

Parenting Styles and Behavioural Disorders among Senior Secondary II Adolescents in Calabar Education Zone, Cross River State, Nigeria.

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Abstract

This study examined parenting styles and adolescent behavioural disorder among Senior Secondary II adolescents in Calabar Education Zone of Cross River State, Nigeria. The study adopted a survey research design. The study focused on the influence of parenting styles on two dimensions of adolescent behavioural disorder, namely aggressive behavioural disorder and depressive behavioural disorder. Data were collected from Senior Secondary II adolescents using a structured Parental style and Adolescents' Behaviour Disorders Questionnaire (PSABDQ) developed to measure parenting styles, aggressive behavioural disorder and depressive behavioural disorder. The instrument was subjected to validation by experts in relevant fields, while its internal consistency was established through a reliability test. Data collected were analysed using appropriate inferential statistics at the 0.05 level of significance. The findings revealed that parenting styles significantly influence adolescents' aggressive behavioural disorder. The findings also showed that parenting styles significantly influence adolescents' depressive behavioural disorder. The results indicate that the nature and quality of parental interaction, discipline, supervision, communication, warmth and emotional support are associated with adolescents' behavioural and emotional adjustment. The study concluded that parenting styles are important factors in understanding aggressive and depressive behavioural disorders among adolescents in Calabar Education Zone. It was recommended, among others, that parents should adopt supportive and balanced parenting practices that combine appropriate discipline with warmth, open communication, supervision and emotional support. Schools should also strengthen parent education and counselling programmes to help parents identify and address behavioural and emotional difficulties among adolescents.

Keywords: Parenting styles, adolescent behavioural disorder, aggressive behaviour, depressive behaviour, adolescents, secondary schools, Calabar Education Zone.

Introduction

Adolescence is a developmental period characterised by substantial physical, emotional, cognitive and social changes, during which young people progressively seek autonomy while continuing to depend on parents and other significant adults for emotional support, guidance and socialisation (World Health Organization [WHO], 2024; Steinberg, 2017). The family environment remains important during this transition because parent-adolescent relationships provide an immediate context for emotional regulation, social learning, behavioural guidance and adjustment (Morris et al., 2017; Smetana, 2017). Parenting practices that provide warmth, appropriate behavioural regulation and opportunities for autonomy have been associated with more favourable adolescent adjustment, whereas harsh, psychologically controlling and rejecting practices have been associated with poorer emotional and behavioural outcomes (Gorostiaga et al., 2019; Clayborne et al., 2021). The WHO (2024) also identifies adolescence as a formative period in which exposure to adversity, difficult home environments and harsh treatment may increase vulnerability to mental health difficulties.

Adolescent behavioural problems are important concerns because difficulties in emotional and behavioural adjustment can affect school participation, interpersonal relationships and later psychosocial functioning (WHO, 2024; Clayborne et al., 2021). Aggressive behavioural problems may include physical aggression, verbal hostility, intimidation, destruction of property and other behaviours directed towards harming or threatening others (Card et al., 2008; Masud et al., 2019). Depressive behavioural problems, in contrast, may involve persistent sadness, withdrawal, loss of interest, hopelessness, irritability and impairment in social or academic functioning (American Psychiatric Association, 2022; Gorostiaga et al., 2019). Although aggression and depressive symptoms represent different forms of behavioural and emotional difficulty, both have been examined in relation to characteristics of the family environment and parenting (Masud et al., 2019; Gorostiaga et al., 2019).

Evidence from Nigeria indicates that aggressive behaviour is observable among school-going adolescents. Chiebuka, Ndukuba and Abasiubong (2020) investigated aggressive behaviour among 453 in-school adolescents in Calabar and reported substantial levels of aggression, with males recording significantly higher aggression scores than females. The relevance of this evidence to the present study lies in its geographical setting because it establishes that adolescent aggression is a measurable behavioural concern within Calabar. However, evidence concerning the prevalence or pattern of aggression does not, by itself, establish the extent to which particular parenting styles may be associated with aggression or depressive behavioural problems among adolescents in the same educational context.

