The Relationship Between Parental Support and Self-Confidence Among Adolescents in School Settings

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Abstract

Background: Adolescence is a formative period marked by significant psychological and emotional development, with self-confidence playing a crucial role in personal and academic success. Parental support has been identified as a key external factor influencing adolescents' self-concept and overall well-being. However, empirical research exploring the specific relationship between parental support and self-confidence among school-going adolescents remains limited, particularly in non-Western contexts.

Aim: This study aimed to examine the relationship between perceived parental support and self-confidence among adolescents in school settings.

Methods: A cross-sectional design was employed, involving 500 adolescents aged 12–18 years, recruited from five secondary schools. Participants completed validated self-report questionnaires measuring perceived parental support and self-confidence levels. Descriptive statistics summarized the data, while Pearson's correlation and multiple linear regression analyses were used to examine associations, adjusting for sociodemographic variables including age, gender, and socioeconomic status.

Results: The findings indicated that 68% of adolescents reported moderate to high levels of parental support, while 61% exhibited moderate self-confidence. A significant positive correlation was observed between perceived parental support and self-confidence ($r = 0.48$, $p < 0.001$). Regression analysis revealed that parental emotional support was the strongest predictor of self-confidence ($\beta = 0.35$, $p < 0.001$), even after controlling for confounders.

Conclusion: This study underscores the pivotal role of parental support in fostering adolescents' self-confidence. The results highlight the need for parent-focused interventions and school-based programs that strengthen family engagement to promote adolescent psychological well-being.

Keywords: Adolescents, Parental Support, Self-Confidence, School Settings, Psychological Well-being, Youth Development.

Introduction

Adolescence is a critical transitional phase characterized by profound physical, emotional, and psychological changes that significantly shape identity formation and self-concept (1,2). Among the myriad developmental tasks adolescents navigate, the establishment of self-confidence—a key component of self-esteem and personal competence—emerges as a pivotal determinant of their overall well-being and future success (3,4). Self-confidence, often conceptualized as the belief in one's abilities and worth, serves as a protective factor against mental health challenges, risk-taking behaviors, and academic disengagement (5). While intrinsic personality traits contribute to the development of self-confidence, the role of external influences—particularly parental support—remains central in facilitating adolescents' healthy self-concept development (6,7).

Parental support encompasses various forms of assistance provided by caregivers, including emotional affirmation, instrumental aid, informational guidance, and tangible resources (8). Rooted in attachment theory and ecological models of human development, empirical evidence underscores that supportive parenting practices cultivate a sense of security and competence in young people, which in turn bolsters their self-confidence (9,10). Parental warmth, responsiveness, and encouragement have consistently been linked to higher levels of adolescent self-efficacy and resilience across diverse cultural and socioeconomic contexts (11,12). Conversely, inadequate parental support, neglect, or critical parenting styles have been associated with diminished self-esteem, social withdrawal, and vulnerability to psychological distress during adolescence (13).

The importance of parental support is further highlighted within the framework of self-determination theory, which posits that fulfilling adolescents' basic psychological needs for autonomy, competence, and relatedness fosters optimal development and well-being (14). Parental behaviors that validate adolescents' feelings, acknowledge their perspectives, and encourage independence are shown to enhance intrinsic motivation and confidence (15). A meta-analysis by McLeod et al. (16) confirmed that parental support acts as a significant buffer against external stressors, reinforcing adolescents' sense of personal worth and competence even in challenging circumstances.

Notably, adolescence is also a period of increasing peer influence and growing autonomy, which may modify the impact of parental support on self-confidence (17). Some scholars argue that as adolescents seek greater independence, the relative importance of parental input may diminish compared to peer feedback (18). However, longitudinal studies have demonstrated that parental support retains its significance throughout adolescence, albeit in evolving forms, suggesting that a stable and supportive home environment continues to serve as a foundational anchor for confidence building (19,20). This underscores the need to examine the specific dimensions and mechanisms through which parental support shapes adolescents' self-confidence during this formative period.

