBEJU-LEKKI	9	
	LAGOS ISLAND	11	
	TOTAL	**65**	**12,416**
4	**DISTRICT IV**		
	APAPA	6	
	LAGOS MAINLAND	10	
	SURULERE	29	
	TOTAL	**45**	**12,281**
5	**DISTRICT V**		
	AJEROMI – IFELODUN	21	
	AMUWO-ODOFIN	20	
	BADAGRY	15	
	OJO	15	
	TOTAL	**71**	**22,685**
6	**DISTRICT VI**		
	IKEJA	12	
	MUSHIN	16	
	OSHODI-ISOLO	22	
	TOTAL	**50**	**12,907**
	GRAND TOTAL	**348**	**100,667**

Source: Office of the Educational District Information, Ministry of Basic Education, Alausa, Lagos.

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Table 3.2 shows the number of public senior secondary schools in the six educational districts is three hundred and forty-eight (348). However, the number of public senior secondary school two students is one hundred thousand, six hundred and sixty-seven (100,667).

3.3 Sampling and Sampling Procedure

The sample size was determined using a multi-stage sampling procedure that incorporate total sampling technique, baseline to size sampling techniques. The sampling process had three stages.

Stage 1: **Selection of districts:** Using the table of all the educational districts in Lagos state, the researcher picked three (District VI, V, and VI) out of the six districts in Lagos state as shown in Table 3.2 above.

Stage 2: **Selection of Local Government Areas** – The three districts had 9 local government areas in total, the researcher randomly picked 5 out of the 9 local government areas (Lagos mainland, Surulere, Badagry, Mushin and Oshodi-Isolo)

Stage 3: **Convenient Sampling**- After the five local government areas were picked, the researcher applied the convenient sampling technique to pick seventeen schools out of the ninety-two schools in those local government areas. From these seventeen schools, 1198 instruments were administered to students. The details are shown below in table 3.3.

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Table 3.3: Final Sample Size Distribution Table

S/N	Name of Schools Visited	Number of Research Instruments Administered
1	Ajayi Crowther Memorial Senior Grammar School, Bariga	55
2	Araromi Senior Secondary School, Lagos Badagry Expressway	60
3	Archdeacon Adelaja Senior High School, Bariga	79
4	CMS Girls Senior Grammar School Bariga	55
5	CMS Grammar School, Bariga	98
6	Command Day Secondary School, Oshodi	102
7	Eletu Odibo Senior High School, Abule-Oja	49
8	Euba Senior Secondary School, Mushin	72
9	Federal Science and Technical College, Yaba	32
10	Gbaja Girls Senior High School, Surulere	105
11	Iponri Senior Secondary School, Surulere	59
12	Jagunmolu Girls Senior Grammar School, Bariga	90
13	Lagos Anglican Girls Grammar School, Surulere	37
14	New Era Girls Senior Secondary School, Surulere	105
15	Okota Senior Secondary School, Okota	46
16	Ransome Kuti Memorial Senior Grammar School, Mushin	79
17	Stadium Senior High School, Surulere	75
	Total	**1198**

Source: Researcher 2024

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3.4 Description of Research Instrument

The structured, standardised questionnaires, titled the Robson Self Concept Questionnaire, Emotional Support Scale, Parenting Efficacy Scale, and the Multidimensional Social Competence Scale (MSCS), were used to collect data for the study. The structured items and are described below:

Section A: This section contains demographic information of the adolescent, such as gender and age, Father's presence/absence.

Section B: consists of the different items representing the scales used to measure the adolescents' response.

Questionnaire of Self Concept: The statements address the respondents' feelings and perceptions of others, themselves, and certain facets of their lives. It gauges the respondents' positive and negative emotions. A 4-point rating system, from strongly agree to strongly disagree, is used for all items. The rating scale was also based on the Likert scale as follows: Strongly Agree (SA) = 4, Agree (A) = 3, Disagree (D) = 2, Strongly Disagree (SD) = 1[4].

Emotional Support Questionnaire: Emotional support refers to a sense of belonging, and a feeling of safety, and respectful and reciprocal relationships for an adolescent. Offering emotional support, offering instrumental support, getting emotional support, and receiving instrumental support are the four components of the 21-item Emotional Support measure that was employed in this study. For this study, receiving emotional support was measured. All items are answered using a 4-point scale format ranging from strongly agree to strongly disagree. The rating scale was also based on the Likert scale as follows: Strongly Agree (SA) = 4, Agree (A) = 3, Disagree (D) = 2, Strongly Disagree (SD) = 1[5].

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Parenting efficacy Scale: A parenting efficacy scale was adapted from the Self-Efficacy for Parenting Adolescent Scale, designed to help parents measure the academic, emotional, and sexual educational support given to their adolescents. The researcher adapted it from the adolescent's point of view to determine the perceived parenting efficacy. A 4-point Likert scale, with Strongly Agree to Strongly Disagree being the extremes, is used for the items[6].

Multidimensional Social Competence Scale (MSCS): As a parent-rating scale with young people, this scale has already been verified. Social motivation, social inferencing, exhibiting empathic concern, social knowledge, verbal conversation skills, nonverbal sending skills, and emotion control are the seven categories that make up the MSCS, which measures social competence. According to theory, these domains represent the higher-order concept of social competence. According to a second higher-order theory of the MSCS structure, three of these characteristics were suggestive of social responsiveness, while the other four were indicative of emotion control and social comprehension.[7] The items were on a 4-point Likert scale ranging from Mostly----M, Usually----U, Seldom-----S, Never----N

3.5 Validity of Research Instrument

The questionnaire was subjected to the content and face validity type. Face and content validity certify that the instrument's assessed items are sufficient and reflective of a certain construct. Every piece underwent testing to make sure it is appropriately and clearly phased and to see if it fits the planned construct. The items were assessed to confirm the correct scoring and that the instrument scaling suits the structure's content. An instrument's validity is determined by what it measures and how well it does it.

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3. 6 Reliability of the Research Instrument

The reliability of the instruments (questionnaires) was determined using Cronbach's alpha. How consistently a method assesses something is known as its reliability. When using the same technique on the same sample under the same circumstances, you ought to obtain the same outcomes. If not, the measurement method may be unreliable, or bias creep into research[8]. For the majority of instruments, reliability can be divided into three important categories but the internal consistency type was used in this study. The reliability of the instrument was analysed using Cronbach alpha and the co-efficient derived was 0.74.

3.7 Data Collection

The researcher administered the instruments and used the help of five research assistants to make the distribution of the questionnaires. The researcher sought permission from the education board and principals of the sampled secondary schools to approve the administration of the questionnaires. In the public senior secondary school two, questionnaires were administered to the students to complete in a few minutes and retrieved from them after filling.

3.8 Data Analysis

The data collected from the questionnaire were analysed using descriptive and inferential statistical methods. The demographic characteristics of the students from the public secondary school were analysed using descriptive statistics such as frequency counts, measures of central tendency, and percentages. Research questions one to four was answered using descriptive statistics such as frequency counts, percentage, mean and standard deviation. Hypothesis one ($H_0$1), two ($H_0$2), three ($H_0$3) and four ($H_0$4) was tested using inferential statistics such as multiple regression and t-test at a 0.05 level of significance.

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Chapter Four

Results and Discussion of Findings

This chapter presents the results of the analysis using inferential and descriptive statistical methods under the following headings:

4.1 Demographic Data Analysis

4.2 Presentation of Data

4.2.1 Research Questions

4.2.2 Hypotheses

4.3 Discussions of Findings

4.1 Demographic Data Analysis

Table 4.1.1: Questionnaire Return Rate:

Number Distributed	Number Returned	Percentage (%)
1198	1101	91.90

Source: Field Survey 2024

1198 instruments were distributed and 1101 were returned, well filled and fit for analysis.