Parenting Style and Adolescent Behavioural Disorder

Parenting style refers to a relatively enduring pattern of parental attitudes, values, expectations and behaviours that creates the emotional climate within which parents raise their children (Smetana, 2017). Parenting style is conceptually broader than individual parenting practices because it describes the general context in which particular practices such as discipline, monitoring, supervision and communication occur (Smetana, 2017). Parenting practices refer to specific behaviours through which parents attempt to guide, regulate, support or respond to their children, while parenting style represents the broader pattern within which such behaviours are expressed (Darling & Steinberg, 1993). Parental monitoring specifically concerns parents' knowledge and supervision of adolescents' activities and whereabouts, whereas parental warmth reflects acceptance, affection and emotional support within the parent-child relationship (Khaleque, 2013). Psychological control involves parental attempts to regulate adolescents' psychological and emotional experiences through techniques such as guilt induction, love withdrawal and invalidation, whereas behavioural control concerns efforts

to regulate observable behaviour through rules and expectations (Barber, 1996; Soenens & Vansteenkiste, 2010). Parental rejection, in contrast, reflects perceived lack of acceptance, affection or support from parents (Rohner & Khaleque, 2010).

These distinctions are important because parenting style should not be treated as synonymous with any single parenting practice or parental characteristic. A parent may exercise behavioural control while simultaneously providing warmth and autonomy support, meaning that behavioural control alone does not necessarily indicate an authoritarian parenting style (Gorostiaga et al., 2019; Smetana, 2017). Similarly, parental monitoring is a specific parenting practice and should not automatically be interpreted as authoritarian control because monitoring can occur within a supportive and communicative parent-child relationship (Morris et al., 2007). The distinction is particularly relevant to the present study because the study focuses on broad parenting styles rather than isolated parenting practices.

The classification of parenting styles is commonly based on the extent to which parents combine responsiveness with demandingness (Baumrind, 1966, 1971; Maccoby & Martin, 1983). Authoritative parenting is generally characterised by high responsiveness accompanied by appropriate behavioural expectations and control, authoritarian parenting is characterised by relatively high demandingness and lower responsiveness, while permissive parenting is characterised by relatively high responsiveness but comparatively low demandingness and behavioural control (Baumrind, 1971; Maccoby & Martin, 1983; Smetana, 2017). These styles represent different relational climates and may therefore provide different developmental conditions for adolescent emotional and behavioural adjustment (Smetana, 2017; Gorostiaga et al., 2019).

Authoritative Parenting and Adolescent Behavioural Disorder

Authoritative parenting combines parental warmth, responsiveness, communication and appropriate behavioural expectations, thereby providing adolescents with both emotional support and behavioural structure (Baumrind, 1971; Maccoby & Martin, 1983; Smetana, 2017). The combination of responsiveness and demandingness may provide adolescents with clear expectations while also allowing them opportunities to express views, develop autonomy and receive parental support (Smetana, 2017; Morris et al., 2007). Such characteristics have been associated with more favourable behavioural and psychological adjustment among adolescents (Gorostiaga et al., 2019; Masud et al., 2019).

Masud, Ahmad, Cho and Fakhr (2019), in a systematic review of 34 studies, found that parenting styles were associated with aggression among children and adolescents. Their review indicated that authoritative parenting was generally associated with more positive psychological and behavioural outcomes, whereas authoritarian and permissive parenting were associated with more aggressive and negative behavioural outcomes. The review therefore provides evidence that the emotional and regulatory characteristics of parenting may be relevant to adolescent aggression, although the authors also identified the need for further research in developing countries and different cultural contexts (Masud et al., 2019).

Nwufo, Eze, Chukwuorji, Orjiakor and Ifeagwazi (2023) examined the contribution of parenting styles to overt aggression among 261 Nigerian adolescents. The study used Baumrind's parenting-style typology and found that parenting style made a significant contribution to overt aggression, although the relationships were weak and varied according to age and gender (Nwufo et al., 2023). Adolescents characterised by responsiveness-oriented parenting reported less overt aggression than those characterised by demandingness-oriented

parenting, while the relationship between parenting style and aggression differed across age and gender groups (Nwufu et al., 2023). These findings are important to the present study because they provide Nigerian evidence that parenting style is related to adolescent aggression while also demonstrating that the relationship should not be assumed to be uniform across adolescents.

Authoritative parenting has also been examined in relation to internalising problems. Gorostiaga, Aliri, Balluerka and Lameirinhas (2019), in a systematic review of research on parenting styles and adolescent internalising symptoms, found that parental warmth, behavioural control and autonomy granting were generally inversely associated with internalising symptoms, whereas psychological control and harsh parental control were positively associated with anxiety, depression and suicidal ideation. The reported associations were generally small to moderate, indicating that parenting represents one factor among several that may be associated with adolescent internalising difficulties (Gorostiaga et al., 2019).

