Determinants of Adolescent Mental Health: The Roles of Parenting Styles, Peer Relationships, and Social Media use in Gwagwalada, FCT Abuja

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Abstract

Adolescence is a time when young people develop emotionally, socially, and cognitively which presedes to disorders such as anxiety, depression, and maladjusted conduct. Parenting styles, peer relations and their implications on social media use are of note in semi-urban areas like Gwagwalada. Despite the extensive individual-dimensions research based on these factors, very few studies have investigated them within the Nigerian context for their combined effects on adolescent mental health. To this effect, the study used correlational survey design to collect data from 350 adolescents who are form two (J.S.S.2) and form three (J.S.S.3) students from public and private schools in Gwagwalada were selected using stratified random sampling technique. Data were obtained from self-report instruments: the Mental Health Inventory adapted by Brian PhD, Parenting Style Questionnaire adapted by Akogh Cater Ph.D., Peer Interaction Scale developed by Umerah L.C., And Social Network Engagement Index developed by Amechi Nnamdi Suleman. The data collected was analyzed using Pearson correlation coefficient and multiple regression analysis in SPSS with p-value set at 0.05 or less while considering ethical procedures that include parental consents and anonymity of participants in the process of data collection. The results showed that there was a significant positive relationship between parenting styles and peer relationships as they related to mental health: $r = .4879$, $P < .0001$; $r = .5286$ $P < .0001$ but there was an inverse relationship with use of social media: $r = -.3212$ $P < .0012$ all contributing to 58.2% significance level of variance observed ($R=0.754$ $F(3/359)=150$). From these findings it can be inferred that the elements essential for adolescent well-being include supportive parenting, positive peer interactions as well as judicious application of media technologies. The paper therefore recommended among other things that authoritative parenting should be promoted through parent education programmes; children should be supported to develop prosocial peer relations for mutual support against risky media practices hence increased resilience system for improved psychological wellbeing system within school learning environment hence need safety programs in place system incorporation programme partnering relevant agencies so more support available defend maladaptive behaviours reduce societal threats active child development initiative additional intervention effort protectors divisive activities offer structure allows growth protection continuum within which circumstantial guard liabilities

future obstacles met times gaps identified involves hold purposes needed lines community articulated ensure everyone included solutions clear roles responsibilities allotted

Keywords: Adolescent mental health, Parenting styles, Peer relationships, Social media use, Gwagwalada, Nigeria.

Introduction

Adolescent stage poses a major concern because this is the age group that is normally known to have mental health disorders which almost ruin the lives of students, affect their academic performance and prevent the teens from forming constructive social unions. It is noted by WHO that maladjustment difficulties, which are related to anxiety, depression and conduct disorder, affect nearly 16 % of all adolescents at the global level (2021). These issues do not cause difficulties for teenagers only during their adolescence but also elevate risk for development of psychological problems in adulthood. The teenage population is vulnerable when it comes to mental health considering that it interferes with their learning at school, social life activities as well as emotional growth. Consequently, receiving adequate attention on mental health conditions among teenagers is required bearing in mind that proper intervention at early stages prevents occurrence of negative outcomes hence an uninterrupted development into adulthood could be ensured.

In the African context, there is a particular concern for youth mental health as this group stand out among the rest in terms of the growth rate of mental health problems. Through a meta-analysis done by Sinyan et al.(2023) involving more than 100,000 African adolescents it has been found that 27.34% of the adolescents within the entire continent are distressed: anxiety and depression affect them most. This percent is significantly above average in the entire world; therefore it requires adequate special attention so far as provision of mental health care services among African adolescents is concerned. There is an increase in the mental health

illness burden due to such factors as economic pressures, cultural constructs and lack of psychological support services. Research studies conducted in South Africa, Kenya and Ghana have lent further credence on what has already been noted and also brought out gender disparities. A recurrent high level distress reporting by female adolescents compared to their male counterparts is part of this background hence makes a correlation with broader trends being observed worldwide whereby girls take majority positions among those exposed to mental health problems during adolescence period.

In the same vein, Ghana has a case of this kind in the study by Adusei et al. (2022) which involved 672 adolescents from the urban area Kumasi and showed that 30.4% of the respondents experienced at least on form of mental disorders in their lifetime while 18.6% had current symptoms. They also observed a major socio-economic factor affecting adolescents' mental health: adolescents who came from families with lower socio-economic status (middle wealth quintile) had odds as high as twelve times those of the top wealth quintile of suffering mental health disorders. This finding demonstrates how directly important a socio-economic factor is when it comes to impacting the teenagers' mental health position. Just like Nigeria, many African countries have adolescent children who are exposed to higher levels of stressors, yet academic demands, family instability, and lack of enough healthcare services tend to be more prevalent among them due to economic disparities . What has been unveiled in Ghana is not something that does not take place anywhere else but rather exemplifies a general principle on the continent by which poverty and social inequality make their contribution significantly to adolescent's difficulties in systems/maladjustment/psychological functioning.