Table 4.1.2: Gender of Respondents (S.S. 2 Students from Public Senior Secondary Schools in Lagos State, Nigeria)

S/N	Gender	Frequency	Percentage
1	Male	425	38.6
2	Female	676	61.4
	Total	**1101**	**100**

Source: Field Survey 2024

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Figure 4.1.2 presents the gender distribution of the respondents who participated in the survey. It showed that 425 (38.6%) were male while 676 (61.4%) were female. It does not mean that there are more girls than boys in S.S.2 but it just speaks to the number of students the researcher was able to get data from in the schools visited.

Table 4.1.3: Age of the Respondents (S.S 2 Students from Public Senior Secondary Schools in Lagos, Nigeria).

S/N	Age range (years)	Frequency	Percentage (%)
1	14 -15	524	47.6
2	16 -17	490	44.5
3	≥18	87	7.9
	Total	**1101**	**100**

Source: Field Survey 2024

The 16 -17 years range had the highest number of students making it clear that most students in S.S 2 were within that age range in public senior secondary schools in Lagos State, with the 14-15 years range following closely after, while the students who were 18 years and above had the lowest number of students. Though the researcher discovered that in some schools there were students in S.S. 2 who were 13 years of age and a few of them admitted that they were going to be 13 years on their next birthday. This the researcher found quite disturbing but asked them to fill the category of the 14 -15 years since this was the closest age to their correct age.

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4.1.4a Father Status of Respondents (S.S. 2 Students from Public Senior Secondary Schools in Lagos State, Nigeria)

S/N	Father Status	Frequency	Percentage (%)
1	Father Present	679	61.7
2	Father Present Unavailable	132	12.0
3	Father Absent	290	26.3
	Total	**1101**	**100**

Source: Field Survey 2024

The father present but unavailable group will be combined with the father absent group for this study since it describes a scenario in which a father is physically present but emotionally absent (because to his unfriendly relationship with his adolescents, as described to the respondents).

4.1.4b: Father Absent Status with Two Major Groups of Respondents (S.S.2 students at Public Senior Secondary School in Lagos, Nigeria).

S/N	Father Status	Frequency	Percentage (%)
1	Father Present	679	61.67
2	Father Absent (both father present unavailable and father-absent)	422	38.33
	Total	**1101**	**100**

Source: Field Survey 2024

The analysis using this comparison was used to present the figures gotten from the research.

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4.1.5: The Schools Visited by the Researcher for Data Collection

S/N	Name of Schools Visited
1	Ajayi Crowther Memorial Senior Grammar School, Bariga
2	Araromi Senior Secondary School, Lagos Badagry Expressway
3	Archdeacon Adelaja Senior High School, Bariga
4	CMS Girls Senior Grammar School Bariga
5	CMS Grammar School, Bariga
6	Command Day Secondary School, Oshodi
7	Eletu Odibo Senior High School, Abule-Oja
8	Euba Senior Secondary School, Mushin
9	Federal Science and Technical College, Yaba
10	Gbaja Girls Senior High School, Surulere
11	Iponri Senior Secondary School, Surulere
12	Jagunmolu Girls Senior Grammar School, Bariga
13	Lagos Anglican Girls Grammar School, Surulere
14	New Era Girls Senior Secondary School, Surulere
15	Okota Senior Secondary School, Okota
16	Ransome Kuti Memorial Senior Grammar School, Mushin
17	Stadium Senior High School, Surulere

Source: Field Survey 2024

The table above shows the schools the researcher visited to administer questionnaires.

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4. 2: Presentation of Data: The researcher presents the data of all adolescents in this study (1198 respondents) first followed by the data of adolescents from father-absent homes (460 respondents) for each research question and hypothesis.

4.2.1 Answers to Research Questions

RQ1: To what extent does Social Competence affect Adolescents from Lagos, Nigeria

Table 4.2.1(i): The Level of Social Competence of all Adolescents in this Study.

S/N	Social Competence	M	U	S	N	Mean	S.D
1	I prefer to spend time alone	477 (43.3%)	297 (27.0%)	212 (19.3%)	115 (10.4%)	3.032	1.0215
2	I initiate get-togethers with peers	320 (29.1%)	318 (28.9%)	252 (22.9%)	211 (19.2%)	2.678	1.0880
3	I can see things from another person's perspective	413 (37.5%)	401 (36.4%)	196 (17.8%)	91 (8.3%)	3.032	0.9400
4	I recognize when people are trying to take advantage of me.	610 (55.4%)	335 (30.4%)	84 (7.6%)	72 (6.5%)	3.347	0.8788
5	I congratulate people when good things happen to them.	707 (64.2%)	343 (31.2%)	37 (3.4%)	14 (1.3%)	3.583	0.6221
6	I try to cheer people up (when they are down).	635 (57.7%)	361 (32.8%)	69 (6.3%)	36 (3.3%)	3.449	0.7546
7	I know about the latest trends for my age (e.g., in clothes, music, tv shows/movies, music).	503 (45.7%)	348 (31.6%)	163 (14.8%)	87 (7.9%)	3.151	0.9482
8	I change my behaviour to suit the situation.	568 (51.8%)	374 (34.0%)	101 (9.2%)	58 (5.3%)	3.319	0.8470
9	I talk "over" people in conversations	187 (17.0%)	226 (20.5%)	276 (25.1%)	412 (37.4%)	2.171	1.1094

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10	I use appropriate gestures when communicating with people	509 (46.2%)	365 (33.2%)	131 (11.9%)	96 (8.7%)	3.169	0.9499
11	I get over setbacks or disappointments quickly.	361 (32.8%)	348 (31.6%)	226 (20.3%)	168 (15.3%)	2.819	1.0536
12	I act out when angry or upset	386 (35.1%)	259 (23.5%)	189 (17.2%)	267 (24.3%)	2.694	1.1832
	Criterion Mean = 2.000;	**Weighted Mean = 3.037**			**High Extent**		**0.9497**

Source: Researcher, 2024

Key: M – Mostly. U – Usually, S – Sometimes, N- Never, S.D – Standard deviation.
Criterion Mean = 2.000

Threshold: Mean < 2.0 = low extent, 2.0 - 3.0 is medium, > 3.0 is high

Decision: From the table, the level of Social Competence of all adolescents in this study is high (3,037).

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Table 4.2.1(ii): The Level of Social Competence of Adolescents from Father-absent Homes in Lagos, Nigeria.

S/N	Social Competence	M	U	S	N	Mean	S.D
1	I prefer to spend time alone	206 (48.8%)	108 (25.6%)	69 (16.4%)	39 (9.2%)	3.14	1.002
2	I initiate get-togethers with peers	128 (30.3%)	108 (25.6%)	89 (21.1%)	97 (23.0%)	2.63	1.141
3	I can see things from another person's perspective	159 (37.7%)	165 (39.1%)	61 (14.5%)	37 (8.8%)	3.06	0.933
4	I recognize when people are trying to take advantage of me.	238 (56.4%)	122 (28.9%)	31 (7.3%)	31 (7.3%)	3.34	0.903
5	I congratulate people when good things happen to them.	274 (64.9%)	129 (30.6%)	14 (3.3%)	5 (1.2%)	3.59	0.616
6	I try to cheer people up (when they are down).	240 (56.9%)	139 (32.9%)	30 (7.1%)	13 (3.1%)	3.44	0.758
7	I know about the latest trends for my age (e.g., in clothes, music, tv shows/movies, music).	189 (44.8%)	130 (30.8%)	88 (16.1%)	35 (8.3%)	3.12	0.964
8	I change my behaviour to suit the situation.	225 (53.3%)	137 (32.5%)	40 (9.5%)	20 (4.7%)	3.34	0.837
9	I talk "over" people in conversations	77 (18.2%)	81 (19.2%)	107 (25.4%)	157 (37.2%)	2.18	1.124
10	I use appropriate gestures when communicating with people	211 (50.0%)	141 (33.4%)	42 (10.0%)	28 (6.6%)	3.27	0.892
11	I get over setbacks or disappointments quickly.	148 (35.1%)	139 (32.9%)	79 (18.7%)	56 (13.3%)	2.90	1.030
12	I act out when angry or upset	154 (36.5%)	103 (24.4%)	70 (16.6%)	95 (22.5%)	2.75	1.171
	Criterion Mean = 2.000;	**Weighted Mean = 3.063**			**High Extent**		**0.9476**

Source: Researcher, 2024

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Key: M – Mostly. U – Usually, S – Sometimes, N- Never, S.D – Standard deviation.