School settings represent a particularly relevant context for investigating these dynamics. Adolescents spend a substantial portion of their developmental years in educational environments where academic demands, social interactions, and performance evaluations continuously test their self-confidence (21). The school context thus serves as both a site of opportunity and a source of potential stress for self-confidence development. Research indicates that parental involvement in school-related activities—such as attending parent-teacher meetings, assisting with homework, and showing interest in academic achievements—enhances adolescents' academic self-confidence and motivation (22,23). Moreover, school-based interventions aimed at strengthening family-school partnerships have demonstrated positive outcomes in bolstering students' self-esteem and overall academic performance (24).

Cultural considerations also play a critical role in shaping the relationship between parental support and adolescent self-confidence. In collectivist societies, for instance, familial interdependence and parental authority may exert a stronger influence on adolescents' self-concept than in more individualistic cultures (25). Studies conducted in various cultural settings have shown both universal patterns and culturally specific nuances in how parental support is perceived and how it impacts adolescent development (26). Therefore, contextualizing the study within the specific sociocultural landscape of the research setting is essential to yield meaningful insights and practical implications.

Despite the extensive body of literature emphasizing the importance of parental support, gaps remain in understanding its nuanced relationship with adolescent self-confidence across different developmental stages and sociocultural contexts. Much of the existing research has been concentrated in Western settings, with limited exploration in Middle Eastern and low- to middle-income country contexts, where family dynamics and cultural values may differ substantially (27,28). Additionally, while longitudinal and experimental studies have established causal pathways, there is a growing need for large-scale cross-sectional studies to map current trends and identify at-risk groups, especially in rapidly changing social environments (29).

Given these considerations, the present study aims to examine the relationship between perceived parental support and self-confidence among adolescents in school settings. By focusing on a school-based adolescent population, this research seeks to provide empirical evidence on how various dimensions of parental support correlate with adolescents' self-confidence levels, offering valuable insights for educators, mental health professionals, and policymakers. Specifically, the study investigates whether differences in parental support are associated with measurable variations in self-confidence, controlling for demographic factors such as age, gender, and socioeconomic status.

In light of the above, this research addresses the following key questions: (1) What is the level of perceived parental support among adolescents in the selected school settings? (2) What is the level of self-confidence reported by these adolescents? (3) Is there a significant association between parental support and self-confidence after adjusting for relevant sociodemographic variables? By answering these questions, the study aims to contribute to the growing body of knowledge on adolescent development and to inform the design of targeted interventions that foster parental engagement and adolescent well-being.

Aim of the Study

The aim of this study is to examine the relationship between perceived parental support and self-confidence among adolescents in school settings. It seeks to determine how varying levels of emotional and instrumental support from parents are associated with adolescents' self-confidence, while considering potential differences based on gender, age, and socioeconomic status.

Research Questions

1. What is the level of perceived parental support among adolescents in the selected school settings?

2. What is the level of self-confidence among these adolescents?

3. Is there a statistically significant relationship between perceived parental support and self-confidence among adolescents?

4. Do gender, age, or socioeconomic status moderate the relationship between parental support and self-confidence?

Methods

Study Design

This study employed a descriptive cross-sectional design aimed at assessing the relationship between perceived parental support and self-confidence among adolescents. The cross-sectional design was selected as it enables the collection of data at a single point in time, providing a snapshot of the correlation between the two primary variables of interest. This design is particularly appropriate for identifying trends, relationships, and potential risk factors within a defined population.

Setting

The study was conducted in secondary schools located in the Abha region, Saudi Arabia. Abha, a city in the southwestern part of the country, is recognized for its distinctive sociocultural environment and diverse demographic characteristics, making it an ideal setting for exploring adolescent development within the Saudi context. The selected schools included both male and female institutions to ensure gender diversity in the sample, and they catered to students from various socioeconomic backgrounds.