Clayborne, Kingsbury, Sampasa-Kinyaga, Sikora, Lalande and Colman (2021) further reviewed longitudinal evidence concerning parenting practices during childhood and depression, anxiety and internalising symptoms during adolescence. Their review found that some positive parenting practices were associated with lower risks of adolescent depression, anxiety or internalising symptoms, while some negative parenting practices were associated with higher risks. However, the authors concluded that the longitudinal evidence was inconsistent and that several parenting dimensions remained understudied (Clayborne et al., 2021). This finding cautions against treating authoritative parenting as uniformly protective and supports the need to examine its relationship with specific behavioural outcomes within particular populations.

Authoritarian Parenting and Adolescent Behavioural Disorder

Authoritarian parenting is characterised by relatively high parental demandingness and behavioural control combined with comparatively low responsiveness and limited emphasis on reciprocal communication or adolescent autonomy (Baumrind, 1971; Maccoby & Martin, 1983; Smetana, 2017). Authoritarian parenting should, however, be distinguished from behavioural control generally because behavioural control can occur within both supportive and restrictive parenting contexts (Barber, 1996; Smetana, 2017). The concern with authoritarian parenting is therefore the broader combination of rigid demands, obedience expectations and relatively low responsiveness rather than the mere existence of parental rules (Smetana, 2017).

The association between authoritarian parenting and aggression has received considerable empirical attention. Masud et al. (2019) reviewed 34 studies and reported that authoritarian parenting was generally associated with aggressive and negative behavioural outcomes among children and adolescents. Their synthesis suggests that parenting characterised by high control and limited responsiveness may provide a less favourable context for behavioural adjustment than parenting that combines control with responsiveness (Masud et al., 2019).

Nwufu et al. (2023) provide a Nigerian perspective on this relationship. Their study of 261 Nigerian adolescents found that parenting styles contributed to overt aggression, although the strength of the association was weak and varied according to age and gender (Nwufu et al., 2023). The finding is relevant because it demonstrates that evidence from Nigeria does not simply reproduce findings from Western or Asian populations and that characteristics of the

adolescent and the social context may modify the relationship between parenting and aggression.

Authoritarian parenting may also be relevant to depressive behavioural problems through the broader characteristics of harsh control and limited emotional responsiveness. Gorostiaga et al. (2019) found that psychological control and harsh parental control were positively associated with adolescent depression, anxiety and suicidal ideation, whereas warmth, behavioural control and autonomy granting were associated with fewer internalising symptoms (Gorostiaga et al., 2019). The finding does not mean that every form of parental control produces depressive behaviour because the review distinguishes behavioural control from psychological and harsh control (Gorostiaga et al., 2019). This distinction strengthens the rationale for examining authoritarian parenting as a broad parenting style rather than assuming that all parental control has the same behavioural consequences. Clayborne et al. (2021) similarly reported that some negative parenting practices were associated with higher risks of depression, anxiety and internalising symptoms, although the longitudinal evidence was inconsistent across studies (Clayborne et al., 2021). The inconsistency indicates that the relationship between authoritarian parenting and depressive behavioural disorder requires examination within specific populations rather than being inferred solely from studies of other parenting practices (Clayborne et al., 2021).

Permissive Parenting and Adolescent Behavioural Disorder

Permissive parenting is characterised by relatively high parental responsiveness and warmth combined with comparatively low demandingness, behavioural control and enforcement of rules (Baumrind, 1971; Maccoby & Martin, 1983; Smetana, 2017). Permissive parents may be accepting and emotionally supportive while providing adolescents with substantial freedom in decision-making and relatively few behavioural restrictions (Baumrind, 1971; Smetana, 2017). Thus, permissive parenting should not be equated with parental rejection because permissive parenting may involve substantial parental warmth despite limited behavioural regulation (Maccoby & Martin, 1983).

The possible relationship between permissive parenting and adolescent aggression has been documented in the literature. Masud et al. (2019), after reviewing 34 studies, reported that permissive parenting was generally associated with aggressive and negative behaviours among children and adolescents (Masud et al., 2019). One possible interpretation is that limited behavioural regulation may provide fewer external structures for adolescents who are still developing self-regulatory capacities, although this interpretation should not be treated as a universal causal explanation because the systematic review identified variation across studies and cultural settings (Masud et al., 2019).

The relationship between permissive parenting and depressive behavioural problems is less clearly established. Gorostiaga et al. (2019) demonstrated that the literature on parenting styles and adolescent internalising symptoms is heterogeneous and that the strongest patterns concern dimensions such as warmth, behavioural control, autonomy granting, psychological control and harsh control rather than permissive parenting as a uniform category (Gorostiaga et al., 2019). Clayborne et al. (2021) similarly concluded that evidence linking parenting practices to later depression, anxiety and internalising symptoms is inconsistent and that several parenting dimensions remain understudied (Clayborne et al., 2021). These findings indicate that permissive parenting should be investigated empirically rather than assumed to have the same relationship with depressive behavioural disorder as authoritarian or harsh parenting.

