Self-Efficacy And Parenting Styles As Correlates Of Social Anxiety Disorder Among Secondary School Adolescents In Obio/Akpor LGA Of Rivers State

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ABSTRACT
The study investigated self-efficacy and parenting styles as correlates of social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State. The study adopted the correlational research design. The study used a sample of 300 students who were independently selected using simple random sampling technique. Three instruments were used to collect data for the study, they included; Social Anxiety Disorder Scale, Self-efficacy Scale and Parenting Styles Scale. The study was guided by two research questions as well as two corresponding hypotheses. The data was analyzed with mean, standard deviation and independent sample t-test. The findings of the study revealed that, low self-efficacy authoritative and authoritarian parenting styles significantly predicted social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State. Based on the findings of the study it was recommended among others that counseling for adolescents with social interaction anxiety should be encouraged in schools with aim of improving students' interactional skills.

Key words: Self-Efficacy, Parenting Styles and Social Anxiety Disorder

INTRODUCTION

Almost everyone gets a little anxious or embarrassed in front of people and in certain situations now and then, although some of us are more shy than others. Sometimes, though this feelings of anxiety can be intense that it stops us from doing the things we enjoy, or start interfering with our daily lives. This aptly describes social anxiety disorder. Social anxiety disorder also known as social phobia is an anxiety disorder that is characterized by intense fear and avoidance of social situations causing considerable distress and impaired ability to function normal (Ernest, 2003). It is an extreme form of social phobia involving excessive fear of embarrassment or humiliation in social performance situations (Bruch, Fallon and Heimberg, 2003). Miller (2007) described social anxiety disorder as a chronic fear of one or more social situations in which one is afraid of being judged negatively by others and is shy in front of others. Cheek and Melchior (1990) opined that social anxiety disorder is characterized by feelings of apprehension, emotional distress and reticent or avoiding behaviour in real or imagined social interactions. Social anxiety disorder typically involves an unreasonable, persistent, intense and chronic fear of being judged by others or being embarrassed or humiliated by one's own actions (Costa, 2005). These fears can be triggered by perceived or actual scrutiny from others (Boyd, Kostanski, Gullone, Ollendick and Shek, 2000).

Symptoms often accompanying social anxiety disorder include excessive blushing, sweating (hyperchondriasis), heart palpitations, trembling or shaking, shortness of breath or choking feeling, lightheadedness, feeling dizzy, dry throat and mouth (Capaso, 2006).

Costello, Mustillo, Erkanli, Keeler and Angold (2003) observed that social anxiety disorder is one of the most common psychological disorder in school-aged children and adolescents worldwide, with a global prevalence that ranges from15% to over 30%. Festa and Ginsburg (2011) stressed that adolescents' social anxiety disorder may be confused with shyness, being reserved or being introverted, hence its diagnosis may seem difficult. However, Rocha (2005) explained that social anxiety disorder exceeds normal shyness as it leads to excessive social avoidance and substantial social and psychological impairment. Feared situations may include giving a presentation or talking in front of people, meeting new people, talking to people of authority, being watched while doing something or being the center of attention (Fang and Hofmann, 2010).

Social anxiety disorder is quite debilitating and embarrassing to secondary school adolescents (Bernstein and Borchardt, 1999). Essau, Conradt and Petermann (2000) observed that social anxiety disorder is associated with substantial negative effects on adolescents' social, emotional and academic success. Specific effects include poor social and coping skills, often leading to avoidance of social interactions (Albano, Chorpita and Barlow, 2003; Weeks, Coplan and Kingsbury, 2009), loneliness, low self-esteem, perceptions of social rejection, and difficulty forming friendships (Bokhorst, Goossens and De Ruyter, 2001). McLoone, Hudson and Rapee (2006) opined that social anxiety disorder among adolescents' results in school avoidance, decreased problem-solving abilities, and lower academic achievement.

There are debates that self-efficacy may be linked to social anxiety disorder among adolescents. Bandura (1997) maintained that among the mechanisms of human agency, none is more central or pervasive than people's belief in their efficacy to regulate their own functioning and to exercise control over events that affect their lives. Self-efficacy refers to beliefs in one's capabilities to produce given attainments and in school settings it is defined as a person's judgement of confidence to perform academic tasks or succeed in academic activities (Pajares and Graham, 1999). Self-efficacy deals primarily with the cognitively perceived capability of the self. Unless people believe they can produce desired effects by their actions, they have little incentive to act or to persevere in the face of difficulties (Bandura, Pastorelli, Barbaranelli and Caprara, 1999). High self-efficacy beliefs enhance students' social, emotional and personal well-being in many ways (Pajares and Graham, 1999). It influences the choices they make in deciding whether or how to act, the amount of effort they are prepared to invest in any activity, how long they persevere when confronted by obstacles. A low sense of self-efficacy on the other hand, makes an individual fail to exercise control over things he values and can give rise to feelings of futility, despondency and social anxiety disorder (Huntington and William, 1993).