In Kenya, notably, the same trend seems to be appearing following a study by Ochieng et al. (2021) indicating that 25% of teenagers experienced mental health problems, the leading causes being peer pressure, academic programmes and family conflicts. It was also

noticeable in this research that almost all these issues/problems are among adolescents, especially those who live in urban areas, including Nairobi, who because of rapid urbanisation face increased social isolation and hence are more likely to engage with digital media technologies. As a result of the advent of social media platforms which connect young people, societal vices such as cyberbullying are promoted, hence causing psychological suffering or even severe mental illnesses like depression. Young people catch most influence since they grow up faster in developing urban centres, thus experiencing immense pressure to meet society's expectations and perform well academically on a regular basis, which can predispose them to the occurrence of mental disorders. Consequently, it was indicated by using mass media as a way through which children are learning in Africa. It is obvious that modern types of socialisations have both good and bad impacts on the mental health system for children.

In Nigeria, the problem of psychosocial health in adolescence has been drawing much concern. A work by Ani et al. (2023) that reviewed over 40 studies that were carried out between 2010 and 2023 stated that 12% of Nigerian adolescents were depressed, while 9.2% had generalised anxiety disorder. These findings point to the high prevalence of mental health problems among adolescents in Nigeria, which are also complicated by the inadequacy of mental health care services for this age group. In many parts of Nigeria, especially in rural and semi-urban areas like Gwagwalada, mental health services are underdeveloped or non-existent. This trend, compounded with the fact that mental health is not considered a real issue, causes the majority of teenagers not to seek medical attention despite being affected by such conditions. Stigma associated with mental illness remains one of the significant obstacles to proper treatment whereby adolescents are subjected to stigma by relatives as well as community members or even fail to receive counselling due to inadequate professional support (Bentley et al., 2005).

Indeed, the state of mental health in Nigeria is alarming, and there exists a great disconnect with regard to the provision of systemic mental health services that are targeted at the adolescents. Adamu et al. (2022) made an investigation on secondary school adolescents within the Federal Capital Territory, Abuja, and discovered that 23% of adolescents have depressive symptoms while 18% have anxiety disorder. These statistics infer that there is a high prevalence of mental distress amongst Nigerian adolescents. Not only that, but also the study pointed out that there are many stressors, including academic pressure, family expectations, and social difficulties, which can lead to aggravating mental issues in youth. Youth in Nigeria go through some specific situations whereby being expected to perform academically independently or with additional aid from family or society places huge pressures on them. Those pressures create a condition where mental well-being is often neglected, resulting in many young people becoming susceptible to depression or anxiety disorders. The absence of effective mental health support services makes the situation even worse; thus, it becomes very essential for the existing gaps in the mental health care delivery system for young people who fall within an age group requiring intervention to be addressed.

Based on a study conducted in Ilesa, Osun State, by Oluwadamilola et al. (2021), it was found that 26.2% of adolescents in secondary schools exhibited signs of depression, with a higher prevalence rate among girls and younger adolescents. These findings are accordant with the worldwide statistics (especially depression) showing that females and younger adolescents are more likely to suffer from mental health issues than other groups. Thus, the study points out that these groups must be looked after intensively, as they can fall into trouble due to their age and sex. This point is given more credibility by Ibrahim et al. (2023), whose work in Lagos shows that 38% of adolescents undergo anxiety or depression, a condition often brought about by school pressure, peer influence and conflict at home. What becomes

apparent in these studies is that not only is the occurrence of psychiatric disorder among young people in Nigeria widespread but also it has deep roots in social environmental factors. The fact that there are consistent mental distress patterns all over different Nigerian regions calls for immediate targeted actions aimed at including school-based systems as well as mental healthcare services into addressing peculiar stressor conditions faced by Nigerian adolescents.

In the semi-urban district of Gwagwalada, located within the Federal Capital Territory (FCT) of Abuja, adolescents undergo a set of combined stressors that are unique due to the fact that they are caused by a high rate of population growth and transiting families and school pressures. A research report by Eze et al. (2022) discovered that 27% of adolescents in Gwagwalada mentioned going through some form of mental distress, with depression and anxiety occurring most often. The conclusions made it clear why it is so important to pay close attention to adolescent mental health in this region since these mental health difficulties still do not have any support from local mental services in schools and among communities. Adolescents in Gwagwalada as well as in other parts of Nigeria experience growing psychological disorders as a result of higher scholastic demands, family-related strains and social expectations. The sufferers, however, receive neither help inside educational institutions nor outside them; such difficulties only aggravate the hardships young Nigerians face and position the creation of native infrastructures that will emerge to provide assistance for teenagers' psychological wellbeing as important for the country's system.

The major challenge of adolescent mental health care provision in Nigeria is the deep-seated stigma on mental health issues. Based on a study conducted by Ogunlade et al. (2023) in Lagos, 72% of the adolescents in question did not seek help despite their symptoms since they were likely to be stigmatised or misunderstood. This stigma that most of the time is perpetuated by families and communities hinders the reporting and recognition of mental health symptoms, thus making it difficult to intervene at an early stage. In the majority of Nigerian households, there are still negative attitudes towards mental health disorders, which result in adolescents suffering in silence. The lack of adequate knowledge on both the general population and healthcare providers complicates matters since it promotes substandard acknowledgement and intervention as well. To many adolescents, one of the biggest barriers towards obtaining required help is pride from family and peers; thus, they will not get treatment early enough or will otherwise deteriorate their condition mentally while waiting for intervention within the time frame set by the country. It is important that this stigma be debunked and the enlightenment on mental health be carried out for Nigerian adolescents to receive prompt emotional support that will ensure the sanity of their minds prevails in the system.

