



Impact of Parent's Communication on Adolescent Social Anxiety

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ABSTRACT

Objective: Knowing the impact of parent's communication and adolescent social anxiety. **Method:** The Research type is quantitative, using survey techniques with a teenage population. The sample size was 2135 junior high school students spread across 24 Cities and Districts in West Java. Data was collected for 1 month (October 1-31, 2024). Respondents filled out a Google form containing instruments about parental communication patterns (attitudes towards children's opinions, accepting criticism, involving children in decision-making, enforcing rules, etc) and social anxiety (fear of negative evaluation, social avoidance). Data analysis using Chi-Square and Pearson. **Results:** Most respondents were 14 years old and lived with their parents; their mother's education was junior high school, while their father's was high school. The position of the children was the first and last child. More than 10% of parents have authoritarian communication with adolescents, although most have democratic communication. There is a significant relationship between the age of respondents and the level of anxiety indicated by the results of the Pearson test with a P value of 0.032. In contrast, parental communication and adolescent social anxiety have a statistically significant relationship, indicated by a p-value of 0.01 using the chi-square test. **Novelty:** Social anxiety is rarely symptomatic, so parents should be able to recognize the condition early and improve communication patterns immediately

INTRODUCTION

Adolescence is the phase of life between childhood and adulthood, from 10 to 19 years of age. It is a unique stage of human development and an important time to lay the foundations of good health. Adolescents experience rapid physical, cognitive, and psychosocial growth (WHO, 2025). Adolescence is a period of life with specific health and developmental needs and rights. It is also a time to develop knowledge and skills, learn to manage emotions and relationships and acquire important attributes and abilities for enjoying adolescence and taking on adult roles (Best & Ban, 2024). Important neurodevelopment also occurs during adolescence. These developments are linked to hormonal changes but are not necessarily dependent on hormonal changes. Development occurs in parts of the brain, such as the limbic system, which is responsible for pleasure-seeking and reward processing, emotional responses, and sleep regulation. At the same time, changes occur in the pre-frontal cortex, the area responsible for so-called executive functions: decision-making, organization, impulse control, and future planning. Changes in the pre-frontal cortex occur more slowly in adolescence than in the limbic system. Associated with hormonal changes and neurodevelopment in adolescence are psychosocial and emotional changes and increased cognitive and intellectual capacities. During the second decade, adolescents

develop stronger reasoning skills and logical and moral thinking and become more able to think abstractly and make rational judgments (Goldstein, 2020).

Internal changes influence changes in the adolescent environment. These external influences, which differ among cultures and societies, include social values and norms and changing roles, responsibilities, relationships, and expectations during this period of life (Ciampo & Ciampo, 2020). Adolescent development drives changes in disease burden between childhood and adulthood- for example, increases with age in sexual and reproductive health problems, mental illness, and injuries (Ciampo & Ciampo, 2020). There are about 1.2 billion adolescents in the world (UNICEF, 2020); adolescents face many problems in their lives, such as smoking, tobacco use, alcohol, and drug use, increased risk of injury, HIV and other sexually transmitted infections, poor school performance and school dropout, early pregnancy, reproductive health problems, communicable and non-communicable diseases, and mental health problems (WHO, 2024). West Java has 8.1 million adolescents aged 10-19 years, or 16.8% of the total population (Nurtini, 2022), which is almost the same problem as those that occur globally. Mental health is more than just the absence of mental disorders. Mental health sits on a complex continuum, experienced differently from person to person, with varying degrees of distress and potentially very different social and clinical outcomes (Nebhinani & Jain, 2019). Mental health conditions include mental disorders, psychosocial disabilities, and other mental conditions associated with significant distress, impaired functioning, or risk of self-harm. People with mental health conditions are more likely to experience lower levels of mental well-being, but this is not always or necessarily the case.