Parenting styles is the general patterns of childrearing that illustrate the typical techniques and responses of parents (Coplan, 2002). Eriega (2010) described parenting styles as the constellation of strategies that parents adopt in rearing their children. He further explained that these different approaches parents adopt in bringing up their children may have serious effect (positive or negative) across various ages of their childrens' development. Baumrind cited in Aunola, Stattin and Nurmi (2000) described three different parenting styles: (1) Authoritative parenting, characterized by high levels of both parental responsiveness (e.g., warmth, support, and affection) and demandingness (e.g., limit setting, maturity demands). Authoritative parents usually encourage discussions about family rules, as well as provide independence, autonomy and freedom, while encouraging encouraging chidren to think about their lives and the consequences of their behaviour. (2) Authoritarian parenting, characterized by high demandingness (e.g., harsh and punitive control) and low responsiveness. Parents who adopt this type of parenting style have a strict set of rules and regulations and required strict

compliance or obedience. (3) Permissive parenting, characterized by high responsiveness but low demandingness. This type of parenting style little attempts is made to control childrens' behaviour and less guidelines on what behaviour is considered appropriate. Nwankwo (2010) asserted that permissive parents permit their children to act as they please.

Barber (1996) explained that the authoritative parent attempts to direct the adolescent's activities in a self-oriented and rational manner, shares with the child's reasoning and encourages in a verbal and social way. The authoritative parent affirms the child's present qualities, but sets the standards and limits for future activities. He/she uses power, reason, and shaping by reinforcement and regime to achieve desired objectives and does not base decisions on group consensus or the individual child's hopes (Hart, 2003). The authoritarian parenting style attempts to control, shape, and evaluate the behaviour and attitudes of a child in accordance with a standard of conduct (Hart, Newell, & Olsen 2003). Barber, Stoltz, and Olsen (2005) observed that authoritarian parents usually display low affection, use physical coercion, verbal hostility, and other disciplinary strategies in raising their children. This type of parenting style may pose serious challenge and increases social anxiety disorder. Kiuru (2012) maintained that permissive parenting style allows children to regulate their own activities as much as possible, avoiding the exercise of control and standards of parenting limits and this reduces the risk of developing social anxiety disorder. Permissive parenting style encourages adolescents' autonomy and strengthens their academic and social functioning (Landry, Smith, & Swank, 2006).

Social anxiety disorder negatively affects adolescents' social, emotional and academic success. It leads to poor social and interactive skills, often resulting in avoidance of social interactions. Some psychological effects of social anxiety disorder include loneliness, low self-esteem, irritability, mood swings, feelings of social rejection and frustration. Adolescents' social anxiety disorder often lead to school avoidance, truancy, decreased problem-solving abilities, lower academic achievement, absenteeism, and school drop-outs. It is against this general background that the researcher is motivated to examine self-efficacy and parenting styles as correlates of social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State.

AIM AND OBJECTIVES OF THE STUDY
The aim of this study is to examine self-efficacy and parenting styles as correlates of social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State. Specifically, the study intends to achieve the following;
1. Determine the extent to which self-efficacy relate to social anxiety disorder among secondary school adolescents Obio/Akpor LGA of Rivers State.
2. Determine whether parenting styles jointly and independently relate to social anxiety disorder among secondary school adolescents Obio/Akpor LGA of Rivers State.

RESEARCH QUESTIONS
1. To what extent does self-efficacy relate to social anxiety disorder among secondary school adolescents Obio/Akpor LGA of Rivers State?
2. How does parenting styles jointly and independently relate to social anxiety disorder among secondary school adolescents Obio/Akpor LGA of Rivers State?

HYPOTHESES
1. Self-efficacy (high/low) does not significantly relate to social anxiety disorder among secondary school adolescents Obio/Akpor LGA of Rivers State.
2. Parenting styles do not jointly and independently relate significantly to social anxiety disorder among secondary school adolescents Obio/Akpor LGA of Rivers State.

RESEARCH METHOD AND PROCEDURES

The study adopted the correlational research design. The study used a sample of 300 students who were independently selected using purposive sampling technique. Three instruments were used to collect data for the study, they included; Social Anxiety Disorder Scale, Self-efficacy Scale and Parenting Styles Scale. The reliability of the instruments was determined using the Cronbach Alpha method of internal consistency, therefore the coefficients obtained were Social Anxiety Scale 0.87, Self-Efficacy Scale 0.88 and Parenting Styles Scale 0.79 respectively.

Data Analysis

The data was analyzed with independent sample t-test and regression statistics at 0.05 significant level.

Research Question 1*:* To what extent does self-efficacy relate to social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State?