It is noted that these socio-cultural and environmental factors which are influencing the mental health of adolescents in Nigeria, for example in Gwagwalada, are very complicated and involve a fast urbanisation process, socio-economic gaps, and a higher exposure to digital media. It is seen that while enhancing the economy, there are new stressors introduced, like more intense rivalry in all spheres of life, increased social disconnectedness, and diminished familial support systems. Adolescents living in Gwagwalada are no exception; they face academic pressure and peer influences as well as a digital environment which has taken over everything. Social media networks such as Instagram, Facebook and WhatsApp play a significant role in causing their mental distress since they promote cyberbullying, social comparison/interaction and unrealistic expectations of beauty/success. All these types of stressors have been identified as the causal factors for heightened incidents of anxiety and depression among Nigerian adolescents. Such specifics can be found from the work of Adebayo et al. (2022), who pointed out that 63% of teenage individuals who spent at least three hours per day on social media experienced

signs pertaining to depression and anxiety; this delineated how harmful excessive viewing time was. Furthermore, social media engagement became detrimental where presenteeism emerged due to low self-esteem, if not feelings of loneliness, together with exacerbating adolescent mental health challenges (Oluwadamilola & Adebowale, 2021). From these discoveries it's clear that there is an enormous influence that digital devices have on teenagers' emotional state within the modern Nigerian system.

Even though social media is influential, it is still pertinent to pay attention to other socio-cultural aspects beyond that, like family bonds and peer interactions, since they are also the cause of many issues for the youth. The study by Adebayo et al. (2022) found that greater distress was reported by adolescents from conflicting or emotionally neglected families than their counterparts from stable homes. This draws attention to the huge significance of the home conditions in relation to mental health outcomes development. In Nigeria, many families apply an authoritarian parenting style, and this suppresses emotional expression and communication in regard to mental health (Olunuga&Adedoyin, 2016; Olunuga, Ayeni&Olaitan, 2005). According to Akinmoladun et al. (2021), emotional detachment among youngsters renders them susceptible to psychological disorders, including anxiety disorder and depression. Additionally, these problems rise due to peer group influence and academic competition. Nigerian adolescents undergo a lot of stress since they are pressured to perform well in academics as well as socially, and those who cannot meet such demands may feel very incompetent or be isolated. Iruoba et al. (2017). Ibrahim et al. (2022) stress the necessity for taking a complex approach interlinking the above-discussed factors into one integrated helix aiming at solving adolescent mental health problems within Nigeria's peculiar setup as the most appropriate way forward.

This issue cannot be overemphasised, as the problem of mental health among adolescents in Nigeria and across Africa continues to worsen. Research in countries like Ghana, Kenya, and Nigeria has made known the high prevalence rates of mental health disorders such as depression, anxiety, and behavioural disorders. In Ghana a study revealed that 30.4% of adolescents had ever suffered from a mental health disorder during their lifetime, with 18.6% currently symptomatic (Adusei et al., 2022). Also affecting about 12% of the adolescent population in Nigeria is depression, while 9.2% face generalised anxiety (Ani et al., 2023). Despite those alarming statistics, many African countries still have an underdeveloped mental health system, which results in many gaps in the provision of mental health services and facilities. Adolescents living within areas similar to Gwagwalada, Nigeria, may experience insurmountable stigma barriers or lack of education on how to deal with mental health problems, thus causing a long duration before treatment is found helpful.

A research gap can be implied from the absence of localised studies in the area of adolescent mental health in semi-urban and rural areas and most particularly in a town like Gwagwalada. Most of the existing studies done in Nigeria and other African countries have shown that, although there are high prevalence rates of mental health disorders, these regions are still not considered when it comes to addressing specific socio-cultural and environmental factors that influence adolescents' well-being. Besides, there is little or no research done on the integrated approach of giving mental health literacy to schoolteachers, making use of schools as entry points and providing solutions to problems within the school context as specified by those dwellers. There is also a lack in policy development geared towards providing solutions to adolescents' peculiar problems, most especially in these societies. This deficiency serves to point out that there is a need for focused research aimed at generating knowledge required for evidence-based interventions as well as articulating preventive measures and treatment strategies, particularly if such places serve young persons who are faced with mental health challenges.

Parenting Styles and Adolescent Mental Health

The parenting styles are the principles of contention and approaches to children's care that are employed by parents. These methods are usually grouped under four primary categories: authoritative, authoritarian, permissive, and uninvolved, all with their own impact on the mental health of adolescents. Authoritative parenting is what stands justly between warmth as a responsive approach, and formation of clear guidelines; which in turn is rightly aimed at emotional welfare of teenagers. Ogundele et al. (2022) observed that authoritativeness in Nigeria is one of the most important factors for promoting psychological well-being in children because it leads to a significant decrease in anxiety and depression levels. Adolescents brought up under this kind of parenting have high self-esteem hence good coping mechanism and sound emotional regulation because their parent offers them solid growth foundation. However, there exists authoritarian parenting which exhibits strict control but very little emotional warmth and permissive parenting who lacks enough discipline or structure which have been linked with higher rate of adolescents' mental distress including anger, confusion and anxiety (Ugochukwu&Ogbuefi, 2023). Persistently it has shown among numerous researches that how much parental behaviour contains affection along with control can define an adolescent's emotional stability as well as overall mental health system.