Individual psychological and biological factors such as emotional skills, substance use, and genetics can make people more vulnerable to mental health problems. Exposure to unfavorable social, economic, geopolitical, and environmental circumstances - including poverty, violence, inequality, and environmental deprivation - also increases people's risk of developing mental health conditions. Risks can arise at all stages of life, but those that occur during sensitive developmental periods, especially in childhood, are particularly detrimental. For instance, harsh parenting and corporal punishment are known to damage children's health, and bullying is a significant risk factor for mental health conditions (WHO, 2022). The enabling determinants of mental health include conflict, violence and abuse, life events and experiences, racism and discrimination, culture and migration, social interactions and support, structural policies and inequalities, financial factors, employment factors, housing and living conditions, and demographic factors. Social anxiety disorder is a prevalent mental disorder in children and adolescents, characterized by intense fear and avoidance of social situations. Social anxiety among adolescents is prevalent, affecting 62.4% in both urban and rural areas. Influencing factors include parental influence, personality traits such as introversion, and excessive smartphone use, which can hinder real-world social interactions and lead to emotional instability (Priasmoro et al., 2024); another study says that social anxiety disorder is a common mental disorder in children and adolescents, with a lifetime prevalence of around 10% (Xian et al., 2024).

According to The Study of Global Burden of Disease (2020), the prevalence of anxiety disorders, including social anxiety, in adolescents is around 7-10.00% of the global population. WHO estimates that around 10-20.00% of adolescents worldwide experience mental health problems, including social anxiety, which often goes undetected or untreated (WHO, 2021). Social anxiety can negatively impact adolescents'

ability to build healthy social relationships, academic achievement, and overall psychological well-being. Mental health issues, including social anxiety, are also a growing concern in Indonesia. According to The Basic Health Research released by the Indonesian Ministry of Health in 2018, the prevalence of mental-emotional disorders in the Indonesian population aged 15 years and above, including anxiety, reached 9.8%. Although specific data related to social anxiety has not been widely published, several studies indicate that social anxiety is one of the most common forms of anxiety disorder among adolescents in Indonesia. For example, a study in 2021 conducted in several high schools in Indonesia showed that around 6-9.00% of adolescents experienced symptoms of social anxiety in their daily social interactions. West Java, the province with the largest population in Indonesia, also faces adolescent mental health problems. The prevalence of anxiety disorders and depression in adolescents has increased in recent years. Although specific data on social anxiety is not widely publicly available, local research suggests that around 8.00% of adolescents in West Java show significant signs of social anxiety, particularly related to interactions in their school and social environment. More specific research shows that the prevalence of social anxiety varies between countries. For instance, in the United States, approximately 9.10% of adolescents are expected to have social anxiety disorder by 2022. Meanwhile, adolescents' social anxiety prevalence in Europe ranges from 5-8.00% (Stein et al., 2020).

Social anxiety is a psychological disorder often experienced by adolescents, characterized by excessive fear of negative judgment from others in social interactions. During adolescence, individuals undergo significant changes both physically and emotionally, which makes them more susceptible to social anxiety issues. Adolescents with social anxiety often feel isolated, have difficulty establishing healthy social relationships, and sometimes experience a decline in academic performance. Social anxiety in adolescents is caused by the influence of social media/smartphones (Çetinkaya et al., 2022; Sun et al., 2023) and health disorders, both physical and mental (Pilkionien, 2021), low self-esteem (Chong-Wen et al., 2022), experiencing attention deficit hyperactivity disorder (ADHD) (McKay et al., 2023) low motivation to socialize (Martin et al., 2024), maternal attachment, teacher and friend support factors affect social anxiety in adolescents (Chen et al., 2021), adverse life events experienced (Zhang et al., 2022), the parents' treatment (Chong-Wen et al., 2022). One of the important factors that affect adolescents' social anxiety is communication with parents. Ineffective communication patterns, such as lack of emotional support, low parental warmth, lack of open communication, excessive criticism, or overprotection, can increase the risk of social anxiety in adolescents (Choong, 2023; Garcia et al., 2021; Mathijs et al., 2024).