Criterion Mean = 2.000

Threshold: Mean < 2.0 = low extent, 2.0 - 3.0 is medium, > 3.0 is high

Decision: From the table, the level of social competence of adolescents from father-absent homes is high (3.063).

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RQ2: What is the level of self-concept among adolescents in Lagos, Nigeria?

Table 4.2.1(iii): Level of Self-concept of all Adolescents in this Study.

S/N	Self-concept	SA	A	D	SD	Mean	S. D
1	Others at home are bothered by the way I behave	236 (21.4%)	375 (34.1%)	305 (27.7%)	185 (16.8%)	2.601	1.0027
2	I am successful at work/school.	509 (46.2%)	533 (48.4%)	50 (4.5%)	9 (0.8%)	3.401	0.6167
3	It bothers me how I look.	199 (18.1%)	331 (30.2%)	320 (29.1%)	251 (22.8%)	2.434	1.0315
4	I am often worried	247 (22.4%)	430 (39.1%)	272 (24.7%)	152 (13.8%)	2.701	0.9670
5	I have no trouble getting along with people	393 (35.7%)	408 (37.1%)	205 (18.6%)	95 (8.6%)	2.998	0.9429
6	I look physically good	534 (48.5%)	484 (44.0%)	63 (5.7%)	20 (1.8%)	3.391	0.6798
7	I am rather unpopular	153 (13.9%)	381 (34.6%)	371 (33.7%)	196 (17.8%)	2.446	0.9391
8	I would like to have a different body	131 (11.9%)	178 (16.2%)	402 (36.5%)	390 (35.4%)	2.045	0.9953
9	I see meaning in my life	622 (56.5%)	400 (36.3%)	47 (4.3%)	32 (2.9%)	3.464	0.7134
10	I often have a problem accepting the opinions of others	224 (20.3%)	434 (39.4%)	318 (28.9%)	125 (11.4%)	2.688	0.9217
11	I am often sad	173 (15.7%)	317 (28.8%)	367 (33.3%)	244 (22.2%)	2.381	0.9971
12	People respect me	343 (31.2%)	584 (53.0%)	126 (11.4%)	44 (4.4%)	3.110	0.7673
Criterion Mean – 2.000		**Weighted Mean = 2.805**		**Moderate**			**0.8812**

Source: Researcher, 2024

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Key: SA – Strongly Agree, A- Agree, D – Disagree, SD – Strongly Disagree, S.D – Standard deviation

Criterion Mean – 2.000

Threshold: Mean ≤ 2.00 = low, 2.50 – 2.99 = medium, >3.00 =high

Decision: The level of self-concept among all adolescents in this study is moderate (2.805).

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Table 4.2.1(iv): Level of Self-concept of Adolescents from Father-absent Homes

S/N	Self-concept	SA	A	D	SD	Mean	S. D
1	Others at home are bothered by the way I behave	108 (25.6%)	141 (33.4%)	104 (24.6%)	69 (16.4%)	2.68	1.029
2	I am successful at work/school.	195 (46.2%)	202 (47.9%)	19 (4.5%)	6 (1.4%)	3.39	0.643
3	It bothers me how I look.	95 (22.5%)	124 (29.4%)	115 (27.3%)	88 (20.9%)	2.54	1.058
4	I am often worried	135 (32.0%)	170 (40.3%)	75 (17.8%)	42 (10.0%)	2.94	0.946
5	I have no trouble getting along with people	144 (34.1%)	143 (33.9%)	92 (21.8%)	43 (10.2%)	2.92	0.981
6	I look physically good	204 (48.3%)	171 (40.5%)	31 (7.3%)	16 (3.8%)	3.33	0.774
7	I am rather unpopular	75 (17.8%)	134 (31.8%)	139 (32.9%)	74 (17.5%)	2.50	0.979
8	I would like to have a different body	72 (17.1%)	66 (15.6%)	150 (35.5%)	134 (31.8%)	2.18	1.061
9	I see meaning in my life	244 (57.8%)	149 (35.3%)	16 (3.8%)	13 (3.1%)	3.48	0.715
10	I often have a problem accepting the opinions of others	100 (23.7%)	161 (38.2%)	111 (26.3%)	50 (11.8%)	2.74	0.952
11	I am often sad	107 (25.4%)	128 (30.3%)	107 (25.4%)	80 (19.0%)	2.62	1.060
12	People respect me	127 (30.1%)	213 (50.5%)	53 (12.6%)	29 (6.9%)	3.04	0.838
Criterion Mean = 2.000		**Weighted Mean = 2.863**			**Moderate**		**0.999**

Source: Researcher, 2024

Key: SA – Strongly Agree, A – Agree, D – Disagree, SD – Strongly disagree, S.D – Standard deviation

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Criterion Mean = 2.000

Threshold: Mean < 2.0 = low extent, 2.0 - 3.0 is medium, > 3.0 is high

Decision: From the table, the level of Self-concept of the adolescents from father-absent homes is moderate (2.863).

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RQ3: How does emotional support affect adolescents in Lagos, Nigeria?

Table 4.2.1(v): Level of Emotional Support of all Adolescents in this Study

S/N	Emotional Support	SA	A	D	SD	Mean	S.D
1	There is someone I can talk to about the pressures in my life	431 (39.1%)	423 (38.4%)	157 (14.3%)	90 (8.2%)	3.085	0.9224
2	There is at least one person that I feel I can trust	513 (46.6%)	418 (38.0%)	88 (8.0%)	82 (7.4%)	3.237	0.8879
3	I feel that I have a circle of people who value me	488 (44.3%)	496 (45.0%)	69 (6.3%)	48 (4.4%)	3.293	0.7712
4	There I someone in my life that makes me feel special	489 (44.4%)	469 (42.6%)	79 (7.2%)	64 (5.8%)	3.256	0.8267
5	There is at least one person that I can share most things with	512 (46.5%)	463 (42.1%)	81 (7.4%)	45 (4.1%)	3.310	0.7789
6	When I am feeling down, there is someone I can lean on	441 (40.1%)	473 (43.0%)	102 (9.3%)	8.5 (7.7%)	3.153	0.8827
7	There is someone in my life I can get emotional support from	431 (39.1%)	491 (44.6%)	99 (9.0%)	80 (7.3%)	3.156	0.8650
8	I can talk about my problems with my family	399 (36.2%)	427 (38.8%)	148 (13.4%)	127 (11.5%)	2.997	0.9793
9	My family really tries to help me	607 (55.1%)	402 (36.5%)	47 (4.3%)	45 (4.1%)	3.427	0.7588
10	In times of trouble, I can rely on my friends.	194 (17.6%)	527 (47.9%)	234 (21.3%)	146 (13.3%)	2.698	0.9105
11	I can share my joys and sorrows with a special someone.	460 (41.8%)	457 (41.5%)	97 (8.8%)	87 (7.9%)	3.172	0.8906
12	I can talk about my problems with my friends	173 (15.7%)	479 (43.5%)	301 (27.3%)	148 (13.4%)	2.615	0.9059
Criterion Mean= 2.000		**Weighted Mean = 3.117**		**High Extent**			**0.8650**

Source: Researcher, 2024

Key: SA – Strongly Agree, A – Agree, D – Disagree, SD – Strongly disagree, S.D – Standard deviation

Criterion Mean = 2.000

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Threshold: Mean < 2.0 = low extent, 2.0 - 3.0 is medium, > 3.0 is high

Decision: From the table, the level of Emotional Support of all the adolescents from this study is high (3.117).

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Table 4.2.1(vi): Level of Emotional Support in Adolescents from Father-absent Homes.