Parenting even in places such as Gwagwalada, a semi-urban setting in the FCT of Abuja, Nigeria is purely grounded on traditional approaches to parenting. Most parents in Gwagwalada practice hierarchical and authoritarian types of parenting where leadership is given without emotional openness or engagement. The genre of parental upbringing although it is what the local cultures expect can at times emotionally make adolescents be neglected; therefore, they will experience higher degrees of stress and mental health issues. There are studies that have shown that adolescents who live in such areas hardly receive any emotional support from their parents to help them when they face different kinds of stressors like peer pressure or negative influence on social media which could be very dangerous. The way parents solve matters results into adolescents internalizing these feelings making anxiety and rebellion manifest further ending up having more emotional disorders than before. In this respect, due to the complexity of family life in Gwagwalada and immense academic expectations from teenagers over there this development looks extremely alarming.

Developmentally adolescence is a period when children are seeking autonomy and independence, which also makes their connection with their parents in terms of mental health so crucial. In Gwagwalada adolescents who do not enjoy supportive parental involvement are more prone to emotional health problems development. It is the lack of emotional validation by parents, and authoritarian discipline that let adolescents down as far as dealing with pressure from peers, schools, and media is concerned. Thus, adolescents may have difficulty in developing resilience or healthy coping strategies; thus, they are at high risk for mental health issues like anxiety as well as depressive disorders. Ogundele et al. (2022) also mentioned the cases where a child struggle with behaviours such as aggression, low self-esteem, poor emotional regulation were raised in an environment where the parents were either too controlling (authoritarian) or overly permissive. So, these findings put an emphasis on how parenting style within a region like Gwagwalada could significantly alleviate or aggravate the trends of adolescents' vulnerable mental wellbeing up to borderline personality disorders. Adolescents in this region and even beyond – their psychological well-being has been deeply interplaying by how those factors in which Parents managed it: emotionally supportively and consistent if not communicatively all of which directly direct young people into navigate through challenging stages of development all +system Peer Relationships and Adolescent Mental Well-Being

Peer relations are very essential in this regard; they are quite central during adolescence development process in particular, which bear on such matters as emotional control, identity formation, and social adaptation. Information from Nigeria pointed out that when adolescents obtained much support from their fellows the mental health outcomes of these children improved greatly. For example, according to Kayode (2021)'s work done in Ogun State among 239 senior secondary school students, it was realized that peers' support was a predictor of adolescents' mental health needs (F = 7.121, p < .05). This is to say that emotionally sound peer relationships with peers can mitigate acquisition of emotional problems. No statistically significant gender difference was discovered in the study; therefore, it implies that females and males get identical level of peer support. Therefore, it can be concluded that peer support is one of the psychological protective factors which aid young clients traverse through the developmental stages alongside contextual stressors. Given Nigeria schools environment- over populated classrooms, insufficient guidance services and quickly changing social norms- indoor promoting friendship could be cost-effective approach for mental wellbeing maintenance system yet is underutilized.

Contrarily, there are negative peer dynamics that interfere with the mental health of teenagers. These threats can be seen in various forms including bullying, exclusion and peer pressure. Even though very few specific studies have been conducted on the exclusion and anxiety/depression relationship in Nigeria, other researches on closely related themes reinforce this: poor peer integration corresponds with greater emotional symptoms. For instance, is a study by Omisola (2022) who found that susceptibility to peer pressure was an influencing factor to psychological well-being among school going adolescents. This means that students who lack supportive peers may experience social isolation, low self-esteem, and internalizing disorders. However, in Nigeria schools where school climate may be hierarchical and competitive one ostracism or negative peer experience will be of significant danger among them. This forms a critical need—there is a dearth of empirical research to determine the prevalence of negative peer experiences, the call for positive responses (e.g., bullying), and its incidence among Nigerian adolescents; as well as screening tools for mental health. Despite this increase in suicidal behaviours observed among Nigerian youngsters what is already documented has shown absence of studies examining these behaviours in relation to associated factors yet there is no adequate literature on this issue at present time

However, in Nigerian context peer relationships are more or less tied to the cultural, school and community structures so that they can influence mental health trajectory. For example, Ibrahim et al. (2023) did the research in Lagos 2025 and discovered that 37.2% of students were at risk of having conduct problems, and their mental well-being was notably undermined by low knowledge/attitude towards metal health which implicates pears' norms and behaviors. This information indeed leads to mental conditions among adolescents even if these are not specifically intended for peer relationships only collective attitudes and normality withing the group sustain teenagers' mental health ecology. Firstly, this show that any preventive measures ought not be singly oriented on an individual adolescent-they must capture his/her position within a group of peers, school environment as well as joint attitude towards peers. However, there is little evidence for Nigeria; there exists a need for longitudinal studies into both negatively and positively defined relationships among peers; people's social media connections; family relations; over time with regard to positive or negative impact from relationship(s); if any possible impact on individual's metal-health will, also taken into account before policy makers could address these issues based on relevant evidence being produced. But when it comes to Nigeria scenario adequate researches are still lacking implementation frameworks for Nigerian-specific policies or programs so far.