Table 1: Simple Regression Analysis, on the extent self-efficacy relate to social anxiety disorder among secondary school adolescents

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
	.719[a]	.517	.516	.23120

From the table, the correlation coefficient (r = 0.719) between self-efficacy and social anxiety disorder is positive and strong. This reveals that 52% of social disorder can be explained by self-efficacy.

Hypothesis 1*:* Self-efficacy (high/low) does not significantly relate to social anxiety disorder among secondary school adolescents Obio/Akpor LGA of Rivers State.

Table 2: Independent T-test Analysis, on the relationship between self-efficacy and social anxiety disorder

	Variables	F-value	P-value	T-value	Decision
Low/High	Self-Efficacy Social Anxiety	94.819	.000	18.945	Reject HO_3

From the data analyzed, the calculated t-test value for self-efficacy on social anxiety disorder stood at 18.945 and F-value = 94.819 at 0.05 level of significance. Also, P-value = 0.000 is less than level of sig (P<0.05). Hence, by the decision rule, the null hypothesis was rejected. Therefore, Self-efficacy (high/low) significantly relate to social anxiety disorder among secondary school adolescents Obio/Akpor LGA of Rivers State.

Research Question 2*:* How does parenting styles jointly and independently relate to social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State?

Table 3: Simple Regression Analysis on the extent parenting styles jointly and independently relate to social anxiety disorder

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
	.881[a]	.776	.774	.33420

From the data analyzed, the correlation coefficient (r = 0.881) between parenting style and social anxiety disorder is positive and strong. This reveals that 78% of social anxiety disorder can be explained by parenting style.

Hypothesis 2: Parenting styles do not jointly and independently relate significantly to social anxiety disorder among secondary school adolescents Obio/Akpor LGA of Rivers State.

Table 4: Regression Analysis, on how parenting style jointly and independently relates to social anxiety disorder

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
	.778[a]	.605	.601	.36160	.605	165.555	2	297	.000

From the result of the above table, the correlation coefficient (r = 0.778) between the joint and independent parenting style and social anxiety disorder is strong and positive. The coefficient of determination (r^2 = 0.605) indicates that 61% of social anxiety disorder can be explained by joint and independent parenting style. The significant value of 0.000 (p< 0.05) reveals a significant relationship. Based on that, the null hypothesis was rejected. Therefore, parenting styles jointly and independently relates significantly to social anxiety disorder among secondary school adolescents Obio/Akpor LGA of Rivers State.

RESEARCH FINDINGS AND DISCUSSION
Self-efficacy and Social Anxiety Disorder
The result analyzed showed that Self-efficacy significantly relate to social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State. The null hypothesis was rejected. The finding of the present study is in agreement with the study by Schunk (2003) who found out that low sense of self-efficacy makes adolescents fail to exercise control over things they value and give rise to feelings of futility and despondency, which leads to social anxiety disorder. He further explained that self-efficacy influences an individual's choice in deciding whether or how to act, the amount of effort prepared to invest in any activity, how long the person persevere when confronted by obstacles in social settings.

Parenting styles and Social Anxiety Disorder
The finding of the study revealed that parenting styles jointly and independently relates significantly to social anxiety disorder among secondary school adolescents in Obio/Akpor LGA of Rivers State. The finding of this study agrees with an earlier study by Barber, Stoltz, and Olsen (2005) who found out that parenting styles significantly predicts social anxiety disorder among adolescents. They further explained that authoritarian and authoritative parents usually display low affection, use physical coercion, verbal hostility, and other disciplinary strategies in raising their children and this makes children susceptible to social anxiety disorder.

CONCLUSION
Social anxiety disorder also known as social phobia is an anxiety disorder that is characterized by intense fear and avoidance of social situations causing considerable distress and impaired ability to function normal. It is an extreme form of social phobia involving excessive fear of embarrassment or humiliation in social performance situations. Adolescents' social anxiety disorder often lead to school avoidance, truancy, decreased problem-solving abilities, lower academic achievement, absenteeism, and school drop-outs. This study has shown that self-

efficacy and parenting styles significantly relates to social anxiety disorder among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State.

RECOMMENDATIONS

Based on the findings of the study, the following were recommended;

1. Counseling for adolescents with social interaction anxiety should be encouraged in schools with the aim of improving students' interactional skills.
2. Parents and care givers should be mindful of the type of parenting style they adopt in training their children as this could have a positive or negative influence on the children's level of social adjustments in new or unfamiliar situations.
3. From time to time, parents should take their children out on social gatherings like field trips, excursions, recreational parks etc in order for them to learn how to adjust socially with other children.
4. Parents and care-givers should ensure that they do all it takes to build proper self-efficacy and pro-social skills in their children. They should not train them in the ways that they will be timid as this may have direct link on the way the adolescents relate to other people socially.

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