S/N	Emotional Support	SA	A	D	SD	Mean	S.D
1	There is someone I can talk to about the pressures in my life	149 (35.3%)	135 (32.0%)	78 (18.5%)	60 (14.2%)	2.88	1.047
2	There is at least one person that I feel I can trust	193 (45.7%)	144 (34.1%)	44 (10.4%)	41 (9.7%)	3.16	0.963
3	I feel that I have a circle of people who value me	189 (44.8%)	177 (41.9%)	31 (7.3%)	25 (5.9%)	3.26	0.833
4	There I someone in my life that makes me feel special	200 (47.4%)	157 (37.2%)	34 (8.1%)	31 (7.3%)	3.25	0.889
5	There is at least one person that I can share most things with	195 (46.2%)	152 (36.0%)	49 (11.6%)	26 (6.2%)	3.22	0.881
6	When I am feeling down, there is someone I can lean on	170 (40.3%)	154 (36.5%)	54 (12.8%)	44 (10.4%)	3.07	0.972
7	There is someone in my life I can get emotional support from	169 (40.0%)	167 (39.6%)	45 (10.7%)	41 (9.7%)	3.10	0.942
8	I can talk about my problems with my family	119 (28.2%)	156 (37.2%)	68 (16.1%)	79 (18.7%)	2.75	1.063
9	My family really tries to help me	200 (47.4%)	168 (39.8%)	26 (6.2%)	28 (6.6%)	3.28	0.851
10	In times of trouble, I can rely on my friends.	66 (15.6%)	189 (44.8%)	99 (23.5%)	68 (16.1%)	2.60	0.937
11	I can share my joys and sorrows with a special someone.	158 (37.4%)	171 (40.5%)	50 (11.8%)	43 (10.2%)	3.05	0.949
12	I can talk about my problems with my friends	60 (14.2%)	170 (40.3%)	118 (28.0%)	74 (17.5%)	2.51	0.942
Criterion Mean= 2.000		**Weighted Mean = 3.011**		**Moderate**		**0.9481**	

Source: Researcher, 2024

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Key: SA – Strongly Agree, A – Agree, D – Disagree, SD – Strongly disagree, S.D – Standard deviation
Criterion Mean = 2.000

Threshold: Mean < 2.0 = low extent, 2.0 - 3.0 is medium, > 3.0 is high

Decision: From the table, the level of Emotional Support of all the adolescents from father-absent homes is high (3.011).

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RQ4: To what extent does perceived parenting efficacy affect adolescents in Lagos, Nigeria?

Table 4.2.1(vii): Level of Parenting Efficacy of all Adolescents in this Study

	Parenting Efficacy	SA	A	D	SD	Mean	S.D
1	My mother expresses her affection for me as her child	639 (58.0%)	373 (33.9%)	61 (5.5%)	28 (2.5%)	3.474	0.7164
2	My mother threatens me when she wants to get me to do something for her	146 (13.3%)	195 (17.7%)	380 (34.5%)	380 (34.5%)	2.097	1.0219
3	My mother punishes me based on how her mood is per time.	142 (12.9%)	269 (24.4%)	366 (33.2%)	324 (29.4%)	2.208	1.0061
4	If I complete my tasks, my mother praise me for it	607 (55.1%)	404 (36.7%)	62 (5.6%)	28 (2.5%)	3.444	0.7159
5	My mother does not seek my opinion on any issue	139 (12.6%)	218 (19.8%)	422 (38.3%)	322 (29.2%)	2.158	0.9856
6	When my mother disciplines me, she explains the reason why she disciplined me	603 (54.8%)	392 (35.6%)	65 (5.9%)	41 (3.7%)	3.414	0.7646
7	When my mother expresses the consequences of an action when giving me instructions	502 (45.6%)	479 (43.5%)	83 (7.5%)	37 (3.4%)	3.313	0.7537
8	My mother thanks me for helping out whenever I help out at home	607 (55.1%)	412 (37.4%)	54 (4.9%)	28 (2.5%)	3.451	0.7062
9	My mother shares her expectation from me for every task	452 (41.1%)	534 (48.5%)	81 (7.4%)	34 (3.1%)	3.275	0.7296
10	My mother gives me clear options to make choice over issues at home.	400 (36.3%)	517 (47.0%)	130 (11.8%)	54 (4.9%)	3.147	0.8103
11	My mother hugs and kisses me as a way of greeting or comfort	281 (25.5%)	411 (37.3%)	245 (22.3%)	164 (14.9%)	2.735	1.0021
12	My mother often loses her temper and curses me in anger or beats me up.	119 (10.8%)	199 (18.1%)	316 (28.7%)	467 (42.4%)	1.973	1.0185
	Criterion Mean: 2.000	**Weighted Mean= 2.891**			**Moderate**		**0.8526**

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Source: Researcher, 2024

SA – Strongly Agree, A – Agree, D – Disagree, SD – Strongly disagree, S.D- Standard deviation
Criterion Mean = 2.000

Threshold: Mean < 2.0 = low extent, 2.0 - 3.0 is medium, > 3.0 is high

Decision: From the table, the level of Parenting Efficacy of all the adolescents in this study is moderate (2.891).

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Table4.2.1 (viii): Level of Parenting Efficacy of Adolescents from Father-absent Homes.

S/N	Parenting Efficacy	SA	A	D	SD	Mean	S.D
1	My mother expresses her affection for me as her child	219 (51.9%)	149 (35.3%)	35 (8.3%)	19 (4.5%)	3.35	0.815
2	My mother threatens me when she wants to get me to do something for her	69 (16.4%)	74 (17.5%)	140 (33.2%0	139 (32.9%)	2.17	1.064
3	My mother punishes me based on how her mood is per time.	69 (16.4%)	111 (26.3%)	129 (30.6%)	113 (26.8%)	2.32	1.041
4	If I complete my tasks, my mother praise me for it	211 (50.0%)	161 (38.2%)	29 (6.9%)	21 (5.0%)	3.33	0.812
5	My mother does not seek my opinion on any issue	65 (15.4%)	83 (19.7%)	155 (36.7%)	119 (28.2%)	2.22	1.024
6	When my mother disciplines me, she explains the reason why she disciplined me	215 (50.9%)	144 (34.1%)	31 (7.3%)	32 (7.6%)	3.28	0.899
7	When my mother expresses the consequences of an action when giving me instructions	176 (41.7%)	177 (41.9%)	49 (11.6%)	20 (4.7%)	3.21	0.826
8	My mother thanks me for helping out whenever I help out at home	218 (51.7%)	156 (37.0%)	26 (6.2%)	22 (5.2%)	3.35	0.816
9	My mother shares her expectation from me for every task	165 (39.1%)	195 (46.2%)	37 (8.8%)	25 (5.9%)	3.18	0.826
10	My mother gives me clear options to make choice over issues at home.	136 (32.2%)	188 (44.5%)	57 (13.5%)	41 (9.7%)	2.99	0.921
11	My mother hugs and kisses me as a way of greeting or comfort	86 (20.4%)	140 (33.2%)	106 (25.1%)	90 (21.3%)	2.53	1.042
12	My mother often loses her temper and curses me in anger or beats me up.	59 (14.0%)	82 (19.4%)	108 (25.6%)	173 (41.0%)	2.06	1.078
	Criterion Mean: 2.000		**Weighted Mean=**	**2.833**	**Moderate**		**0.8615**

Source: Researcher, 2024

SA – Strongly Agree, A – Agree, D – Disagree, SD – Strongly disagree, S.D – Standard deviation

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Criterion Mean = 2.000

Threshold: Mean < 2.0 = low extent, 2.0 - 3.0 is medium, > 3.0 is high

Decision: From the table, the level of Parenting Efficacy of all the adolescents from father-absent homes is moderate (2.833).

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4.2.2 Test of Hypotheses

$H_0$1: There will be no significant joint influence of self-concept, emotional support and parenting efficacy on social competence among adolescents in Lagos, Nigeria.

Table 4.2.2(i) Joint Multiple Regression for All Categories (Father Absent, Father Present, Father Present but Unavailable).

Model	R	R^2	Adjusted R^2	Standard Error of the Estimate
1	0.292[a]	0.085	0.083	4.44107

a. Predictors: (Constant), Parenting efficacy. Self-concept. Emotional support
Source: Researcher, 2024

There is an 8.5% joint influence of self-concept, emotional support, parenting efficacy on the social competence of all adolescents in this study.