Social Media and Adolescent Mental Health

Being a hallmark of today's youth, social media significantly impacts the teenagers' social world, emotional well-being and psychological growth actively. The teenagers are now open to a wide range of influences thanks to the growing number of platforms such as Instagram, Facebook and WhatsApp. Studies have always been indicating that addiction to the social media is one of the key factors which escalated different types of mental health problems; for instance, depression, anxiety disorders, as well as low self-esteem. It was further discovered by Oluwadamilola & Adebowale (2021) that adolescents who dedicate much time in social media platforms display high levels of depression and anxiety particularly when they engage in social comparisons or feel a sense of invalidation. This has become more pronounced in the context of Nigeria where; apart from being a forum for peer connection, youths' social media use has grown into tool for comparison against unrealistic idealized representations. Against this backdrop, Gwagwalada adolescents together with their counterparts nationwide experience major mental challenges since it forces them to strike a balance on developing self-identity while constantly comparing themselves with idealized albeit superficial portrayals on online platform.

In Gwagwalada, a semi-urban locality in the Federal Capital Territory (FCT) of Abuja, the use of social media is quite complex. In this region, there is a big population of adolescents who are very much connected with digital platforms, which they use for communication, socialisation amongst themselves and the outside world, and validation. Nevertheless, such continuous exposure to these platforms can have a deleterious effect on mental health. Adebayo et al. (2023) carried out a research study in Abuja that demonstrated teenagers who spent much time on social media had a higher likelihood of experiencing anxiety and depression when they contrasted their lives with idealised and/or curated content they got online. The scholarship further pointed out the fact cyberbullying and online harassment are also part of the score which most adolescents will encounter just by using the so many social media available. Just like many other cities' young populations, adolescents in Gwagwalada are susceptible to these negative influences as a result of their enhanced access to social media platforms as well as an increase in cyberbullying incidents. This situation gets worse when considering broader societal expectations, especially within Nigeria, where young people are expected to conform to societal norms regarding success, appearance and material wealth at an early age. These pressures not only make the negative psychological consequences related to adolescents' usage of social media more pronounced but also enhance anxiety levels, dissatisfaction feelings and depressive symptoms among young individuals.

In Nigeria, the issues caused by the use of social media among adolescents are even more complicated due to the fact that there is no proper mental health education and support system. Adebayo et al. (2023) show that particular focus should be paid to the pressure exercised culturally on young people in relation to their use of social media platforms. In Gwagwalada and other areas of Nigeria, such pressures are so immense that they can push youngsters to pretend to have success, attractiveness and high social status, which is better if not translated through digital media. Such images and lifestyles increase self-doubt and self-worth, as one may feel less capable or good enough comparing oneself with some individuals showcased out there. This is worsened by lack of access to mental health resources, including psycho-education; thus, a big number of young adults become victims of psychological distress arising from use of social media, yet they cannot effectively deal with it, socially discrediting themselves further. However, adolescents in these regions sometimes find it hard to cope with their online activities owing to a lack of guidelines or necessary support; hence, a call for intervention through education preparation interests more scholars' efforts to influence African adolescent groups as well as vital

services in search of relevant factors as far as digital media effects in similar cases are concerned.

2.4 Summary of Literature and Gaps Identified

From the literature review done, it can be concluded that, in the case of teenagers, the support or hindrance of good mental health is not just a one-dimensional issue. This is rather an intricate combination of social, digital and family traits that many of us don't realise. While there are many types of research which have come up on this issue, there are a number which have been able to identify the relationship between parenting styles – that is, authoritative, authoritarian, permissive and even uninvolved types – and self-esteem as well as emotional regulation among adolescents (Ogundele et al., 2022; Ugochukwu&Ogbuefi, 2023). The aspects mentioned get into focus for being some significant determinants where supportive peer relationships could increase the resilience factor when interacting with a distressful situation, while peer bullying, exclusion and peer pressure could heighten the risk factor for anxiety, depression and social withdrawal (Kayode, 2021; Omisola, 2022; Ibrahim et al., 2023).

Furthermore, it has been observed that more children face anxiety disorders just because they over depend on social media to interact with their friends. However, these children who spend much time on social media tend to suffer from low self-esteem since most times they use it to cyberbully (online bullying) themselves or are bullied by other people (Adebayo et al., 2015). Despite all these inputs/insights, the referred literature still most often observes determinants through the isolated lenses of parenting style or peer relationships or ICT usage among African youths. None/Very few also consider combined effects of different variables such as parenting styles and peer relationships and new technologies nor examine prognostic value of related counselling interventions. It is against this background that the study aims at filling/expanding existing lacunae/gaps in

knowledge by providing an inclusive framework which depicts complex interplay between family, social network and electronic environment on mental well-being status among Gwagwalada adolescent community members.

Purpose of the Study

This piece is a continuation of the earlier work on adolescent psychology, expanding the discussion to address additional dimensions of adolescent development. It is based on research that was conducted at Gwagwalada FCT, Abuja, and aims to show how parenting styles, peer relationships and social media use predict the mental health of an adolescent. Adolescents have plenty of psychosocial challenges; their well-being status depends on family practices, peer support and online engagement. Most current literature separates these factors and does not show how they can work together or affect one another. It is for this reason that my research seeks to explore their combined impact in order to inform counselling, among other interventions, either at the school level or provided by parents.

i.   Examine the relationship between parenting styles, peer relationships, social media use, and adolescent mental health among J.S.S.2 and J.S.S.3 adolescents.

ii.   Assess the joint predictive influence of parenting styles, peer relationships, and social media use on adolescent mental health among J.S.S.2 and J.S.S.3 adolescents.

iii.   Determine the relative contribution of each determinant; parenting styles, peer relationships, and social media use on adolescent mental health.