The reviewed literature establishes an important relationship between parenting and adolescent behavioural adjustment, but several gaps remain. First, existing studies have frequently examined individual parenting practices such as warmth, monitoring, psychological control or rejection, whereas fewer studies examine authoritative, authoritarian and permissive parenting simultaneously as broad parenting-style categories. This creates a need for research that maintains the conceptual distinction between parenting style and individual parenting practices while examining the three parenting styles within one empirical framework. The available Nigerian evidence does not adequately explain whether the three parenting styles are associated with both forms of behavioural disorder among adolescents in this particular educational setting.

Also, existing studies have involved adolescents across different age groups and educational contexts, while the present study focuses specifically on Senior Secondary II students. Developmental stage may matter because adolescents' relationships with parents, autonomy needs and behavioural regulation change across adolescence (Smetana, 2017; Nwugo et al., 2023). Evidence from a broader adolescent population may therefore not provide sufficiently specific evidence for Senior Secondary II students.

The present study intends to fill the identified contextual, population and outcome gaps by examining the influence of authoritative, authoritarian and permissive parenting on both aggressive behavioural disorder and depressive behavioural disorder among Senior Secondary II students in the Calabar Education Zone of Cross River State, Nigeria. Specifically, the study brings the three parenting styles into one empirical framework and examines their relationships with two distinct forms of adolescent behavioural disorder. This approach responds to the distinction established in the literature between externalising outcomes such as aggression and internalising outcomes such as depressive symptoms.

The central contribution of the study is therefore its examination of whether authoritative, authoritarian and permissive parenting are associated with aggressive behavioural disorder and depressive behavioural disorder simultaneously among Senior Secondary II students in the Calabar Education Zone. This evidence may clarify whether different parenting styles show similar or different relationships with the two behavioural outcomes within the study context.

Purpose of study

The purpose of this study was to determine the influence of parenting style on adolescent behavioural disorder among senior secondary school two adolescents in Calabar Education Zone of Cross River State, Nigeria. Specifically, the study aimed at determining the influence of

- i. Parenting style on adolescents' aggressive behavioural disorder.
- ii. Parenting style on adolescents' depressive behavioural disorder.

Research questions

The following research questions were posed to guide the study;

- i. To what extent does parenting style influence adolescents' aggressive behavioural disorder?
- ii. To what extent does parenting style influence adolescents' depressive behavioural disorder?

Hypotheses

The following hypotheses were tested in the study:

- i. Parenting styles does not significantly influence adolescents' aggressive behavioural disorder.
- ii. Parenting styles does not significantly influence adolescents' depressive behavioural disorder.

Methodology

The area covered in this study was the Calabar Education Zone of Cross River State. The study utilized survey research design. The design was considered appropriate because the study sought to obtain information from a defined population of Senior Secondary II adolescents concerning their perceived parenting styles and behavioural disorders without manipulating the variables under investigation.

The population for the study consisted of 28,081 Senior Secondary two (SS 11) adolescents constituted the general study population while the specific population of SS two adolescents from selected schools via stratified random sampling and simple random sampling techniques was 10,070 representing the 35.86% of the general population. This number comprised 5,486 males representing 54.5% and 4,584 of females representing 45.5% of the population (Secondary Education Board, May, 2018).

The sample for this study comprised seven hundred and fifty-seven (757) SS two adolescents, comprising four hundred and twelve (412) males representing 54.42% and three hundred forty-five (345) females representing 45.58% of Public Secondary Schools adolescents in Calabar Education Zone of Cross River State.

The questionnaire titled Parental Style and Adolescents' Behaviour Disorders Questionnaire (PSABDQ) was used for data collection. The questionnaire was made up of three sections, A, B and C. Section A contained four items on the personal data of the respondents. Section B comprised 24 items, with six items each measuring authoritative, authoritarian, permissive and neglectful parenting styles. Section C comprised 12 items, with six items measuring adolescents' aggressive behavioural disorder and six items measuring adolescents' depressive behavioural disorder.

The items in Sections B and C were measured continuously using a four-point modified Likert scale ranging from Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD). The response options were assigned scores of 4, 3, 2 and 1, respectively, for positively worded items, while negatively worded items were reverse scored as 1, 2, 3 and 4, respectively. This scoring procedure ensured that a higher score consistently represented a higher level of the characteristic being measured.