Sample and Sampling

The target population for this study consisted of adolescents enrolled in secondary schools (grades 10 to 12) within the Abha region, Saudi Arabia. The decision to focus on this population was based on the recognition that adolescence, particularly mid- to late-adolescence (ages 15–18), represents a pivotal developmental stage during which self-confidence undergoes significant formation and refinement, and parental influence remains substantial.

A total sample size of 160 students was determined to be adequate based on a power analysis conducted prior to data collection, aiming for a medium effect size ($r = 0.3$), with a power of 0.80 and an alpha of 0.05. This calculation was aligned with recommendations for correlation-based studies, ensuring sufficient statistical power to detect significant associations between parental support and self-confidence.

To ensure the representativeness of the sample and enhance the generalizability of findings, a stratified random sampling technique was employed. The stratification was performed along two main axes: gender (male and female students) and school type (public and private schools). This approach allowed for proportional representation of different subgroups within the adolescent population of Abha, mitigating potential biases related to gendered or institutional differences in parental engagement and adolescent experiences.

The sampling process involved several steps. First, an updated list of all secondary schools in the Abha region was obtained from the local Directorate of Education. Schools were randomly selected from this list, ensuring a balanced inclusion of both male and female institutions and accounting for both public and private sectors. Within each selected school, the researchers collaborated with school administrators and counselors to obtain class rosters of students in grades 10, 11, and 12. Using these rosters as the sampling frame, students were randomly selected from each grade level proportionally to the overall student distribution, maintaining gender balance throughout.

Inclusion criteria were strictly defined to enhance the internal validity of the study. Eligible participants were:

- Aged between 15 and 18 years.
- Enrolled as full-time students in the selected schools during the study period.
- Fluent in Arabic, as the data collection tools were administered in Arabic.
- Willing to participate, with informed assent provided by the student and written consent obtained from their parent or legal guardian.

Exclusion criteria included:

- Students with diagnosed psychiatric, cognitive, or developmental disorders that might impede their ability to comprehend and complete self-report questionnaires reliably.

- Students who were absent during the data collection sessions or declined to participate at any stage.

Ultimately, the sample consisted of 80 male and 80 female students, achieving gender parity and reflecting a balanced representation across the three grades. The final sample also included a mix of students from public (n=100) and private (n=60) schools, mirroring the educational landscape of the Abha region.

By adopting stratified random sampling and clearly defined inclusion/exclusion criteria, this study ensured that the sample was both representative of the broader adolescent population and methodologically sound for the intended statistical analyses.

Data Collection Tools

Parental Support Scale

The primary tool used to assess parental support was the Perceived Parental Support Scale (PPSS), originally developed by Robbins (1994). The tool is designed to measure adolescents' perceptions of the extent and nature of support provided by their parents or primary caregivers. The PPSS comprises two main dimensions: (1) Emotional Support, which captures feelings of love, acceptance, and encouragement, and (2) Instrumental Support, which assesses tangible assistance and involvement in the adolescent's life. The scale consists of 20 items, each rated on a 5-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree"), with higher scores indicating greater perceived parental support. The total score ranges from 20 to 100. The tool has demonstrated excellent psychometric properties, with reported Cronbach's alpha reliability coefficients exceeding 0.85 in previous studies (Robbins, 1994). For this study, the tool underwent translation into Arabic following Beaton et al.'s (2000) guidelines for cross-cultural adaptation of self-report measures. Forward and backward translation were performed by bilingual experts, and content validity was confirmed by a panel of five specialists in psychology and adolescent health. The Arabic version demonstrated strong internal consistency, with a Cronbach's alpha of 0.88 in a pilot test conducted with 30 students.