Some studies in Indonesia show that social anxiety in adolescents is influenced by interactions with friends and teachers at school and the environment with bullying cases, while adolescent interactions are not only at school and the environment but also adolescents interact with family (parents and siblings), so this also needs to pay attention for research. Based on the facts and data previously mentioned, this study wants to know the impact of parent communication on social anxiety in adolescents.

RESEARCH METHOD

The research type used was a survey of junior high school teenagers in grades 7 to 9. The locations were in 25 cities and districts in the West Java Province area. The number of respondents who completed the survey was 2,135 teenagers, 936 males and 1199 females. Data collection was taken out from October 1 to October 31, 2024. The

instruments used parental communication patterns towards adolescents' instruments (attitudes towards children's opinions, accepting criticism, involving children in decision-making, enforcing rules, etc.), and the social anxiety instrument (fear of negative evaluation. Social avoidance) was adapted from several studies. The communication pattern instrument contains 30 questions with five answer choices, from **always** to **never**, while the social anxiety instrument contains 18 questions with five answer choices, from **always** to **never**. (Watson and Friend, and LearyAnalisa). Data collection techniques using questionnaires. The researcher enlisted the help of junior high school teachers to distribute Google forms containing questionnaires to junior high school students. Bivariate data analysis used chi-square to determine the impact of parents' communication patterns on adolescents' social anxiety. In contrast, Pearson analysis was used to determine the relationship between respondents' age and adolescent's social anxiety levels.

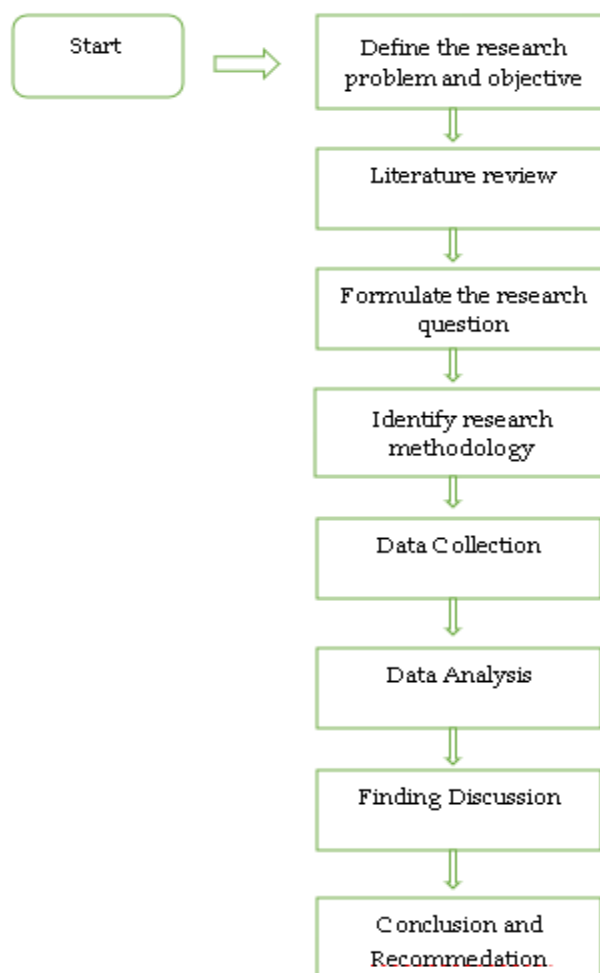


Figure 1. Research flowchart.

RESULTS AND DISCUSSION

Results

The collected respondents' identities include the age, grade of year, school, educational background of their parents, living with parents/family, and child position in the family.

Table 1. Respondent characteristic.