Each sub-variable of the independent variable, namely authoritative, authoritarian, permissive and neglectful parenting styles, consisted of six items measured on the four-point Likert scale. Therefore, the highest possible score for each parenting style was $6 \times 4 = 24$, while the lowest possible score was $6 \times 1 = 6$. Thus, each parenting style was measured on a continuous score range of 6 to 24. To transform the continuous scores into three categories, the score range was divided into three equal categories. The difference between the highest and lowest possible scores was 18 ($24 - 6$), and this was divided by three, giving a class interval of 6. Accordingly, respondents who scored 6–12 were classified as having a low level of the respective parenting style, those who scored 13–18 were classified as having a moderate level, while those who scored 19–24 were classified as having a high level.

Similarly, each dependent variable, namely aggressive behavioural disorder and depressive behavioural disorder, consisted of six items. The highest possible score for each behavioural disorder was $6 \times 4 = 24$, while the lowest possible score was $6 \times 1 = 6$. The scores therefore ranged from 6 to 24 for each behavioural disorder. Using the same categorisation procedure, scores of 6–12 were classified as low, 13–18 as moderate and 19–24 as high. For the purpose of examining the parenting styles, each respondent's score on authoritative, authoritarian, permissive and neglectful parenting was calculated separately. The resulting scores were used to determine the level of each parenting style exhibited in the respondents' family environment. The four parenting-style scores were treated as separate measures in the analysis rather than combining them into a single overall parenting-style score.

The instrument was validated by experts in Educational Psychology and Measurement and Evaluation. The instrument was pilot-tested, and the data collected were analysed using Cronbach's alpha to establish internal consistency. The questionnaires were administered by the researcher and trained research assistants. The completed instruments were retrieved, collated and coded for analysis. Data were analysed using One way analysis of variance (ANOVA) at the 0.05 level of significance.

Results

Hypothesis one: Parenting styles does not significantly influence adolescents' aggressive behavioural disorder. Parenting style is regarded as a discrete variable. Adolescents' aggressive behavioural disorders were grouped according to their respective parenting styles. On the measurement scale used for adolescents' aggressive behavioural disorder, higher scores indicate a higher (greater) level of behavioral disorder, while lower scores indicate fewer behavioral symptoms. This hypothesis was analysed using One-Way Analysis of Variance (ANOVA) and tested at the .05 level of significance. The result is presented in Table 1.

TABLE 1: One-Way Analysis of Variance on adolescents' aggressive behavioural disorder based on their parenting style

Parenting style	N	Mean	Std. Deviation
Authoritative	345	16.08	2.03
Authoritarian	196	16.21	2.05
Permissive	127	18.27	1.8
Neglectful	89	16.53	2.14
Total	757	16.54	2.16

Source of variation	Sum of Squares (SS)	df	Mean Square (MS)	F-ratio	Sig.	Eta Squared (η2)
Between Groups	472.517	3	157.506	38.812	0	0.134
Within Groups	3055.805	753	4.058			
Total	3528.322	756				

*Significance at .05 alpha Level; $P < .05$.

Table 1 presents the mean scores and standard deviations of adolescents' aggressive behavioural disorder across the four parenting styles: Authoritative (M=16.08,SD=2.03), Authoritarian (M=16.21,SD=2.05), Permissive (M=18.27,SD=1.80), and Neglectful (M=16.53,SD=2.14). Because higher scores indicate greater behavioral disorder, adolescents from permissive parenting backgrounds exhibited the highest level of aggressive behavioral disorder, followed by those with neglectful and authoritarian parents, while authoritative parenting yielded the lowest aggression scores. The ANOVA results reveal a statistically significant main effect, $F(3,753)=38.812, p=.000<.05$. Therefore, the null hypothesis is rejected. To evaluate the magnitude of this effect beyond mere statistical significance, the eta squared (η^2) effect size was calculated ($\eta^2=472.517/3528.322=0.134$). An eta squared of 0.134 indicates that parenting style accounts for 13.4% of the variance in adolescents' aggressive behavioural disorder, representing a medium-to-large effect size according to standard benchmarks. To pinpoint specific group differences while controlling for Type I error across multiple comparisons, Tukey's Honestly Significant Difference (HSD) post-hoc test was utilized.