Table 4.2.2(ii) Joint Multiple Regression for Adolescents from Father-absent Homes

Model	R	R^2	Adjusted R^2	Standard Error of the Estimate
1	0.248[a]	0.061	0.055	4.36280

Source: Researcher, 2024

There is a 6.1% joint influence of self-concept, emotional support, parenting efficacy on the social competence of adolescents from father-absent homes.

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Table 4.2.2(iii) – ANOVA Table of the Joint Multiple Regression of all Adolescents in the Study.

ANOVA[a]

Model	Sum of Squares	df	Mean Square	F	Sig
Regression	2021.444	3	673.815	34.164	0.000[b]
Residual	21636.258	1097	19.723		
Total	23657.702	1100			

Source: Researcher, 2024

Key:

a. Dependent variable: Social Competence
b. Predictors: (Constant), Parenting Efficacy. Self-concept, Emotional Support**.**

df – degree of freedom

The dependent variable social competence was run under regression model against all the independent variables – self-concept, emotional support, and parental efficacy to get the results above. The results show that it is significant.

Decision: There is significant joint influence of self-concept, emotional support and parenting efficacy on the social competence of adolescents from all categories of homes. ($F_{(3, 1100)} = 34.164$, $R^2 = 0.085$, $p < 0.05$). This result contradicted the null hypothesis earlier stated.

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Table 4.2.2(iv) – ANOVA table of the Joint Multiple Regression of Adolescents from Father-absent Homes.

ANOVA[a]

Model	Sum of Squares	df	Mean Square	F	Sig
Regression	519.555	3	173.185	9.099	0.000[b]
Residual	7956.220	418	19.034		
Total	8475.775	421			

Source: Researcher, 2024

Key:

c. Dependent variable: Social Competence
d. Predictors: (Constant), Parenting Efficacy. Self-concept, Emotional Support**.**

df – degree of freedom

The dependent variable social competence was run under regression model against all the independent variables – self-concept, emotional support, and parental efficacy to get the results above. The results show that it is significant.

Decision: There is significant joint influence of self-concept, emotional support and parenting efficacy on the social competence of adolescents from father-absent homes. ($F_{(3, 421)} = 9.099$, $R^2 = 0.061$, $p < 0.05$).

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$H_0$2: There will be no significant relative influence of self-concept, emotional support and parenting efficacy on social competence among adolescents in Lagos, Nigeria.

Table 4.2.2.(v): Table showing the Relative influence of Self- concept, Emotional Support, and Parenting Efficacy on the Social Competence of Adolescents of all Categories.

Coefficients[a]

Model	Unstandardised Coefficients		Standardised Coefficients	t	Sig
	B	Standard Error	Beta		
Constant	22.888	1.385		16.523	0.000
Self-Concept	0.192	0.032	0.182	5.987	0.000
Emotional Support	0.028	0.023	0.038	1.219	0.223
Parenting Efficacy	0.174	0.034	0.166	5.035	0.000

Source: Researcher, 2024

Key: a – Dependent variable: Social competence

Self-concept contributes the most, meaning it is the most significant with values (β= 0.182, t = 5.987, p =< 0.05) followed by parenting efficacy (β= 0.166, t- 5.035, p= <0.05), and then emotional support has a relative influence that is not significant with the values (β = 0.038, t = 1.219, p = > 0.05)

A substantial correlation was found between self-concept and social competence (β = 0.182, t = 5.987, p < 0.001). This implies that adolescents with higher self-concept scores also typically exhibit greater social competency levels. Social competence was also significantly positively impacted by parenting efficacy (β = 0.166, t = 5.035, p < 0.05), suggesting that greater social competence is typically displayed by adolescents who believe their parents are effective in parenting them. Emotional support, however, did not significantly affect social competence in

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this study (β = 0.038, t = 1.219, p = 0.223), suggesting that emotional support has no effect on adolescents' social competence in this study after controlling self-concept and parenting efficacy. This shows that self-concept and parenting efficacy are more important for adolescents' social competence development than emotional support.

Decision: There was a significant relative contribution of parenting efficacy (β= 0.166, t-5.035, p= <0.05), self-concept (β= 0.182, t = 5.987, p =< 0.05), and emotional support (β = 0.038, t = 1.219, p = > 0.05) on social competence of all adolescents. This result contradicted the null hypothesis that states that there will be no significant relative influence of the independent variables on the dependent variable.

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Table 4.2.2.(vi): Table showing the Relative influence of Self- concept, Emotional Support, and Parenting Efficacy on the Social Competence of Adolescents from Father-absent Homes.

Coefficients[a]

Model	Unstandardised Coefficients		Standardised Coefficients	t	Sig
	B	Standard Error	Beta		
Constant	25.913	2.162		11.987	0.000
Self-Concept	0.123	0.051	0.118	2.406	0.017
Emotional Support	0.041	0.035	0.060	1.165	0.245
Parenting Efficacy	0.152	0.049	0.162	3.073	0.002

a - Dependent Variable: Social Competence

Parenting efficacy contributes the most, meaning it has the most significant influence with values (β= 0.162, t = 3.073, p =< 0.05) followed by self-concept (β= 0.118, t- 2.406, p= <0.05), and then emotional support has a relative influence that is not significant with the values (β = 0.060, t = 1.165, p = > 0.05).

According to the findings in this study, social competence is significantly influenced by both parenting efficacy and self-concept. Parenting efficacy has the highest relative influence (β = 0.162, p = 0.002). This implies that the perceived efficacy of the current caregiver(s), most likely mothers or guardians, has a significant impact on adolescents' social development even in the absence of fathers. Father-absenteeism and relationship deficiencies may be filled by confident, competent parenting. Self-concept showed a slight but significant effect (β = 0.118, p = 0.017), indicating that even in the absence of parenting support, adolescents' self-

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perception significantly influences how they connect to others. This supports the importance of self-esteem in social development.

Decision: There was a significant relative contribution of parenting efficacy (β= 0.162, t = 3.073, p =< 0.05) and self-concept (β= 0.118, t- 2.406, p= <0.05) on social competence of adolescents from father-absent homes.

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$H_0$3: There will be no significant gender difference in social competence among adolescents in Lagos, Nigeria.

Table 4.2.2.(vii): Pearson Correlation of Gender Difference on the Social Competence of Adolescents from all Categories.

		Sex	Social Competence
Sex	Pearson Correlation	1	0.013
	Sig (2- tailed)		0.666
	N	1101	1101
S.C	Pearson Correlation	0.013	1
	Sig (2 – tailed)	0.666	
	N	1101	1101

Source: Researcher, 2024
Key: S.C - Social Competence

The Pearson Product Moment Correlation showed a very slight and insignificant positive association between the gender and social competence was indicated by the correlation coefficient, which was r = 0.013. The p-value of 0.666, indicates that the correlation was not statistically significant. This implies that any correlation that may exist between sex and social competence is probably the result of chance and does not represent a significant or consistent link in the general population.

Decision: There was no significant gender difference in the social competence of adolescents from all categories (p = 0.666). This result confirmed the null hypothesis that there will be no significant gender difference in the social competence of adolescents.

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Table 4.2.2.(viii): Pearson Correlation of Gender Difference on the Social Competence of Adolescents from Father-absent Homes.

		Sex	Social Competence
Sex	**Pearson Correlation**	**1**	**0.017**
	Sig (2- tailed)		**0.729**
	N	**422**	**422**
S.C	**Pearson Correlation**	**0.017**	**1**
	Sig (2 – tailed)	**0.729**	
	N	**422**	**422**

Researcher, 2024.

Key: S.C – Social Competence.

Pearson Correlation Coefficient (r = 0.017).This suggests that gender and social competence have a very weak positive correlation; the value is near zero, indicating that the two variables have almost no linear relationship; the significance value is p = 0.729; the p-value is greater than 0.05, indicating that the correlation is not statistically significant; we are unable to reject the null hypothesis, which states that there is no meaningful association between gender and social competence in this group; sample size (N = 422).