Characteristic	Frequency	Percentage
Age		
12 year	52	2.44
13 year	250	11.71
14 year	1,073	50.26
15 year	720	33.72
16 year	40	1.87
Grade		
7	128	6.00
8	333	15.60
9	1,674	78.41
Gender		
Male	936	43.84
Female	1,199	56.16
Father Education		
Elementary	95	4.45
Junior High	826	38.69
Senior High	861	40.33
Bachelor	353	16.53
Mother Education		
Elementary	86	4.03
Junior High	945	44.26
Senior High	825	38.64
Bachelor	279	13.07
Living Together with		
Biological Parents	1,867	87.45
Biological Father/ Step Mother	36	1.69
Biological Mother/ Step Father	124	5.81
Grandfather/Grandmother	108	5.06
Child Position		
The First	711	33.30
The Second	395	18.50
The Third	118	5.53
≥ The Fourth	80	3.74
The Last Child	744	34.85
Single	87	4.07
Total	2,135	100.00

From Table 1, it can be seen that half the respondents are 14 years old, while a small number are 16. More than 75.00% of respondents are in grade 9. The majority of mothers are junior high school graduates, while the majority of fathers are high school graduates. A small amount of parents' education is elementary. Most teenagers live with their biological parents, only a few live with incomplete biological parents, and some live with their grandmother or grandfather. The position of children as the first and last children is about one-fifth of the number of respondents

Table 2. Youth activities with parents.

Activities	Frequency	Percentage
Talk to Parents		
Always	953	44.64

Activities	Frequency	Percentage
Sometimes	1,035	48.48
Infrequently	0	0.00
Never	147	6.89
Watch TV together		
Always	881	41.26
Sometimes	1,027	48.10
Infrequently	0	0.00
Never	227	10.63
Dinner Together		
Always	948	44.40
Sometimes	1,031	48.29
Infrequently	16	0.75
Never	140	6.56
Total	2,135	100.00

Table 2 shows that almost all respondents stated that adolescents' activities with their parents, such as talking with parents, watching TV, and having dinner together, are done occasionally. In contrast, 6-10.00% of adolescents said those activities are never done.

Table 3. Parental communication patterns.

Communication Patterns	Frequency	Percentage
Authoritative	307	14.38
Democratic	1,396	65.39
Permissive	432	20.23
Total	2,135	100.00

Table 3 shows that authoritative communication is still practiced by a small number of parents (14.38%); about two-thirds of parents have democratic communication, and one-third of respondents stated that the parental communication pattern is permissive.

Table 4. Adolescents' social anxiety.

Adolescents Social Anxiety	Frequency	Prosentase
Severe	499	23.37
Moderate	878	41.12
Light	583	27.31
No Anxiety	175	8.20
Total	2,135	100.00

Table 5. Relationship between respondents' age and social anxiety levels.

Age	Adolescents Social Anxiety				Total	P- value *
	Severe	Moderate	Light	No Anxiety		
12	14	18	17	3	52	0.03
13	55	105	66	24	250	
14	282	429	267	95	1,079	
15	144	312	216	48	720	
16	4	14	17	5	40	
Total	499	878	583	175	2135	

*pearson

Table 6. Relationship of parental communication patterns with adolescents' social anxiety.

Communication Patterns	Adolescents Social Anxiety				Total	P value*
	Severe	Moderate	Light	No Anxiety		
Authoritative	118	132	47	10	307	0.0001
Democratize	251	560	440	145	1,396	
Permissive	130	186	96	20	432	
Total	499	878	583	176	2,135	

*chi-square

Table 4 illustrates that most adolescents have social anxiety, but only 8.00% do not. The most common social anxiety is moderate (41.00%), while there was 23.00% of adolescents had severe social anxiety. Table 5 shows that adolescent age correlates with social anxiety; the Pearson statistical test indicates this with a *p-value* of < 0.05 . Table 6 illustrates that parents' communication pattern has a connection to adolescent social anxiety levels. The statistical test value of Chi-Square indicates this with a *p-value* < 0.05 .