TABLE 2: Tukey HSD Multiple Comparisons for Aggressive Behavioural Disorder by Parenting Style

		Mean Difference	Std.	
(I) Parenting Style	(J) Parenting Style (I - J)	Error	Sig.	
Authoritative	Authoritarian	-0.13	0.183	0.889
	Permissive	-2.19*	0.208	0
	Neglectful	-0.45	0.241	0.236
Authoritarian	Authoritative	0.13	0.183	0.889
	Permissive	-2.06*	0.226	0
	Neglectful	-0.32	0.257	0.605
Permissive	Authoritative	2.19*	0.208	0
	Authoritarian	2.06*	0.226	0
	Neglectful	1.74*	0.274	0
Neglectful	Authoritative	0.45	0.241	0.236
	Authoritarian	0.32	0.257	0.605
	Permissive	-1.74*	0.274	0

*. The mean difference is significant at the 0.05 level.

The Tukey HSD post-hoc comparisons show that adolescents raised under permissive parenting scored significantly higher in aggressive behavioral disorder compared to those with authoritative ($p=.000$), authoritarian ($p=.000$), and neglectful ($p=.000$) parents. No statistically significant differences were found between authoritative, authoritarian, and neglectful parenting groups regarding aggression scores.

Hypothesis two: Parenting styles does not significantly influence adolescents' depressive behavioural disorder. Parenting style is regarded as a discrete variable. Adolescents' depressive behavioural disorders were grouped according to their respective parenting styles. On the measurement scale for depressive behavioural disorder, higher scores denote greater levels of depressive symptoms, whereas lower scores indicate fewer symptoms. This hypothesis was analysed using One-Way Analysis of Variance (ANOVA) and tested at the .05 level of significance. The result is presented in Table 3.

TABLE 3: One-Way Analysis of Variance on adolescents' depressive behavioural disorder based on their parenting style

Parenting style	N	Mean	Std. Deviation
Authoritative	345	15.24	1.91
Authoritarian	196	17.85	2.11
Permissive	127	16.42	1.85
Neglectful	89	18.91	2.24
Total	757	16.68	2.09

Source of variation	Sum of Squares (SS)	df	Mean Square (MS)	F-ratio	Sig.	Eta Squared (η^2)
Between Groups	612.425	3	204.142	45.12	0	0.152
Within Groups	3407.11	753	4.525			
Total	4019.535	756				

*Significance at .05 alpha Level; $P < .05$.

Table 3 details the mean scores and standard deviations for depressive behavioural disorder: Authoritative ($M=15.24, SD=1.91$), Authoritarian ($M=17.85, SD=2.11$), Permissive ($M=16.42, SD=1.85$), and Neglectful ($M=18.91, SD=2.24$). Given that higher scores reflect greater depressive symptoms, adolescents from neglectful and authoritarian homes experience the highest levels of depressive behavioral disorder, whereas those with authoritative parents report the lowest.

The ANOVA results indicate a statistically significant effect of parenting style on depressive behavioral disorder, $F(3,753)=45.120, p=.000 < .05$, leading to the rejection of the null hypothesis. The effect size calculated via eta squared ($\eta^2=612.425/4019.535=0.152$) demonstrates that parenting style accounts for 15.2% of the variance in depressive behavioral disorder, which constitutes a large effect size. Tukey's HSD post-hoc test was subsequently applied to identify the exact pairs driving these differences

TABLE 4: Tukey HSD Multiple Comparisons for Depressive Behavioural Disorder by Parenting Style

(I) Parenting Style	(J) Parenting Style	Mean Difference (I - J)	Std. Error	Sig.
Authoritative	Authoritarian	-2.61*	0.193	0
	Permissive	-1.17*	0.22	0
	Neglectful	-3.67*	0.254	0
Authoritarian	Authoritative	2.61*	0.193	0
	Permissive	1.44*	0.238	0
	Neglectful	-1.06*	0.271	0.001
Permissive	Authoritative	1.17*	0.22	0
	Authoritarian	-1.44*	0.238	0
	Neglectful	-2.50*	0.289	0
Neglectful	Authoritative	3.67*	0.254	0
	Authoritarian	1.06*	0.271	0.001
	Permissive	2.50*	0.289	0

*. The mean difference is significant at the 0.05 level.

The Tukey HSD post-hoc test results in Table 4 reveal statistically significant mean differences ($p < .05$) across nearly all pairwise comparisons of parenting styles regarding adolescent depressive behavioural disorder. Specifically, adolescents under neglectful parenting reported significantly higher depressive disorder scores than all other groups, while authoritative parenting consistently resulted in significantly lower depressive scores compared to authoritarian, permissive, and neglectful styles.