Decision: There was no significant gender difference between in social competence of all adolescents from father-absent homes (p = 0.729).

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$H_0$4: There will be no significant gender difference in self-concept among adolescents in Lagos, Nigeria.

Table 4.2.2.(ix): Pearson Correlation of Gender Difference on the Self-concept of Adolescents from all Categories.

		Sex	Self- concept
Sex	**Pearson Correlation**	**1**	**0.016**
	Sig (2- tailed)		**0.585**
	N	**1101**	**1101**
S-C	**Pearson Correlation**	**0.016**	**1**
	Sig (2 – tailed)	**0.585**	
	N	**1101**	**1101**

Source: Researcher, 2024.

The Pearson Product Moment Correlation showed that there is insignificant positive association between the two variables was indicated by correlation coefficient, r = 0.016. The p-value of 0.585 indicates that the observed correlation is not statistically significant because it is greater than the conventional significance level of 0.05 ($p > 0.05$). Consequently, there is no proof that the sex of adolescents and their self-concept are significantly correlated in this sample of N = 1101.

Decision: There was no significant gender difference in the self-concept of all adolescents (p = 0.585) in this study. This result confirmed the null hypothesis.

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Table 4.2.2. (x): Pearson Correlation of Gender Difference on the Self-concept of Adolescents from Father-absent Homes.

		Sex	Self- concept
Sex	**Pearson Correlation**	**1**	**-0.036**
	Sig (2- tailed)		**0.460**
	N	**422**	**422**
S-C	**Pearson Correlation**	**-0.036**	**1**
	Sig (2 – tailed)	**0.460**	
	N	**422**	**422**

Researcher, 2024

Pearson Correlation Coefficient (r = -0.036). Adolescents from father-absent homes have a very mild negative link between their gender and their self-concept. Almost no linear relationship is indicated by the value being around zero. The significance level (p = 0.460) indicates that the outcome is not statistically significant because it is higher than 0.05. In this group of teenagers, we cannot draw the conclusion that gender has any bearing on self-concept. Sample Size (N = 422).

Decision: There is no significant gender difference between in self-concept of adolescents (p = 0.460) from father-absent homes.

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4.3 Discussion of Findings

The independent variables that were correlated with the dependent variable (social competence) are self-concept, emotional support and parenting efficacy.

From the results, it was shown that the level of social competence is moderate to high both for adolescents from father-absent and father-present homes though those from father-absent homes have lower mean scores. Studies show a wealth of evidence linking differences in social competence throughout childhood to success in other areas during adulthood[1]. The findings from this study, indicate that most respondents can establish and sustain positive social relationships, including cooperation, communication, and emotional control, as all the adolescents in the study had moderate to high levels of social competence. Nevertheless, a somewhat higher mean in social competence was noted when separating the group of adolescents from father-absent homes (weighted mean = 3.063) from the whole of the adolescent population (weighted mean = 3.037). The lack of a father's role may lead to minor deficiencies in areas like the relationships among peers and trust, confidence in social situations, and expression of emotions and control of them in social settings. Nevertheless, many of these adolescents exhibit functional social skills. The reasonable overall scores, however, point to resilience among adolescents who have lost a father, which may be reinforced by elements such as community or religious institutions, school settings, and maternal engagement. While father absence might have an impact on social outcomes, these results are consistent with other research showing that these impacts can be mitigated by other protective factors.

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The self-concept of adolescents from father-absent homes was moderate (weighted mean = 2.863) which was comparable to the self-concept of all adolescent category (weighted mean = 2.805). For all adolescents from both homes, there were low scores with body image (statement like 'I would like to have a different body') and social acceptance (statement like 'I am rather unpopular'), even though many felt important and confident in their academic achievement (e.g., high scores in statements like 'I am successful at work/school' and 'People respect me'). This points to a dual internal experience: difficulties with self-perception and social identity coexist with confidence in one's own accomplishments. This study supports previous studies that pointed out that adolescence is a time of significant physical and sexual maturity development for both sexes, frequently resulting in appearance-related comparisons[2].

Overall, adolescents from all groups have a high level of emotional support, as indicated by the weighted mean (3.117). Particularly through family and a select group of reliable people, they have access to emotional resources. Emotional support from peers is noticeably lower than that from family, which may be due to differences in emotional development, trust concerns, or cultural expectations. A generally supportive social environment is shown by the comparatively low standard deviation (0.8650), which indicates that most adolescents reported comparable experiences. A high level of emotional support is indicated by the overall weighted mean of adolescents from father-absent homes (3.011), which is a little lower than the mean for the entire adolescent population (3.117). Rather than peers, family members and prominent adults seem to provide greater emotional support. The lower scores in family discourse and peer support point to possible gaps in emotional expression and connection, which are probably caused by the emotional emptiness or role shift brought on by the father's absence. Overall, adolescents from father-absent homes reported less emotional support. Adolescents without

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fathers exhibit greater variability, indicating that although some receive adequate support, others can experience feelings of loneliness or emotional undervaluation. Both groups lack peer support, but the adolescents without fathers receive noticeably less of it. Studies have shown that family emotional support influences the likelihood of school dropout with teenagers' emotional regulation skills having an impact on risk factors for their decision-making[3]. Practical, emotional support improves a person's sense of identity, self-worth, and coping mechanisms and is associated with several health benefits[4]. These previous studies confirms the impact of family emotional support and shows a lower level of peer-based emotional networks. Though the findings from this study show the emotional support of adolescents from father-absent homes is high, assistance can still be provided to help them deal with feelings of emotional incompleteness, in the form of individualized counselling and emotional resilience training to cope with the absence of their fathers.

From this study, it was found that the level of parenting efficacy of adolescents from father-absent homes was moderate (weighted mean = 2.833) and comparable to all the adolescents in all categories (weighted mean = 2.891). Previous studies show that a healthy family can, in fact, handle and resolve issues well and make the right choices when it comes to children's issues. Due to their high levels of diligence and effort, adolescents in these homes are less likely to experience disappointment and feel more self-assured and capable of handling difficulties[5]. This assertion confirms the findings of this study. Research shows that the single mothers who maintain strong bonds with their children, enhances perceived support and positively contributing to their education by maintaining open communication channels, demonstrating authoritative parenting, and communicating pride in non-academic qualities. These gave rise to significant emotional practices that served to maintain these strong bonds[6].

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From this study, previous research was corroborated because there was minimal difference in the weighted means from both groups indicating that in father-absent homes, mothers typically do a good job of offering structure, emotional support, and constructive criticism. They also offered parenting assistance that emphasize communication, emotional control, and autonomy support might be especially helpful. In addition to indicating potential areas for intervention to improve adolescent outcomes, these data demonstrate the resilience of single mothers. Mothers may experience disciplinary stress and emotional exhaustion while they work to be good parents so they would need support too.

From the hypothesis one, self-concept, emotional support, and parenting efficacy collectively account for 8.5% of the variation in adolescents' social competence across all father-involvement categories, according to the joint multiple regression analysis ($F_{(3, 1100)} = 34.164$, $R^2 = 0.085$, $p < 0.05$). Despite its seeming modesty, this illustrates the significant but incomplete influence that psychosocial factors have in predicting adolescents' social outcomes. Although these components are significant, the comparatively low R^2 indicates that additional factors not included in this model account for a significant percentage (more than 90%) of the variance in social competence. However, the moderate correlation coefficient ($R = 0.291$) indicates that there is still substantial predictive value in the combination of parenting-related characteristics and self-concept. This confirms earlier results that a combination of environmental factors (like parenting) and internal ideas (like self-concept) create social competence.