Discussion

This study shows that authoritarian parental communication patterns have an impact on adolescent social anxiety (Table 6). Several studies have shown that authoritarian parental communication could affect social anxiety in adolescents (Dong et al., 2024; Gao et al., 2022; Mathijs et al., 2024; Wecht et al., 2023). Authoritarian communication is a poor approach that is usually shown by parents limiting their children's autonomy, exercising greater control, punishing them, and rejecting them while providing less love and support (Bianchi et al., 2020). Research shows that adolescents raised in authoritarian environments often experience high levels of anxiety, especially social anxiety, due to rigid expectations and lack of emotional support from their parents (Cohort et al., 2021; Hafeez et al., 2024; Karimzadeh, 2023). Authoritarian parenting can lead to internalizing symptoms, such as anxiety and depression, as the teen struggles with self-esteem and social interaction (Cohort et al., 2021; Cong et al., 2020). Other studies show that adolescents with authoritarian parents report higher levels of social anxiety compared to adolescents who have democratic parents, who typically provide a more balanced approach in terms of support and guidance (Choong, 2023; Karimzadeh, 2023). This suggests that a lack of warmth and emotional support in authoritarian parenting can exacerbate feelings of inadequacy and fear in social situations, leading to increased social anxiety (Lei, 2023; Zeng, 2023). The development of social anxiety can be influenced by family and environmental factors. Negative parenting styles and high levels of parental anxiety have been shown to contribute to the transmission of intergenerational social anxiety in adolescents (Cong et al., 2020; Mary et al., 2022). Additionally, the impact of authoritarian parenting on social anxiety can be mediated by factors such as self-esteem and psychological flexibility. Teens who consider their parents authoritarian may develop lower self-esteem, which is closely linked to higher levels of anxiety (Peng et al., 2021). The lack of autonomy and the high level of control provided by authoritarian parents can hinder the development of coping mechanisms necessary to manage social interactions, which further contributes to social anxiety (Hafeez et al., 2024; Peng et al., 2021; Zeng, 2023).

Social anxiety disorder often manifests during early to mid-adolescence, with prevalence rates increasing as individuals transition through this developmental stage. Adolescence is a period of critical development characterized by significant physical, emotional, and social changes, which can contribute to the emergence of social anxiety. In this research, most adolescents experience social anxiety on a moderate scale (Table 4). Social anxiety symptoms usually increase during early adolescence, with many cases starting in this period (Blöte et al., 2022; Jefferies & Ungar, 2020). A variety of factors, including age, gender, and environmental stressors, can influence the prevalence of social anxiety among adolescents. For instance, one study found that older teens showed more significant use of safety behaviors associated with social anxiety, suggesting that as teens get older, their cognitive and emotional responses to social situations can become more complex. Another study noted that adolescent girls, especially in the age range of 14-15 years, showed a higher incidence of social phobia compared to older adolescents (Kapoor et al., 2021). Table 1 shows that the highest age group of respondents is 14, followed by the second-highest age group of 15. The Central Agency for Statistics released in 2023 that the educational background of those 15 years old is around 30.00%, and around 22.50% have a junior high school (Sarah, 2023). Meanwhile, the % of young people who live with their families is 74.32%.

In this study, shared activities by parents and adolescents, such as watching TV, eating, and talking, were only done occasionally (Table 2). The majority of teens spend most of their free time with peers. Many unorganized activities were done with peers, such as playing football on the streets, playing hide and seek, or simply chatting with local kids or schoolmates. In addition to spending time with peers, many teens spend most of their free time with their parents or siblings in various activities. TV-watching activities occur between fathers and boys in less economically well-off families. In contrast, TV-watching activities between mothers and girls occur in middle-income families (Mesquita et al., 2023). Parents and children who keep talking during leisure time could increase emotional closeness (Mendelová & Gužíková, 2023). Another study says that doing sports together and eating out between parent and child could increase children's closeness (Thoidis et al., 2022). Teens who spent an average of 1 hour or more per day with their parents in shared activities reported lower levels of risky behaviors, less peer pressure, more peer support, and more parental control, relatedness, and family support (Koning & Voogt, 2024). Communication is a social process in which individuals use symbols to create and interpret meaning in their environment. Communication has three important elements: communicator, message, and communicative. Effective and smooth communication affects the harmony and continuity of family life. Good communication in the family creates a positive atmosphere and affects the psychological development of children (Feric, 2024).