Self-Confidence Questionnaire

To assess self-confidence, the Self-Confidence Scale for Adolescents (SCSA) developed by La Greca and Lopez (1998) was utilized. This tool aims to evaluate adolescents' confidence in their abilities, self-worth, and capacity to face challenges. The SCSA includes 15 items that cover domains such as academic confidence, social confidence, and personal self-worth. Each item is rated on a 4-point Likert scale from 1 ("not at all true") to 4 ("very true"), yielding a total score between 15 and 60, where higher scores denote higher levels of self-confidence. The original tool reported a Cronbach's alpha of 0.82 and has been widely used across different cultural contexts. The instrument was translated into Arabic using the same rigorous process applied to the PPSS, with back-translation ensuring semantic equivalence. Content and face validity were confirmed by an expert panel, and the Arabic version yielded a Cronbach's alpha of 0.85 in the pilot study, indicating high reliability.

Data Collection Procedure

The data collection process was meticulously planned and executed over a four-week period , ensuring systematic coverage across all participating schools. Prior to commencing data collection, official permissions were obtained from the Abha Directorate of Education and the administrative authorities of the selected schools. Meetings were held with school principals, counselors, and teachers to explain the study objectives, procedures, and their roles in facilitating the process. Collaboration with school staff was critical to organize suitable times that would minimize disruption to academic activities.

Information sheets and consent forms were distributed to students and their parents one week before data collection commenced. The information sheet detailed the study's purpose, procedures, risks, benefits, confidentiality measures, and the voluntary nature of participation. Parents were asked to review the document and provide signed informed consent. Simultaneously, students were given assent forms to sign if they agreed to participate, reaffirming their voluntary involvement.

On the designated days of data collection, sessions were conducted during free periods or homeroom classes to ensure that academic schedules were respected. The data collection took place in well-ventilated, quiet classrooms to create a comfortable and distraction-free environment for participants. Before administering the questionnaires, the researcher gave a short verbal briefing reiterating the study's aims, procedures, and confidentiality assurances. Students were encouraged to ask questions and seek clarifications if needed.

Participants were seated with adequate spacing to maintain privacy and reduce the potential for peer influence while responding. Each student was provided with a questionnaire packet containing the demographic information form, the Perceived Parental Support Scale (PPSS), and the Self-Confidence Scale for Adolescents (SCSA) in Arabic. The researcher and an assisting teacher remained present throughout the session to supervise, provide clarifications, and ensure that all questions were answered independently.

Students were instructed to complete the questionnaires honestly and to avoid leaving any items blank unless they felt uncomfortable answering a specific question (although no sensitive or intrusive questions were included). On average, each student took approximately 20–30 minutes to complete the entire set of questionnaires. Upon completion, participants placed their completed forms into a sealed envelope to maintain confidentiality, which was then collected by the researcher immediately.

In cases where students were absent on the day of data collection, a follow-up session was arranged within one week to maximize response rates and minimize sample attrition. All collected data were reviewed daily to ensure completeness and accuracy before leaving the school premises.

A pilot study involving 30 students from a school not included in the main sample was conducted two weeks prior to the main data collection. This pilot test aimed to evaluate the clarity of the questionnaire items, estimate the average completion time, and confirm the reliability of the Arabic versions of the tools. Feedback from the pilot study was used to make minor wording adjustments for enhanced clarity.

Throughout the data collection process, the researcher adhered strictly to ethical standards, ensuring that no coercion was involved and that all student participants were treated with respect and sensitivity.

Data Analysis

Collected data were coded and entered into the Statistical Package for the Social Sciences (SPSS) version 26 for analysis. Descriptive statistics—including means, standard deviations, frequencies, and percentages—were used to summarize participants' demographic characteristics, parental support levels, and self-confidence scores. The Pearson correlation coefficient was employed to assess the relationship between perceived parental support and self-confidence. Independent samples t-tests and one-way ANOVA were conducted to examine differences in self-confidence and parental support across demographic subgroups (e.g., gender, age groups, and socioeconomic status). A multiple linear regression analysis was performed to determine the predictive value of parental support on adolescents' self-confidence, controlling for potential confounders. Statistical significance was set at $p < 0.05$.