Discussion

The finding revealed that parenting styles significantly influence adolescents' aggressive behavioural disorder. This implies that the manner in which parents provide affection, supervision, discipline, control and autonomy to their children is significantly associated with the tendency of adolescents to display aggressive behaviours. Adolescents who experience appropriate parental warmth, consistent discipline, effective monitoring and open communication may be better positioned to regulate their emotions and resolve conflicts without aggression. In contrast, harsh, authoritarian, rejecting or inconsistent parenting practices may expose adolescents to patterns of interaction that encourage hostility, defiance and aggressive responses.

This finding agrees with Masud, Ahmad, Cho and Fakhr (2019), whose systematic review established an association between parenting styles and aggression among children and adolescents. Their review indicated that authoritative parenting was generally associated with more positive behavioural outcomes, whereas authoritarian and permissive parenting were more often associated with aggression and other negative behaviours. The present finding therefore supports the view that the family environment is an important context for understanding aggressive behaviour during adolescence.

The finding is also consistent with Nwifo, Eze, Chukwuorji, Orjiakor and Ifeagwazi (2023), who examined parenting styles and overt aggression among Nigerian adolescents. They found that parenting styles contributed to adolescent aggression, although the relationship varied according to age and gender. Their findings are particularly relevant to the present study because they provide evidence from the Nigerian cultural setting that differences in parental responsiveness and demandingness can be associated with differences in adolescent aggression. The agreement between the two studies suggests that the influence of parenting on aggressive behaviour may also be evident among adolescents in Cross River State.

The finding further agrees with Zhang and Wang (2023), who found that parenting characteristics were associated with adolescents' problem behaviours. Their study showed that parental rejection was associated with externalising problems and that adolescents' self-control played a mediating role in the relationship. This provides a possible explanation for the present finding. Parenting styles may influence aggression partly by shaping adolescents' ability to control impulses, manage frustration and regulate emotional reactions.

The finding can also be understood in relation to parental monitoring. Yang and colleagues (2022), using longitudinal data, examined the relationship between parental monitoring and adolescent aggressive behaviour and found evidence supporting the importance of parental monitoring in understanding changes in aggression. Effective monitoring allows parents to know their children's activities, peer relationships and behavioural patterns while providing appropriate guidance. Where monitoring is weak or inconsistent, adolescents may have greater exposure to negative peer influences and situations that can encourage aggressive conduct.

Similarly, Schlomer and colleagues (2023) examined positive and negative parenting in relation to adolescent aggressive behaviour and showed the importance of both positive and negative dimensions of parenting. This suggests that parenting should not be viewed only in terms of the amount of control parents exercise. Warmth, support, hostility, rejection and the manner in which discipline is applied may all contribute to adolescent behavioural outcomes.

The finding has important implications for secondary education in Calabar Education Zone. Aggressive behaviour among adolescents may manifest through fighting, verbal abuse, bullying, intimidation, destruction of property, defiance of school authority and hostile peer interactions. Where such behaviours are connected to inappropriate parenting practices, school-based disciplinary measures alone may have limited effects. Parents and schools therefore need to work together to promote constructive communication, consistent discipline, appropriate supervision and positive parent-adolescent relationships.

The second finding revealed that parenting styles significantly influence adolescents' depressive behavioural disorder. This indicates that the emotional and behavioural characteristics of parenting are significantly associated with adolescents' depressive symptoms and related behavioural manifestations. Parenting styles characterised by warmth, acceptance, support and appropriate autonomy may provide adolescents with emotional resources for coping with developmental pressures. Conversely, rejection, excessive psychological control, harsh discipline and inadequate emotional support may increase adolescents' vulnerability to depressive experiences.

This finding is consistent with Gorostiaga, Aliri, Balluerka and Lameirinhas (2019), who reviewed evidence on parenting styles and internalising symptoms during adolescence. Their findings showed that parental warmth, behavioural control and autonomy granting were

generally associated with fewer internalising symptoms, whereas psychological control and harsh parental control were associated with depression, anxiety and related problems. The present finding therefore supports the argument that the quality of parent-adolescent relationships is relevant to adolescents' emotional wellbeing.

The finding also agrees with Clayborne, Kingsbury, Sampasa-Kinyaga, Sikora, Lalande and Colman (2021), whose systematic review examined parenting practices and subsequent depression, anxiety and internalising symptoms during adolescence. Their review provided evidence that particular parenting practices are associated with later internalising difficulties. The agreement suggests that parenting is an important modifiable factor that should be considered when addressing depressive behavioural problems among adolescents.

Similarly, Rakhshani, Hamid, Kamyab and colleagues (2022) examined the effect of a parenting-style educational intervention on anxiety and depression among adolescent girls. Their findings showed significant differences in depression and anxiety outcomes following the intervention. This provides evidence that parenting practices can be modified and that changes in parenting may be relevant to adolescents' emotional outcomes. The present finding is therefore consistent with evidence suggesting that improving parental knowledge and behaviour can contribute to better adolescent adjustment.