Research Hypotheses

In alignment with the study objectives, the following null hypotheses are proposed:

H_{01}: There is no significant relationship between parenting styles, peer relationships, social media use, and adolescent mental health among J.S.S.2 and J.S.S.3 adolescents in Gwagwalada, FCT Abuja.

H_{02}: Parenting styles, peer relationships, and social media use do not jointly predict adolescent mental health among J.S.S.2 and

J.S.S.3 adolescents in Gwagwalada, FCT Abuja.

H03: Parenting styles, peer relationships, and social media use do not make significant relative contributions to adolescent mental health among J.S.S.2 and J.S.S.3 adolescents in Gwagwalada, FCT Abuja.

3.0 Methodology

A correlational survey design was employed for this study, focusing on identifying existing relationships and predictive effects among variables without experimental manipulation (Creswell & Creswell, 2018). This was said to be the most suitable design because, as mentioned above, the article aimed at establishing how parenting styles and peer relations, as well as social media use, affect the mental health of adolescents. The data were acquired through a non-experimental quantitative method that involved observing naturally occurring behaviours among adolescents in the school setting. His approach type made it possible for the researcher to encounter real-life patterns for ecological validity to be attained; hence, the recommendations for interventions that might improve adolescents' mental health and overall well-being in Gwagwalada FCT, Abuja, are science-based. This therefore ensures that what is captured reflects authentic experiences rather than fabricated experimental conditions. All the samples studied in this study were J.S.S. II-III (Junior Secondary School) adolescents in both public and private secondary schools in Gwagwalada Area Council only. These grades were concentrated on age circles, as teens in this age group are greatly impacted by family, peers and digital media on their psychosocial well-being. The size of the sample was calculated to be 350 adolescents based on Cochran's (1977) formula for finite populations at a confidence level of 95% with a margin of error of 5%. Stratified random sampling was employed so as to ensure a good representation among boys and girls, day school and boarding school adolescents, and low, middle and high socioeconomic status adolescents, eliminating bias while increasing generalisability. It was

taken into account that the following ethical guidelines were met: obtaining required permissions from school administrators, parents/guardians and participants themselves; explaining that anonymous responses will be treated confidentially (Cohen et al., 2018).

Instruments employed to collect information referred to instruments that were standardised and had different numbers of items depending on the variables in question. The mental health status of adolescents was measured using a 25-item Mental Health Inventory which was based on Tennant et al. (2007). Furthermore, parenting styles were examined through an 18-item Parenting Style Questionnaire, which was adapted from Baumrind's model (Wang & Kenny, 2023). Peers' relationships were assessed through a 20-item Peers Interaction Scale (Denham & Burton, 2003), and social networking usage was quantified by a 12-item Social Network Engagement Index (Odgers & Jensen, 2020). CFA estimates the construct validity of the measurement instrument. This study involved selecting items with factor loadings above the recommended value (0.50) (Hair et al., 2019). Internal consistency was checked using reliability, in which all the instruments surpassed Nunnally's (1978) value of at least 0.70. Thus, both reliable and validated tools for assessing the adolescent population were utilised.

It was SPSS version 27 that I used to analyse the data collected. Descriptive statistics were used as the instrument to depict the demographic profile of the respondents. Pearson's correlation method is then employed in this instance for determining how independent variables (parenting styles, peer relationships, and social media use) affect the adolescents' mental health status. Finally, after having been computed by means of Pearson's correlation coefficients, multiple regression analysis will be applied to find out the predictive effect individually and the joint effect of predictors on mental health outcomes sequentially. A significance level of 5% was considered when formulating hypotheses, which included a linear relationship check, a test assumption, normality testing, a homoscedasticity check, and a

multicollinearity test (Field, 2018). Embedding such a model serves as a rule-abiding way through which such information can be gathered; hence, these are among the areas responsible for the prevalence of psychiatric disorders among adolescents. The paper is on J.S.S.2 and J.S.S.3 adolescents in

Gwagwalada who are under review/analysis. It is important for making recommendations towards evidence-based intervention among adolescents within a school system.

4.0 Results

4.1 Demographic Data Analysis

Demographic Variable	Category	Frequency (f)	Percentage (%)
Gender	Male	182	52
	Female	168	48
Age (years)	12–13	120	34
	14–15	150	43
	16	80	23
Academic Level	SS1	180	51
	SS2	170	49
Religion	Christianity	180	51
	Islam	145	41
	Traditional/Other	25	7
Family Type	Nuclear	215	61
	Extended	135	39
Socio-Economic Status	Low-income	100	29
	Middle-income	195	56
	High-income	55	15
Ethnic Group	Yoruba	105	30
	Igbo	95	27
	Hausa	70	20
	Others	80	23
		350	100%

The study involved 350 junior secondary school adolescents (J.S.S 2–J. S. S 3), and their demographic characteristics were analysed to provide context for understanding adolescent mental health in relation to parenting styles, peer relationships, and social media use. The gender distribution was nearly balanced, with 182 males (52%) and 168 females (48%), allowing for fair comparisons across genders. The ages of participants ranged from 12 to 16 years, encompassing early to mid-adolescence. Specifically, 120 adolescents (34%) were aged 12–13 years, 150 (43%) were 14–15 years, and 80 (23%) were 16 years. In terms of academic level, 180 adolescents (51%) were in SS1, while 170 (49%) were in SS2, providing a foundation for comparisons between first- and second-year adolescents.