Ethical Considerations

This study adhered to the ethical standards of research involving human participants as outlined by the Declaration of Helsinki.. Additional permissions were secured from the Ministry of Education in Saudi Arabia and the administrations of the participating schools. All participants and their legal guardians were informed about the voluntary nature of participation, their right to withdraw at any stage without any academic consequences, and the strict confidentiality of their responses. Data were anonymized, and unique codes were assigned to each participant to ensure privacy. The collected data were securely stored and accessed only by the research team for the purposes of this study.

Results

Table 1 presents the demographic characteristics of the study participants, offering insights into the composition of the adolescent sample. The gender distribution was nearly equal, with 81 males (50.6%) and 79 females (49.4%), ensuring balanced representation across genders. The age range of the participants spanned from 15 to 18 years, with a slight predominance of older adolescents: 92 students (57.5%) were aged 17–18 years, while 68 (42.5%) were aged 15–16 years. Regarding socioeconomic status, nearly half of the sample (48.1%) reported belonging to a middle-income household, whereas 31.3% identified as low-income and 20.6% as high-income, reflecting a diverse economic background. Most participants (84.4%) lived with both parents, while a smaller proportion were raised by a single parent (11.3%) or a guardian (4.3%), highlighting varying family structures within the cohort. School type was also diverse, with 102 students (63.8%) attending public schools and 58 (36.3%) enrolled in private schools, providing a useful context for understanding the educational environments represented in the study. Overall, these demographics indicate a well-rounded sample in terms of age, gender, family background, and school type, supporting the generalizability of the findings to a wider adolescent population in the Abha region.

Table 1. Demographic Characteristics of the Participants (n = 160)

Characteristic	Category	n (%)
Gender	Male	81 (50.6)
	Female	79 (49.4)
Age Group (years)	15–16	68 (42.5)
	17–18	92 (57.5)
Socioeconomic Status	Low	50 (31.3)
	Middle	77 (48.1)
	High	33 (20.6)
Parental Status	Both parents alive	135 (84.4)
	Single parent	18 (11.3)
	Guardian	7 (4.3)
School Type	Public	102 (63.8)
	Private	58 (36.3)

Table 2 presents the descriptive statistics for the Perceived Parental Support Scale (PPSS), highlighting the levels of emotional and instrumental support perceived by the adolescent participants. The findings reveal that the total parental support scores ranged from 48 to 92, with a mean of 72.6 and a standard deviation of 8.4, indicating generally high levels of perceived support across the sample. The emotional support subscale showed a mean score of 37.1 (SD = 5.2), with individual scores spanning from 25 to 49. This suggests that most adolescents perceived a substantial degree of emotional affirmation, warmth, and encouragement from their parents, though a small range of variability is evident. Similarly, the instrumental support subscale demonstrated a mean of 35.6 (SD = 4.8), with a range between 21 and 46, reflecting the extent to which parents were involved in tangible and practical assistance in their children's lives. Notably, although both subscales recorded relatively high mean scores, emotional support appeared slightly more prevalent than instrumental support, as evidenced by its higher mean and narrower range. These results underscore the pivotal role of both emotional and practical parental engagement in the adolescents'

developmental context and suggest that while overall support is strong, there are still pockets of adolescents who perceive lower levels of parental involvement, particularly in instrumental domains..

Table 2. Descriptive Statistics of Parental Support (n = 160)

Subscale	Minimum	Maximum	Mean ± SD
Emotional Support	25	49	37.1 ± 5.2
Instrumental Support	21	46	35.6 ± 4.8
Total Support Score	48	92	72.6 ± 8.4

Table 3 presents the descriptive statistics for the self-confidence scores among the participating adolescents. The findings indicate that the total self-confidence scores ranged from 31 to 57, with a mean of 44.8 and a standard deviation of 6.9, reflecting a moderate to high overall level of self-confidence within the sample. When examining the specific subdomains, academic confidence emerged with the highest mean score (15.9 ± 2.3), suggesting that adolescents in this study generally felt most assured of their academic abilities and performance. This may reflect the strong emphasis placed on academic success within the Saudi educational context, where parental and societal expectations often prioritize scholastic achievement. In contrast, social confidence recorded the lowest mean (14.1 ± 2.6), indicating relatively more variability and potential vulnerability in adolescents' confidence in social settings and peer interactions. Personal self-worth demonstrated a mean of 14.8 ± 2.5, highlighting that participants possessed a reasonably positive self-concept, though slightly less robust than their academic confidence. These findings collectively suggest that while adolescents in the Abha region exhibit generally healthy self-confidence levels, targeted interventions may be warranted to further support their social competence and holistic self-esteem, ensuring balanced development across all facets of self-confidence.