CONCLUSION

Fundamental Finding: Authoritarian parental communication affects the incidence of adolescent social anxiety; a statistical test evidences. Many adolescents have moderate levels of social anxiety. **Implication:** Parents play an important role in the adolescent's life. Parents should often do activities that can increase emotional closeness; in addition, they should be able to identify early symptoms of social anxiety; thus, it could be dealt with early. **Limitation:** This study only reveals the factors of parental communication and adolescent age related to social anxiety. **Future Research:** Further research is

needed to explore other factors related to social anxiety, such as the influence of either the living or the school environment.

REFERENCES

- Best, O., & Ban, S. (2024). Adolescence: Physical changes and neurological development. *British Journal of Nursing*, 30(5), 272-275. <https://doi.org/10.12968/bjon.2021.30.5.272>
- Bianchi, D., Lonigro, A., Baiocco, R., Baumgartner, E., & Laghi, F. (2020). Social anxiety and peer communication quality during adolescence: The interaction of social avoidance, empathic concern, and perspective taking. *Child & Youth Care Forum*, 49(6), 853-876. <https://doi.org/10.1007/s10566-020-09562-5>
- Blöte, A. W., Miers, A. C., & Westenberg, P. M. (2022). Concurrent and prospective associations between social anxiety and responses to stress in adolescence. *Research on Child and Adolescent Psychopathology*, 50(5), 659-668. <https://doi.org/10.1007/s10802-021-00880-3>
- Çetinkaya, A., Metin, A., Erbicer, E. S., & Yavuz, E. (2022). Adaptation of appearance-related social media consciousness scale into Turkish: A validity and reliability study on adolescents. *International Journal of Social Sciences and Education Research*, 8(1), 63-70. <https://doi.org/10.24289/ijsser.1034318>
- Chen, X., Li, M., Gong, H., Zhang, Z., & Wang, W. (2021). Factors influencing adolescent anxiety: The roles of mothers, teachers, and peers. *International Journal of Environmental Research and Public Health*, 18(24), 1-10. <https://doi.org/10.3390/ijerph182413234>
- Chong-Wen, W., Sha-Sha, L., & Xu, E. (2022). Mediating effects of self-esteem on the relationship between mindful parenting and social anxiety level in Chinese adolescents. *Medicine*, 101(49), 11-20. <https://doi.org/10.1097/MD.00000000000032103>
- Choong, M. (2023). The effect of parenting styles on development of adolescent's social anxiety. *Journal of Education, Humanities and Social Sciences*, 8, 1810-1816. <https://doi.org/10.54097/ehss.v8i.4589>
- Ciampo, L. A. Del, & Ciampo, I. R. L. Del. (2020). Physical, emotional, and social aspects of vulnerability in adolescence. *International Journal of Advanced Community Medicine*, 3(1), 183-190. <https://doi.org/10.33545/comed.2020.v3.i1c.135>
- Cohort, K., Second, S., Azman, Ö., Mauz, E., Reitzle, M., Geene, R., Hölling, H., & Rattay, P. (2021). Associations between parenting style and mental health in children and adolescents aged 11-17 years. *Children*, 8, 672-685. <https://doi.org/10.3390/children8080672>
- Cong, C. W., Aik, C. P., Rabbani, M., & Ni, A. O. Z. (2020). Perceived parenting style and adolescents' social anxiety in Selangor, Malaysia. *Makara Human Behavior Studies in Asia*, 24(1), 17-28. <https://doi.org/10.7454/hubs.asia.1120220>
- Dong, Z., Zhou, S., Case, A. S., & Zhou, W. (2024). The relationship between perceived parenting style and social anxiety: A meta-analysis of mainland Chinese students. *Child Psychiatry & Human Development*, 55(1), 247-261. <https://doi.org/10.1007/s10578-022-01399-4>
- Feric, M. (2024). The relationship between family characteristics and adolescent perception of the quality of family communication. *Adolescents*, 4(1), 75-89. <https://doi.org/10.3390/adolescents4010006>
- Gao, D., Liu, J., Xu, L., Mesman, J., & van Geel, M. (2022). Early adolescent social