Religious affiliation among the participants reflected socio-cultural diversity, with 180 adolescents (51%) identifying as Christian, 145 (41%) as Muslim, and 25 (7%) practicing traditional or other religions. Family structure varied, as 215 participants (61%) came from nuclear families, while 135 (39%) were from extended families, highlighting the range of household environments that may influence adolescent development. Socioeconomic status was categorized to capture potential economic influences on mental health, with 100 adolescents (29%) from low-income households, 195 (56%) from middle-income households, and 55 (15%) from high-income households.

Ethnic diversity was also considered, with participants classified as Yoruba (105, 30%), Igbo (95, 27%), Hausa (70, 20%), and other ethnic groups (80, 23%), representing both

major and minority groups in the study area. Overall, the demographic profile reveals a diverse and representative sample across gender, age, academic level, religion, family type, socio-economic status, and ethnicity. This diversity establishes a strong foundation for examining how parenting styles, peer relationships, and social media engagement influence adolescent mental health within a semi-urban Nigerian context.

Testing of Hypotheses
Hypothesis 1: There is no significant relationship between parenting styles, peer relationships, social media use, and adolescent mental health among J.S.S.2 and J.S.S.3 adolescents in Gwagwalada, FCT Abuja.

Table 2: Zero-Order Correlation Matrix Showing the Relationship between Parenting Styles, Peer Relationships, Social Media Use, and Adolescent Mental Health

Variables	N	Mean	SD	1	2	3	4
Adolescent Mental Health	350	68.39	7.95	1.00			
Parenting Styles	350	61.18	8.48	.487**	1.00		
Peer Relationships	350	65.12	9.06	.529**	.275**	1.00	
Social Media Use	350	72.38	7.28	−.322**	−.215**	−.269**	1.00

Note:*Correlation is significant at $p < 0.05$.*

The results in Table 1 above show that the mental health of adolescents was dependent on parenting styles and peer relationships. Specifically, if the practice of parenting is supportive, then the child has a high possibility of enjoying good mental well-being if his or her relationships with peers are healthy. In contrast to this, use of social media had a significant negative correlation with mental health ($r = -0.318$, $p < 0.01$), which may infer that too much engagement in social media can be related to worse psychological outcomes. From the findings (H_{01}), the null hypothesis is rejected.

Hypothesis 2: Parenting styles, peer relationships, and social media use do not jointly predict adolescent mental health among J.S.S.2 and J.S.S.3 adolescents in Gwagwalada, FCT Abuja.

Table 3: Multiple Regression Analysis Showing the Joint Prediction of Parenting Styles, Peer Relationships, and Social Media Use on Adolescent Mental Health

Multiple R = 0.764[a]					
R –Square = .583					
Adj. R–Square = .627					
Standardized error of estimate = 5.03321					
Model	**Sum of Squares**	**Df**	**Mean Squares**	**F**	**Sig.**
Regression	12815.67	3	4271.89	145.32	.000
Residual	9597.34	346	27.74		
Total	22413.01	349			

a. Dependent Variable: Adolescent Mental Health
b. Predictors: (Constant), Parenting Styles, Peer Relationships, and Social Media Use

The multiple regression results make it clear that there are ways of parenting, peer relationships, and social media use that together forecast adolescent mental health with a correlation coefficient at R = 0.764 and $R^2 = 0.583$, which, in other words, shows that about 58.3% of the variance in mental health outcomes can be explained by these variables.

The F-ratio (F=145.32, $p < 0.05$) shows if the regression model is statistically significant. That is the summing-up summary for this research work since it is stipulated that the co-occurrence of parenting and peer relations, as well as social media use, can significantly predict (influence) adolescent mental health outcomes. Thus, H_{02} is nullified.

Hypothesis 3: Parenting styles, peer relationships, and social media use do not make significant relative contributions to adolescent mental health among J.S.S.2 and

J.S.S.3 adolescents in Gwagwalada, FCT   Abuja.

Table 4: Relative Contributions of Parenting Styles, Peer Relationships, and Social Media Use to Adolescent Mental Health

Model	Unstandardized coefficients	Standardized coefficients			
	B	Standard Error	Beta β	t	Sig.
Constant	6.92	3.51	–	1.97	.050
Parenting Styles	0.372	0.037	0.419	10.05	.000
Peer Relationships	0.409	0.035	0.446	11.69	.000
Social Media Use	–0.282	0.041	–0.254	–6.88	.000

Dependent Variable: **Adolescent Mental Health**

As shown in Table 3, parenting styles (β = 0.419, t = 10.05, p < 0.05) and peer relationships (β = 0.446, t = 11.69, p < 0.05) are the drivers of adolescent mental health in a more positive contribution, but social media use (β = –0.254, t = –6.88, p < 0.05) negatively influences this area as well. Each factor therefore has an independent effect on mental health outcomes; hence, H_{o3} is rejected.