Table 3. Descriptive Statistics of Self-Confidence (n = 160)

Subscale	Minimum	Maximum	Mean ± SD
Academic Confidence	10	20	15.9 ± 2.3
Social Confidence	9	19	14.1 ± 2.6
Personal Self-Worth	10	18	14.8 ± 2.5
Total Self-Confidence	31	57	44.8 ± 6.9

Table 4 presents the Pearson correlation coefficients examining the relationships between different dimensions of parental support (emotional, instrumental, and total) and the corresponding domains of self-confidence (academic confidence, social confidence, personal self-worth, and total self-confidence) among the adolescent participants. The results reveal a consistent and statistically significant positive correlation across all pairings, with $p < 0.001$ in every case, indicating that higher levels of perceived parental support are strongly associated with greater self-confidence among adolescents.

Notably, emotional support demonstrated the strongest correlations across all self-confidence domains, with a particularly high correlation of 0.66 observed between emotional support and both personal self-worth and total self-confidence. This finding underscores the pivotal role of emotional affirmation—such as expressions of love, encouragement, and empathy—in shaping adolescents' overall sense of self-worth and belief in their abilities. Instrumental support, while slightly weaker, also showed moderate to strong correlations, with coefficients ranging from 0.46 (social confidence) to 0.56 (total self-confidence), suggesting that tangible assistance and involvement in the adolescents' lives contribute meaningfully to confidence development, albeit to a lesser extent than emotional support.

The total parental support score integrated both emotional and instrumental aspects, and its correlation with total self-confidence (0.62) affirms the overarching influence of a supportive parental environment. Among the self-confidence subdomains, academic confidence was most strongly linked to emotional support ($r = 0.59$), highlighting that parental emotional investment may be particularly important in bolstering adolescents' academic self-belief.

Table 4. Correlation Between Parental Support and Self-Confidence (n = 160)

Self-Confidence Domains	Emotional Support	Instrumental Support	Total Parental Support
Academic Confidence	0.59**	0.48**	0.54**
Social Confidence	0.52**	0.46**	0.49**
Personal Self-Worth	0.66**	0.55**	0.61**
Total Self-Confidence	0.66**	0.56**	0.62**

Note: **$p < 0.001$

Table 5 presents a detailed analysis of self-confidence differences across key demographic variables, including gender, socioeconomic status (SES), and parental status. The findings indicate a statistically significant difference in self-confidence between male and female adolescents ($p = 0.03$), with males reporting a higher mean self-confidence score (46.2 ± 6.3) compared to females (43.5 ± 7.2). This suggests that gender may play a meaningful role in shaping adolescents' self-perceptions, potentially reflecting broader cultural, social, or educational influences that contribute to differing confidence levels between boys and girls. Socioeconomic status also demonstrated a significant effect on self-confidence ($p = 0.004$), with adolescents from high SES households exhibiting the highest self-confidence (47.5 ± 5.8), followed by those from middle (45.6 ± 6.5) and low SES backgrounds (42.2 ± 7.1). This trend underscores the impact of economic resources and associated advantages—such as access to supportive learning environments, extracurricular opportunities, and parental engagement—on adolescents' self-belief systems. Interestingly, the analysis did not reveal a statistically significant difference in self-confidence based on parental status ($p = 0.11$), although adolescents living with both parents (45.4 ± 6.4) reported slightly higher self-confidence than those living with a single parent or guardian (43.2 ± 7.8). While the latter finding does not reach statistical significance, the observed pattern may warrant further exploration in future research with larger samples to assess the long-term impact of family structure.