- anxiety: Differential associations for fathers' and mothers' psychologically controlling and autonomy-supportive parenting. *Journal of Youth and Adolescence*, 51(9), 1858–1871. <https://doi.org/10.1007/s10964-022-01636-y>
- Garcia, K. M., Carlton, C. N., & Richey, J. A. (2021). Parenting characteristics among adults with social anxiety and their influence on social anxiety development in children: A brief integrative review. *Frontiers in Psychiatry*, 12, 1–11. <https://doi.org/10.3389/fpsyt.2021.614318>
- Goldstein, M. A. (2020). The changing adolescent: A biopsychosocial and behavioral perspective. *Current Pediatrics Reports*, 8(2), 66–68. <https://doi.org/10.1007/s40124-020-00215-8>
- Hafeez, S., Khan, M. L., & Jabeen, S. (2024). Authoritarian parenting and social anxiety: The moderating role of self-esteem, introversion, and religious coping. *Journal of Policy Research*, 10(11), 1–11. <https://doi.org/10.61506/02.00161>
- Jefferies, P., & Ungar, M. (2020). Social anxiety in young people: A prevalence study in seven countries. *PLoS ONE*, 15(9), 20–33. <https://doi.org/10.1371/journal.pone.0239133>
- Kapoor, I., Sharma, S., & Khosla, M. (2021). The predictive influence of peer pressure and school environment on social anxiety disorder among adolescents. *MIER Journal of Educational Studies Trends & Practices*, 11(1), 31–40. [https://doi.org/10.52634/mier/2021/v11/i1\(a\)spl/1767](https://doi.org/10.52634/mier/2021/v11/i1(a)spl/1767)
- Karimzadeh, N. T. (2023). Prediction of adolescent social anxiety based on parents' parenting styles. *Journal of Adolescent and Youth Psychological Studies*, 4(6), 128–136. <https://doi.org/10.61838/kman.jayps.4.6.13>
- Koning, I., & Voogt, C. (2024). Adolescents spending time with their parents: Does it matter? *Youth*, 4(2), 556–566. <https://doi.org/10.3390/youth4020038>
- Lei, S. (2023). Parenting style and its effect on adolescents' psychological well-being. *Lecture Notes in Education Psychology and Public Media*, 13(1), 304–308. <https://doi.org/10.54254/2753-7048/13/20230919>
- Martin, R., McKay, E., & Kirk, H. (2024). Lowered social motivation is associated with adolescent attention deficit hyperactivity disorder and social anxiety symptoms. *Clinical Child Psychology and Psychiatry*, 29(1), 338–352. <https://doi.org/10.1177/13591045231218475>
- Mathijs, L., Mouton, B., Zimmermann, G., & Van Petegem, S. (2024). Overprotective parenting and social anxiety in adolescents: The role of emotion regulation. *Journal of Social and Personal Relationships*, 41(2), 413–434. <https://doi.org/10.1177/02654075231173722>
- McKay, E., Kirk, H., Martin, R., & Cornish, K. (2023). Social difficulties in adolescent attention deficit hyperactivity disorder: Social motivation, social anxiety, and symptom severity as contributing factors. *Journal of Clinical Psychology*, 79(4), 1113–1129. <https://doi.org/10.1002/jclp.23462>
- Mendelová, E., & Gužíková, L. (2023). Current parents and children's leisure time. *Journal of Vasyl Stefanyk Precarpathian National University*, 10(1), 33–48. <https://doi.org/10.15330/jpnu.10.1.33-48>
- Mesquita, E. D. de L., Tebar, W. R., Correia, D. C. Q., Guica, J. T., Torres, W., Fernandes, R. A., Agostinete, R. R., & Christofaro, D. G. D. (2023). Physical activity and sedentary behaviour of adolescents and their parents: A specific analysis by sex and socioeconomic status. *Archives of Public Health*, 81(1), 11–27. <https://doi.org/10.1186/s13690-023-01185-1>