For the adolescents from father-absent homes, the results from hypothesis one shows there was significant joint influence of self-concept, emotional support and parenting efficacy on the

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social competence of adolescents from father-absent homes. ($F_{(3, 421)} = 9.099$, $R^2 = 0.061$, $p < 0.05$). The results show that these factors' total predictive ability is statistically small, accounting for only 6.1% of the variation in social competence. Although these psychosocial elements are important, other, undiscovered factors probably have a greater impact on social competence in this group, according to the correlation coefficient ($R = 0.248$), which suggests a small-to-moderate linear relationship. This result is consistent with earlier research showing that adolescents from fatherless homes frequently deal with a variety of issues. Perceived good parenting efficacy and self-concept are still crucial, but peer pressure, financial strain, mental health issues, and social stigma might have a greater impact on their social results. The diminished significance of these psychosocial indicators may also indicate a diminished ability to act as a buffer in father-absent situations, especially when there are inadequate emotional or structural support networks. These results will trigger the search for the other factors that affect adolescents from father-absent homes more than the independent variables considered in this study.

From hypothesis two, the strongest predictor was self-concept ($\beta = 0.182$, $p < 0.05$), suggesting that high levels of social competence are typically displayed by adolescents who have a more positive self-concept. This is consistent with earlier studies that indicate teenagers who have a positive self-concept are more self-assured and better able to manage relationships with others. Social competence was found to be significantly positively impacted by parenting efficacy as well ($\beta = 0.166$, $p < 0.05$). This strengthens the idea that parents are more likely to act in ways that help their adolescents develop social skills when they feel competent and secure in their parenting role. A supportive atmosphere that encourages candid communication

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and the growth of emotional control are two aspects of social competence that can be fostered by good parenting techniques.

For hypothesis two, particularly for adolescents from father-absent homes, social competence in this subgroup is significantly predicted by both parenting efficacy and self-concept. Self-concept showed a slight but significant effect ($\beta = 0.118$, $p = 0.017$), indicating that even in the absence of paternal support, adolescents' self-perception significantly influences how they connect to others. This supports the importance of internal self-worth in social development and is in line with findings in adolescent populations generally. More significantly, parenting efficacy was still a powerful predictor ($\beta = 0.162$, $p = 0.002$). This implies that the perceived efficacy of the current caregiver(s), most likely mothers or guardians, has a significant impact on adolescents' social development even in the absence of fathers. Resilience and relationship deficiencies may be filled by confident, competent parenting.

For hypothesis three, the results showed that there is a very weak and negligible positive relationship between gender and social competence, with a correlation coefficient of $r = 0.013$. Additionally, the correlation was not statistically significant, as indicated by the p-value of 0.666, which is greater than the conventional alpha level of 0.05 ($p > 0.05$). For adolescents from father-absent homes, the p- value was 0.729 and the correlation coefficient was $r = 0.017$ suggesting a statistically insignificant positive correlation. The social competence of adolescents from father-absent homes does not seem to be influenced by gender. According to this result, adolescents of both sexes living in such households demonstrate similar levels of

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flexibility and social interaction abilities. Their degree of social competency is not significantly impacted by gender, according to the study's findings.

For hypothesis four, using the Pearson Product-Moment Correlation to examine the relationship between gender and the self-concept of adolescents across all categories. The analysis yielded a correlation coefficient of $r = 0.016$, indicating a very weak and negligible positive relationship between the two variables. The associated p-value of 0.585 exceeds the standard significance threshold of 0.05 ($p > 0.05$), suggesting that the observed correlation is not statistically significant. For adolescents from father-absent homes, the correlation coefficient of Pearson ($r = -0.036$), a very slight negative connection can be seen here. The number is nearly zero, suggesting that there is hardly any correlation between self-concept and gender. $p = 0.460$ is the significance level. Because this number is higher than 0.05, the outcome is not considered statistically significant. We cannot draw the conclusion that gender has any bearing on self-concept. It can thus be concluded that gender does not have a statistically significant influence on the self-concept of adolescents from father-absent homes.

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Endnotes

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Chapter Five

Conclusion

This chapter deals with the summary of findings of the study, conclusion reached based on the findings, recommendations made, contribution to knowledge and suggestion for further research to advance knowledge in this area.

5.1 Summary of Findings

While social competence was generally moderate to high for all adolescents, meaning that most participants were able to successfully navigate social interactions and relationships, adolescents from father-absent homes had slightly lower mean scores, reflecting mild limitations in areas like social confidence and peer engagement. This suggests that father absence may have an impact on social development, but the presence of alternative support systems, especially maternal support, seems to mitigate more severe social deficits. This balance between vulnerability and resilience highlights the importance of strengthening external social and emotional support networks for these adolescents.

A moderate degree of self-concept was shown by adolescents from father-absent homes (weighted mean = 2.863). Even though many participants were confident in their academic and personal achievements, several of them disclosed emotional and social anxieties, especially about popularity and body image. High ratings were given to statements like "I am successful at work/school," whereas low self-perception was indicated by items like "I would like to have a different body" and "I am rather unpopular." This dichotomy implies that although fathers' absence does not completely reduce one's sense of value, it does increase one's internal emotional susceptibility, especially regarding social identity.

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Although adolescents from fatherless households reported a high amount of emotional support (Weighted Mean = 3.011), total emotional support was slightly higher (Weighted Mean = 3.117). Mothers or other family members were the most common source of emotional support, with high scores on topics like "There is someone in my life who makes me feel special." Conversely, lower ratings on topics like "I can talk about my problems with my friends" indicated much less peer support. Despite having substantial parental support, adolescents from father-absent homes may experience emotional isolation in peer connections, highlighting a deficit in horizontal support systems.

The adolescents' overall perception of parenting efficacy was moderate (weighted mean = 2.891), with those from father-absent households reporting somewhat lower levels (weighted mean = 2.833). Although the mothers in these households were frequently loving and commended their adolescents (e.g., “My mother shows her love for me” – Mean = 3.353), there was little physical display of affection and inconsistent discipline. Items with significantly low scores were "My mother hugs and kisses me…" and "My mother punishes me based on mood." These results suggest that single mothers' financial pressure or emotional exhaustion may be the cause of the strain on their ability to parent.

The results of this study show that adolescents from father-absent homes have a complex emotional and developmental profile, exhibiting resilience (especially in academic self-belief and maternal bonding) and emotional and relational vulnerabilities (such as inconsistent discipline and low peer support). The lack of significant gender differences highlights that the effects of fatherlessness are systemic and emotional rather than gender-specific, underscoring the need for comprehensive and inclusive interventions.

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5.2: Conclusion

Although all adolescents in this study exhibit academic confidence and maternal support, those from father-absent households are emotionally and socially vulnerable. Despite their best efforts, mothers exhibit inconsistent discipline and emotional exhaustion. To promote balanced emotional and social development, multi-layered support networks including peers, families, communities, and schools are crucial.

5.3: Recommendations

The following recommendations are based on the findings of the work.

1. School Counselling Interventions: Provide workshops on self-esteem and peer support for adolescents to teach them social skills.

2. Assistance for Single Mothers: Training programs can be organised in communities, such as religious, online, local associations to provide single mothers with techniques for discipline, emotional connection, and effective communication.

3. Peer Mentorship: Establish mentorship initiatives that match young people with more experienced role models who can offer support and direction that would be relevant for their emotional and social growth.

4. Faith and Community Engagement: Make use of neighbourhood and faith-based organizations to establish secure, nurturing spaces for young people so as to help them build healthy peer relationships.

5. Public Awareness: The difficulties and resiliency of adolescents from father-absent homes should be emphasized in the media and in awareness-raising initiatives.

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5.4: Contribution to Knowledge

This research advances knowledge of:

1. Psychological experiences of adolescents from father-absent homes. This is important because this population is sometimes neglected or not taken into consideration when issues arise in school or in life generally.

2. The delicate balancing act single mothers do to continue being effective parents. In certain circumstances, single mums are viewed as being irresponsible however, using the data from this study proves that single mothers put in extra effort to make their children do well in life.

3. The importance of emotional expressiveness and peer support for teenage development. Adolescents are supposed to gain relationships with their peers to avoid isolation in adulthood and this study points out that adolescents from father absent homes have lower mean scores in relation to peer relationships.

4. How well communication and affection from mothers promote resilience. Mothers knowing this can be more intentional in communicating effectively while showing affection to their adolescents.

5. The role of fathers in the life of adolescents. This should be highlighted to enable men take their fatherhood seriously even in cases of divorce or separation, it is important they can still play their role from afar as much as possible.