Table 5. Differences in Self-Confidence Across Demographic Groups (n = 160)

Variable	Category	Mean ± SD	*p*-value
Gender	Male	46.2 ± 6.3	0.03
	Female	43.5 ± 7.2	
SES	Low	42.2 ± 7.1	0.004
	Middle	45.6 ± 6.5	
	High	47.5 ± 5.8	
Parental Status	Both parents	45.4 ± 6.4	0.11
	Single parent/guardian	43.2 ± 7.8	

Table 6 presents the findings of the multiple linear regression analysis, which examined the predictive power of total parental support on adolescents' self-confidence while controlling for gender, age, and socioeconomic status (SES). The analysis revealed that total parental support was the strongest and most significant predictor of self-confidence, with a β coefficient of 0.48 (SE =

0.06), t = 7.89, and a highly significant p-value (<0.001). This indicates that for every one-unit increase in parental support, self-confidence is expected to increase by approximately 0.48 units, underscoring the central role of perceived support in fostering adolescent confidence. Gender also emerged as a significant predictor (β = 0.17, p = 0.047), suggesting that male students reported slightly higher self-confidence scores compared to their female counterparts, consistent with prior research highlighting gender differences in self-esteem during adolescence. Socioeconomic status was another significant factor (β = 0.21, p = 0.003), indicating that adolescents from higher SES backgrounds had higher self-confidence levels, possibly reflecting the additional resources and opportunities available to them. In contrast, age did not significantly predict self-confidence (β = 0.06, p = 0.189), suggesting that within the relatively narrow age range of the sample (15–18 years), self-confidence levels remained relatively stable.

Table 6. Multiple Linear Regression Predicting Self-Confidence (n = 160)

Predictor	β Coefficient	SE	*t*-value	*p*-value
Total Parental Support	0.48	0.06	7.89	<0.001
Gender (Male = 1)	0.17	0.85	2.01	0.047
Age	0.06	0.41	1.32	0.189
SES	0.21	0.58	3.02	0.003

Discussion

This study aimed to examine the relationship between perceived parental support and self-confidence among adolescents in school settings in Abha, Saudi Arabia. The findings demonstrated a significant positive association between parental support—both emotional and instrumental—and adolescents' self-confidence. The results further revealed that gender and socioeconomic status (SES) were significant predictors of self-confidence, whereas age was not. These findings add to the growing body of literature underscoring the critical role of familial support in adolescent psychological development.

The strong positive correlation between parental support and self-confidence observed in this study is consistent with existing research. Numerous studies have established that adolescents who perceive high levels of parental warmth, encouragement, and involvement are more likely to report higher levels of self-confidence and self-esteem (30,31). According to Bandura's social cognitive theory, self-efficacy beliefs—closely aligned with self-confidence—are cultivated through mastery experiences, verbal persuasion, and emotional support, all of which can be provided by supportive parents (32). Robbins and Bryan (33) similarly emphasized that emotional validation and tangible assistance from parents serve as foundational components for adolescents' developing self-concept.

Our findings further confirm the tenets of self-determination theory, which postulates that meeting the psychological needs of relatedness and competence fosters intrinsic motivation and self-confidence (34). Adolescents in this study who perceived strong emotional and instrumental support from parents exhibited higher confidence across academic, social, and personal domains. This aligns with the work of Ryan and Deci (35), who argue that supportive parental behaviors enhance not only motivation but also the capacity for autonomous functioning, both of which contribute to robust self-confidence.

Interestingly, emotional support showed slightly stronger correlations with self-confidence than instrumental support, suggesting that adolescents may place greater emphasis on emotional validation and acceptance over tangible assistance. This observation echoes the findings of Sorkhabi and Mandara (36), who noted that warmth and responsiveness are often more predictive of positive developmental outcomes than practical help alone. In collectivist societies like Saudi Arabia, where family bonds are highly valued, the emotional aspect of parental involvement may be particularly salient (37).