- Nebhinani, N., & Jain, S. (2019). Adolescent mental health: Issues, challenges, and solutions. *Annals of Indian Psychiatry*, 3(1), 4-15. <https://doi.org/10.4103/aip.aip.24.19>
- Peng, B., Hu, N., Yu, H., Xiao, H., & Luo, J. (2021). Parenting style and adolescent mental health: The chain mediating effects of self-esteem and psychological inflexibility. *Frontiers in Psychology*, 12, 1-11. <https://doi.org/10.3389/fpsyg.2021.738170>
- Pilkionien, I. (2021). Social anxiety in 15–19-year-old adolescents in association with *Children*, 8(9), 737-751. <https://doi.org/10.3390/children8090737>
- Priasmoro, D. P., Kusuma, I. Y., & Asri, Y. (2024). Social anxiety disorder: Prevalence and dominant factor among adolescents in urban and rural school. *International Journal of Public Health Science (IJPHS)*, 13(2), 919-926. <https://doi.org/10.11591/ijphs.v13i2.23610>
- Stein, D. J., Lim, C. C. W., Roest, A. M., de Jonge, P., Aguilar-Gaxiola, S., Al-Hamzawi, A., Alonso, J., Benjet, C., Bromet, E. J., Bruffaerts, R., de Girolamo, G., Florescu, S., Gureje, O., Haro, J. M., Harris, M. G., He, Y., Hinkov, H., Horiguchi, I., Hu, C., ... Williams, D. R. (2017). The cross-national epidemiology of social anxiety disorder: Data from the World Mental Health Survey Initiative. *BMC Medicine*, 15(1), 89-99. <https://doi.org/10.1186/s12916-017-0889-2>
- Sun, R., Li, W., Lu, S., & Gao, Q. (2023). Psychological needs satisfaction and smartphone addiction among Chinese adolescents: The mediating roles of social anxiety and loneliness. *Digital Health*, 9, 1-11. <https://doi.org/10.1177/20552076231203915>
- Thoidis, I., Chaniotakis, N., & Vrantzi, M. (2022). Family and leisure: Parents' views on their children's leisure time and their role in it. *European Journal of Education Studies*, 9(9), 73–91. <https://doi.org/10.46827/ejes.v9i9.4455>
- UNICEF. (2020). *Adolescent health and well-being*. UNICEF
- Wecht, S., Hendrixson, M., Odenthal, K., & Radovic, A. (2023). A mixed method investigation of parent-adolescent communication about mental health. *Journal of Adolescent Health*, 72(3), 11-22. <https://doi.org/10.1016/j.jadohealth.2022.11.224>
- World Health Organization. (2022). *Mental health: Strengthening our response*. World Health Organization.
- Xian, J., Zhang, Y., & Jiang, B. (2024). Psychological interventions for social anxiety disorder in children and adolescents: A systematic review and network meta-analysis. *Journal of Affective Disorders*, 365, 614–627. <https://doi.org/10.1016/j.jad.2024.08.097>
- Zeng, Z. (2023). The influence of parental rearing styles on adolescents' psychological development. *Lecture Notes in Education Psychology and Public Media*, 14(1), 21–26. <https://doi.org/10.54254/2753-7048/14/20230925>
- Zhang, Y., Suo, X., Zhang, Y., Zhang, S., Yang, M., Qian, L., Shang, L., Zhang, D., Xu, F., & Li, W. (2022). The relationship between negative life events and nonsuicidal self-injury among Chinese adolescents: A moderated-mediation model. *Neuropsychiatric Disease and Treatment*, 18, 2881–2890. <https://doi.org/10.2147/ndt.s386179>

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