

Perceived Parenting Styles and Social Anxiety among Adolescents in Goa, India

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Abstract

Adolescence is a developmental period characterized by increasing autonomy, changing peer relationships, heightened sensitivity to social evaluation, and continuing dependence on family relationships. Parenting practices may therefore play an important role in adolescents' social and emotional adjustment. The present study examined the association between perceived parenting styles and social anxiety among adolescents in Goa, India. Perceived parenting styles were assessed using the Perceived Parenting Style Scale (PPSS), which measures authoritative, authoritarian, and permissive parenting dimensions. Social anxiety was assessed using the Kutcher Generalized Social Anxiety Disorder Scale for Adolescents (K-GSADS-A). The sample consisted of 61 adolescents aged 13–17 years residing in Goa, India. Purposive sampling technique was used for recruitment of the sample. Data were analysed using descriptive statistics, independent samples *t* tests, and Pearson product moment correlations. The reported results indicated a significant positive association between authoritarian parenting and social anxiety ($r = .40, p < .01$). The associations of authoritative ($r = -.05$) and permissive parenting ($r = .08$) with social anxiety were weak and nonsignificant. Female adolescents reported significantly higher social anxiety scores than male adolescents, $t(59) = -2.59, p = .012$, whereas gender differences in perceived parenting styles were nonsignificant. These results suggest that perceived authoritarian parenting may be related to adolescent social anxiety and gender differences in adolescent mental health need to be considered. Larger more representative samples are needed to clarify these relationships within the Indian sociocultural context.

Keywords: Adolescence, Social Anxiety, Parenting Styles, Authoritative Parenting, Authoritarian Parenting, Permissive Parenting, Goa, India

Introduction

Adolescence represents a major developmental transition involving changes in emotional functioning, identity, interpersonal relationships, autonomy, and social participation. Although adolescents increasingly seek independence from their parents, the family remains an important social environment within which young people develop patterns of emotional regulation, interpersonal confidence, and behavioural adjustment. Adolescence is a formative developmental period marked by significant shifts in emotional functioning, autonomy, and social relationships (World Health Organization, 2025). While adolescents increasingly navigate the competing demands of peer acceptance and independence, parents continue to provide a crucial relational context for emotional security and psychosocial adjustment (Maccoby & Martin, 1983; Steinberg, 2001). A prominent psychological concern during this stage is social anxiety

which is characterized by an intense fear of negative evaluation, scrutiny, embarrassment, and rejection (Clark & Wells, 1995; Rapee & Heimberg, 1997). When persistent, social anxiety can severely disrupt peer relationships, academic participation, and everyday functioning, distinguishing clinically significant difficulties from normative adolescent shyness.

The family environment plays a critical role in the development and maintenance of these social fears. Parenting behaviors significantly influence an adolescent's perception of interpersonal safety and personal competence (McLeod et al., 2007). Recent empirical evidence highlights distinct associations between perceived parenting dimensions and adolescent social-anxiety symptoms (Howard et al., 2025; Ilyas & Khan, 2023). Baumrind's (1966, 1971) classic framework, further conceptualized by Maccoby and Martin (1983) and Darling and Steinberg (1993), provides a valuable lens for this analysis. It distinguishes among authoritative (high warmth/high regulation), authoritarian (low warmth/high control), and permissive (high warmth/low regulation) parenting styles. These styles offer plausible developmental pathways to anxiety: highly controlling or psychologically intrusive parenting may exacerbate social anxiety by limiting opportunities for independent decision-making and heightening sensitivity to social judgment. Conversely, supportive, authoritative parenting may foster the emotional security needed to confidently navigate social challenges.

Understanding these dynamics requires careful consideration of the sociocultural context. In India, parenting practices are heavily shaped by cultural expectations concerning authority, intergenerational duty, and academic aspirations. While Indian research has established links between family factors and general adolescent behavioral difficulties (Aboobaker et al., 2019; Sekaran et al., 2020), there remains a distinct gap in the literature specifically examining social-anxiety severity. Goa represents a unique and relevant regional setting to investigate these relationships, offering context-specific evidence from a population that remains underrepresented in existing psychological literature.