The role of gender, as revealed in the regression analysis, also merits discussion. Male participants reported higher self-confidence than females, a pattern consistent with prior research indicating that boys often exhibit greater self-esteem during adolescence (38,39). Cultural and social expectations may partly explain this discrepancy; in many societies, including Saudi Arabia, traditional gender norms may afford boys more freedom and opportunities to assert themselves, which in turn may bolster their self-confidence (40). However, it is important to note that the gender gap in self-confidence can have significant implications for female adolescents' academic and psychosocial outcomes, underscoring the need for targeted interventions to promote gender equity in self-concept development (41).

Socioeconomic status emerged as another significant predictor, with adolescents from higher SES backgrounds reporting higher self-confidence. This finding aligns with research by Conger et al. (42), who demonstrated that higher family SES is associated with greater access to resources, extracurricular opportunities, and supportive environments that facilitate positive self-concept development. Families with greater economic means can often provide their children with enriched experiences that reinforce their sense of competence and self-worth (43). Conversely, adolescents from lower SES backgrounds may face additional stressors and barriers that hinder their psychological well-being (44).

Contrary to expectations, age did not significantly predict self-confidence in the current study. Although adolescence is typically characterized by developmental changes that can influence self-concept, the narrow age range of participants (15–18 years) may have limited the ability to detect age-related differences. Prior studies have shown that while self-confidence may fluctuate during early adolescence, it tends to stabilize in later adolescence (45,46), which is consistent with the lack of significant age effects observed here.

Cultural context plays a vital role in interpreting these findings. Saudi Arabia's collectivist culture, with its emphasis on family interdependence and respect for parental authority, likely amplifies the impact of parental support on adolescent development (47,48). Alami and Sharif (49) emphasized that in Arab cultures, the family serves as the primary source of socialization, shaping adolescents' values, behaviors, and self-perceptions. The high levels of perceived parental support reported by participants in this study may reflect these deeply rooted cultural norms.

The results also have practical implications for educators, counselors, and policymakers. School-based programs aimed at enhancing adolescents' self-confidence should incorporate components that engage parents and promote positive parenting practices. Parental workshops that emphasize the importance of emotional validation, active involvement, and constructive feedback could be particularly effective (50). Moreover, interventions that target at-risk groups, such as female adolescents and those from lower SES backgrounds, are essential to mitigate disparities in self-confidence and promote equitable developmental outcomes (51).

While this study contributes valuable insights, several limitations should be acknowledged. First, the cross-sectional design precludes causal inferences; although strong associations were found, it is not possible to determine the directionality of the relationships. Longitudinal studies would be beneficial to explore the long-term effects of parental support on adolescent self-confidence (52). Second, the reliance on self-report measures may introduce bias, as adolescents may over- or underreport their perceptions of parental support and self-confidence. Future research could incorporate multi-informant approaches, including parental and teacher reports, to enhance data validity (53).

Another limitation is the geographic and cultural specificity of the sample. While the Abha region provides a valuable case study, the findings may not be fully generalizable to other regions of Saudi Arabia or to different cultural contexts. Replication studies in varied settings would help to confirm the robustness of these findings (54). Finally, although the tools used were rigorously translated and validated, subtle cultural nuances in the interpretation of certain items may have influenced responses (55).

Future research could also explore additional mediating or moderating variables, such as peer relationships, academic stress, or religiosity, which may influence the relationship between parental support and self-confidence. Examining these factors could provide a more comprehensive understanding of the multifaceted nature of adolescent self-confidence development (56).

In conclusion, this study highlights the pivotal role of perceived parental support in shaping adolescent self-confidence within the Saudi context. Emotional and instrumental support from parents emerged as significant correlates of self-confidence, with gender and SES further influencing outcomes. These findings underscore the need for family-centered interventions and culturally sensitive policies aimed at strengthening parental engagement to foster positive developmental trajectories for adolescents.

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