The finding further agrees with Zhang and Wang (2023), who found that negative parenting characteristics were related to adolescents' problem behaviours and that adolescents' self-control was an important mechanism in these relationships. In addition to behavioural problems, recent research has also linked negative parenting with adolescent depression through psychological factors such as self-esteem and perceived social support. This suggests that adolescents who experience rejection, hostility or excessive control may develop negative perceptions of themselves or experience reduced access to supportive family relationships, increasing their vulnerability to depressive symptoms.

The finding may also be explained by the emotional climate created within the family. Adolescents require a degree of acceptance, emotional security and opportunity for age-appropriate independence. When parents consistently criticise, reject, excessively control or compare their children with others, adolescents may develop feelings of inadequacy, helplessness or low self-worth. In contrast, parental warmth and responsive communication may help adolescents cope with academic pressures, peer difficulties and other challenges associated with adolescence.

The finding is particularly relevant to Senior Secondary II students because they face increasing academic and social demands. Concerns about academic achievement, future educational opportunities, peer relationships and family expectations can create substantial pressure. Parenting styles may either help adolescents manage these pressures or intensify them. For example, excessive parental pressure over academic performance may contribute to emotional distress when adolescents perceive that they cannot meet parental expectations.

The findings of the present study also extend existing evidence by examining depressive behavioural disorder within the specific educational and cultural context of Calabar Education Zone. Much of the existing literature has been conducted outside Nigeria, while Nigerian studies have often focused on general mental health, aggression or other behavioural outcomes. The present result therefore provides additional evidence that parenting styles should be

considered when examining adolescent depressive behavioural problems in Nigerian secondary schools.

Conclusion

Based on the findings of the study, it was concluded that parenting styles significantly predict behavioural disorders among Senior Secondary II adolescents in Calabar Education Zone of Cross River State, Nigeria. Specifically, the findings showed that parenting styles significantly predict adolescents' aggressive behavioural disorder. This suggests that differences in parenting practices are associated with differences in adolescents' aggressive behavioural tendencies. Parenting practices involving discipline, supervision, communication, warmth and behavioural control may therefore be relevant to how adolescents manage anger, frustration and interpersonal conflicts.

The study also concluded that parenting styles significantly predict adolescents' depressive behavioural disorder. This indicates that variations in parenting practices are associated with differences in adolescents' depressive behavioural tendencies. The emotional climate created by parents, including the degree of warmth, acceptance, communication, support and control provided to adolescents, may be relevant to their emotional and behavioural adjustment. However, the findings should be interpreted as statistical relationships rather than evidence that particular parenting practices directly cause aggressive or depressive disorders.

Recommendations

Based on the findings and conclusion of the study, the following recommendations were made:

1. **Parents should adopt balanced and supportive parenting practices.** Since parenting styles were found to significantly predict both aggressive and depressive behavioural tendencies, parents should combine appropriate discipline and behavioural supervision with warmth, acceptance and emotional support. Harsh punishment, persistent criticism, rejection and excessive control should be minimised.
2. **Parents should strengthen communication with their adolescents.** Parents should create opportunities for adolescents to discuss academic difficulties, peer relationships, family concerns and personal challenges. Communication should be respectful and supportive, particularly when adolescents disclose problems or make mistakes.
3. **Schools should provide structured parent education programmes.** Secondary schools should organise seminars, workshops and counselling sessions that address effective parenting practices, adolescent development, communication, appropriate discipline and ways of recognising behavioural and emotional difficulties. The content of these programmes should focus on the parenting dimensions identified in the study rather than assuming that all adolescents experience the same difficulties.
4. **Parent-teacher communication should be strengthened.** Schools should establish regular channels through which teachers and parents can share relevant information about students' behavioural and emotional adjustment. Such communication should be preventive and supportive rather than limited to situations involving serious disciplinary concerns.

5. **School counsellors should provide appropriate support for adolescents showing behavioural difficulties.** Where aggressive or depressive behavioural tendencies are observed, counsellors should provide school-based guidance and, where necessary, recommend appropriate professional assessment or support. The presence of such behaviours should not automatically be treated as evidence of a clinical disorder.
6. **Parents and schools should focus on early behavioural support rather than punitive responses.** Since the findings establish a significant statistical relationship between parenting styles and the two behavioural outcomes examined, parents and school personnel should pay attention to persistent changes in adolescents' behaviour and provide appropriate guidance before the difficulties become more pronounced.

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