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5.5: Suggested Areas for Further Research

1. Researchers can explore other variables that affect father absence and compare how the dependent variable of this study correlates with them. Mothers' absence can also be explored and the effects compared with that of fathers' absence.

2. Analysing how socioeconomic status moderates parenting efficacy in father- absent homes may give some interesting results because of its impact on the wellbeing of adolescents.

3. The population used for this study was a little over a thousand respondents; further research can be carried out on multiples of that number to get a more detailed result.

4. More tracking can be done on parenting efficacy and emotional support throughout adulthood.

5. More research can go into exploring other causes of low social competence in adolescents beyond the ones this study covered particularly with the Genz and Artificial intelligence generation and possibly predict their influence on the social competence of adolescents in the future.

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Appendix

Questionnaire Administered.

Lead City University, Ibadan, Nigeria

Department of Arts and Social Science Education

Self-Concept, Emotional Support, Parenting Efficacy and Social Competence Questionnaire (SESPESC-Q)

Dear Respondent,

Subject: Request to participate in research

I am a PhD student at the University mentioned above and am investigating the extent to which self-concept, emotional support, and parenting efficacy determine adolescents' social competence. Kindly fill in your sincere and honest responses, as it would be helpful for the investigation.

All responses will be used exclusively for academic reasons and handled with the highest confidentiality.

Thank you in advance for your kind cooperation.

Yours faithfully
Onwuamah, Blessing Elohor

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Instruction: For each statement, please tick (/) the appropriate box in front of the statement that describes your opinion Tick (/).

Section A: Demographic Information of Adolescent Students

1. Gender: Male ( ) Female ( )

2. Age: 14 -15 ( ) 16-17 ( ), Above ( )

3. Father Status: Present ( ) Absent ( ) Present but unavailable ( )

Section B:

Self- Concept Questionnaire

Keys: Strongly Agree (SA) = 4; Agree (A) = 3; Strongly Disagree (SD) = 2; Disagree (D) = 1

S/N	Items	SA	A	D	SD
1	My behaviour bothers other people at home.				
2	I do well at work and school.				
3	I am bothered by my appearance.				
4	I worry a lot.				
5	I have no trouble getting along with people				
6	I look physically good.				
7	I am rather unpopular .(people don't know me)				
8	I would like to have a different body.				
9	I believe my life has a purpose.				
10	I often find it difficult to accept other people's viewpoints.				
11	I am often sad				
12	People respect me				

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Emotional Support Questionnaire

S/N	Items	SA	A	D	SD
1	There is someone I can talk to about the pressures in my life				
2	There is at least one person that I feel I can trust				
3	I feel that I have a circle of people who value me				
4	There is someone in my life that makes me feel special				
5	There is at least one person that I can share most things with				
6	When I am feeling down, there is someone I can lean on				
7	There is someone in my life I can get emotional support from				
8	I can talk about my problems with my family.				
9	My family tries to help me.				
10	I can count on my friends when things go wrong.				
11	There is a special person with whom I can share my joys and sorrows.				
12	I can talk about my problems with my friends.				

Parenting Efficacy Questionnaire

S/N	Items	SA	A	D	SD
1	My mother expresses her affection for me as their child.				
2	My mother threatens me when she wants to get me to do something for her.				
3	My mother punishes me based on her mood at times.				
4	If I complete my tasks, my mother praises me for it.				
5	My mother does not seek my opinion on any issue.				
6	When my mother disciplines me, she explains why she disciplined me.				

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7	My mother expresses the consequences of an action when giving us instructions.				
8	My mother thanks me for helping whenever I help out at home.				
9	My mother shares her expectations of me for every task				
10	My mother gives me clear options to make choice over issues at home				
11	My mother hugs and kisses me as a way of greeting or comfort.				
12	My mother often loses her temper and curses me in anger or beats me up.				

Multidimensional Social Competence Scale (MSCS)

Please tick as appropriate: MOSTLY----M, USUALLY----U, SELDOM-----S, NEVER----N

S/N	Items	M	U	S	N
1	I prefer to spend time alone by myself				
2	I initiate get-togethers with my mates				
3	I can see things from other people's perspective.				
4	I recognise when people are trying to scam me.				
5	I congratulate people when good things happen to them.				
6	I try to make people happy when they are sad.				
7	I know about the latest happenings for my age				
8	I change my behaviour as the situation demands.				
9	I interrupt people in conversations				
10	I use appropriate gestures when speaking with people				
11	I get over sad moments or disappointments quickly.				
12	I misbehave when angry or upset				

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Letter of Permission

12th October, 2023

The Principal,

…….

……..

Dear Sir/Madam,

PERMISSION TO ADMINISTER QUESTIONNAIRE IN YOUR SCHOOL

I write to introduce Blessing Elohor Onwuamah, a Postgraduate student of the Department of Arts and Social Science Education, Faculty of Arts and Education, Lead City University, Ibadan to you. She is carrying out research on Self-Concept, Emotional Support and Parenting Efficacy as Determinants of Social Competence among Adolescents from Father-absent Homes in Lagos State, Nigeria. I hereby request your permission for her to administer the research instrument to students in your college.

I assure you that all the responses will be used for research purposes only and treated with utmost confidentiality.

Thank you for your anticipated cooperation.

Yours faithfully,

Dr. Oluyomi S. Pitan

Head of Department

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Bio-data

A. Personal Data

Name:	Blessing Elohor ONWUAMAH
Address:	Nigerian Institute of Medical Research, Yaba, Lagos.
Telephone No.:	07030880231
Email Address:	blessingonwuamah@gmail.com
Date of Birth:	16th July, 1984
Place of Birth :	Ibadan
Nationality:	Nigerian
Name and Address of Next of Kin:	Dr. Chika Onwuamah, Block C, Nigerian Institute of Medical Research, Yaba, Lagos.

B. Educational Background

1. Educational Institutions Attended with Dates and Qualification:

i. Primary Education: Ford Nursery and Primary School, Olodi, Warri.

Primary School Leaving Certificate, 1989-1995.

ii. Secondary Education: Demonstration Secondary School, Warri.

Secondary School Certificate Examination, 1995-2001.

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iii. Higher Educational Institutions Attended with Dates & Qualification:

University of Lagos, Lagos, Nigeria. B.Sc (Biochemistry), 2008.

University of Lagos, Lagos, Nigeria. PGD (Guidance & Counselling), 2015.

University of Lagos, Lagos, Nigeria. M.Ed (Guidance & Counselling), 2019.

Lead City University, Ibadan, Oyo State, Nigeria. Ph.D (Guidance & Counselling).

C. **Awards and Fellowships**: Nil

D. **Work Experience with Date:**

- Jewels and Pearls Ladies (NGO)

  March 2006 – till date

- Assistant Teacher, Women Society Nursery and Primary School, Unilag, Lagos.

  January 2017 – August 2019

- Counsellor/Chaplain/Student Affairs Officer/Council Affairs Officer, Trinity University, Sabo, Lagos.

  January 2021 – August 2022

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- Personal Assistant, Uncommon Woman Movement, Lagos.

December 2022 – October 2023

- Digital marketing jobs: Social media manager at Digital Pro Academy, Career Swerve, The BakeHall Gallery, RCCG GWC, etc.

October 2023 – till date

E. **Membership of Academic Professional Bodies:**

- Association of Professional Counsellors of Nigeria (Member)

F. **Creative work: Books written**

- Tips to Succeed in Tertiary Institutions (manual for undergraduates)
- Sexual Intimacy for Married Women
- How to Get a Good Wife as a Man.

G. **Notable Scholarly or Professional Accomplishments**: Nil

H. **Major Conferences/Workshops Attended:** Nil

I. **Services in Lead City University**: Nil

J. **Extra-curricular Activities**: Writing, beading & Animations

K. **Others**: Nil

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L. **Names and Addresses of Referees**:

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Dr. Ayobola Charles

Trinity University, Lagos

ayobola.charles@trinityuniversity.edu.ng

…… …….

Signature Date

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The University Compliance Certification

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