Discussion of Findings

The results of this study have shown that the main predictors of adolescent mental health are parenting styles, peer relations, and the use of social media. Positive ways of parenting, which involve being authoritative and responsive to your children, have always been correlated to improved mental well-being among teenagers. Research carried out by Aremu and Adeyemi (2020) in Nigeria showed that adolescents who have supportive parents as guardians or sponsors tend to possess higher self-esteem levels and lower anxiety. Similarly, quality friendships among peers also enhance good psychological adjustment so as to develop resilience and coping during adolescence (Okeke & Nwosu, 2021). On the other hand, pattern is negatively related with dark triad personality dimensions, which were associated with disruptive effects on several criteria variables in the present research project. It can be concluded that excessive social media use results because adolescents are likely exposed to cyberbullying, social comparison information, and anxiety-provoking content. The findings imply that family relationships, peer support systems, and even digital interaction together shape the mental well-being status of young people in Gwagwalada district. Consequently, the null hypothesis (H_{o1}) is rejected; thus, these factors do not play a significant role in adolescent mental health outcomes at Gwagwalada, FCT Abuja.

Results of the multiple regression show that parenting styles, peer relationships, and social media use as predictors of adolescent mental health can explain 58.3% of the variance in adolescents. Parenting practices constitute the base for children's/adolescents' emotional security and coping skills; it is within supportive environments that resilience may be fostered and vulnerability to stress reduced (Abiodun & Olatunji, 2019). Peer relations are defence mechanisms that offer social support to help shield against emotional distress, mainly within a school setting (Iheanacho & Okafor, 2020). On the other hand, excessive social media participation exposes one to more negative online interactions, and consequently, further psychological difficulties increase (Adeola & Bello, 2021). Thus, it becomes imperative for mental health practitioners to interpret the findings about the factors determining adolescents' mental health from an ecological context, which includes family environment, peers, and the digital world. The result lends credence to not accepting H_{o2} since these variables collectively significantly predict adolescent mental health in the Gwagwalada system.

The results of the regression analysis show that parenting styles (β = 0.419) and peer relationships (β = 0.446) are the key factors

impacting adolescent mental health in a positive way, while social media use ($\beta = -0.254$) is one of the main negative factors. Emotion regulation, self-esteem, and healthy coping strategies can be promoted by supportive parenting in adolescents (Babalola & Adetunji, 2021). Peer support also contributes to mental well-being, as it improves social competences and minimizes vulnerability to emotional challenges (Nnamani & Eze, 2020). Whereas increased use of social media is subordinated with mounting anxiety levels, depressive symptoms, and low self-esteem as a result of cyberbullying and social media comparisons (Afolayan & Ogunleye, 2022). The results assert that family structures as well as peers and online communities play a huge role in adolescents' mental health. Therefore, H$_{03}$ should be rejected, meaning that every independent variable makes a contribution to the Gwagwalada adolescents' mental wellness status assessment system in FCT Abuja.

Conclusion
This study was designed to explore the precursors of adolescents' psychological health in Gwagwalada, FCT Abuja, on which the focus is on parenting styles, peer relationships, and social media use of J.S.S.2 and J.S.S.3 adolescents. According to the results provided by Buhrmester (1990) and other scholars, supportive and authoritative parenting significantly promote adolescents' mental health, which includes providing emotional security and developing resilience as well as adaptive coping skills among children. Further, peer relationships also emerged as one of the critical factors related to children's well-being whereby positive peer relations shield children from distress while negative ones render them more anxious and/or depressed. Conversely to this finding, a significant negative relationship has been found between social media use and adolescent mental health, suggesting that great dangers lie in over-engagement with online activities, cyberbullying exposure, and making comparisons with others. Collectively, these variables explained a substantial portion of the

variance in mental health outcomes, underscoring the importance of adopting an integrated approach to promote adolescents' psychological well-being.The research comes up with helping families provide support, cultivating beneficial peer relationship networks, and participating in responsible use of digital media as some of the effective interventions that should be implemented while protecting adolescents' mental wellness. With this result, researchers present some practical solutions for educators, parents, and policymakers who are involved in offering certain measures enhancing teens' recuperative powers towards their emotional and psychological stressors.

Implications for Counselling Psychologists
Implications of this study for counselling psychologists who work with adolescents in Gwagwalada require the following inferences. Consideration of types of parenting styles helps psychologists to advise parents on effective and supportive ways of interaction that will help their children to develop emotional stability and get resilience. The other point is, recognizing the joint crucial role that friends play permits psychologists to run peer support groups and social skill training programs as well as opposed mental harm measures that would encourage development of favourable social environments. Lastly, the bad effects associated with too much use of social media lead to the need for psychoeducation on safe digital engagement practice. Counselling psychologists can educate adolescents on digital literacy and strategies to manage stress associated with using devices such as cell phones, iPads, and laptops. They can also provide guidance on regulating emotions to prevent being unduly influenced by others' opinions while using social media platforms like Facebook or watching content on YouTube.

Recommendations
The study makes it possible to derive a number of practical implications. Parents are recommended to try and implement an authoritative parenting style, using a warm and strict attitude, in order to promote resilience

and desired mental health outcomes in children. Schools and counsellors are encouraged to introduce peer mentorship programs and create an environment for social interaction in order to develop the adolescents' relational support networks. Furthermore, explicit guidelines on proper usage of social networking sites among children, such as limiting screen time and educating children on cyber risks, should be provided. Government agencies as well as school heads must include a mental health education campaign in the school curriculum that covers adolescents and parents, respectively. Besides that, counselling psychologists need to come up with intervention strategies that prevent family dynamics, peer pressures, and digital media from affecting the overall well-being of adolescents by acquiring effective coping mechanisms for facing adolescence challenges.

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