To address this gap, the present study examines the association between perceived parenting styles and social-anxiety severity among adolescents aged 13-17 years in Goa, India. Perceived parenting is assessed using the Perceived Parenting Style Scale (PPSS; Divya & Manikandan, 2013), while multidimensional social-anxiety severity is evaluated using the Kutcher Generalized Social Anxiety Disorder Scale for Adolescents (K-GSADS-A; Brooks & Kutcher, 2004). Utilizing a cross-sectional correlational framework, this study also investigates gender differences in these variables. Ultimately, this research aims to clarify whether different perceived parenting styles exhibit distinct associations with adolescent social anxiety, providing culturally situated evidence to inform family-sensitive mental health interventions.

The Indian context is particularly important because parenting practices are embedded within cultural expectations concerning family relationships, academic achievement, obedience, interdependence, and social responsibility. Previous Indian research has identified associations between parenting-related variables and adolescent emotional and behavioural difficulties (Aboobaker et al., 2019; Sekaran et al., 2020). However, relatively limited attention has been directed toward the specific association between perceived parenting styles and social-anxiety severity among adolescents in Goa.

Goa provides an important regional context for such investigation. Although findings from broader Indian samples provide useful theoretical and empirical foundations, regional studies can contribute to a more contextually sensitive understanding of adolescent psychological functioning. The present study therefore focuses specifically on adolescents residing in Goa and examines whether their perceptions of authoritative, authoritarian, and permissive parenting are associated with social-anxiety severity.

Theoretical Framework

The study is primarily grounded in Baumrind's conceptualization of parenting styles and the broader parenting dimensions proposed by Maccoby and Martin (1983). Within this framework, parenting can be understood through variations in parental responsiveness and demandingness.

Authoritative parenting theoretically combines emotional responsiveness with developmentally appropriate expectations and behavioural regulation. Such parenting may support autonomy while maintaining parental involvement. Authoritarian parenting places comparatively greater emphasis on obedience, control, and conformity. Permissive parenting involves greater acceptance and responsiveness but relatively limited behavioural demands.

From this perspective, parenting style may be associated with adolescents' social anxiety because parenting influences the interpersonal environment in which adolescents develop perceptions of competence, autonomy, social evaluation, and emotional safety.

The conceptual model of the present study can therefore be expressed as:

Perceived Parenting Styles → Adolescent Social Experiences → Social-Anxiety Severity

The three parenting dimensions are examined separately rather than being combined into a single parenting score.

Research Gap

Three important gaps provide the rationale for the present investigation. First, although parenting has been examined extensively in relation to adolescent psychological adjustment, relatively less research has specifically focused on social anxiety as the outcome variable. Second, parenting is often examined as a broad family variable, whereas the present study distinguishes among authoritative, authoritarian, and permissive parenting. Third, there remains a need for research situated within specific Indian regional contexts. Evidence concerning adolescents in Goa may complement findings from other Indian populations and contribute to the development of culturally and contextually informed psychological interventions.

Objectives

To assess perceived authoritative, authoritarian, and permissive parenting styles and social anxiety severity among adolescents in Goa, India.

To examine the relationships between perceived authoritative, authoritarian, and permissive parenting styles and social anxiety severity among adolescents.

To examine gender differences in perceived parenting styles and social-anxiety severity among adolescents.

Hypotheses

H1. Male and female adolescents will differ significantly in social-anxiety severity.

H2. Authoritative parenting will be negatively associated with social-anxiety severity.

H3. Authoritarian parenting will be positively associated with social-anxiety severity.

H4. Permissive parenting will demonstrate a significant association with social-anxiety severity.

Method

Research Design

A cross-sectional, correlational research design was used in the present study.

Sample size

The sample consisted of 61 adolescents between 13 and 17 years of age residing in Goa, India. The sample included 31 male and 30 female adolescents from 2 schools. The age range was selected to maintain consistency with the adolescent population for which the K-GSADS-A was developed.

Sampling methods

Purposive sampling method was used for recruitment through educational institutions. Potential participants were screened according to predefined criteria.

Inclusion and Exclusion Criteria

Participants were required to:

- Age between 13 and 17 years of age;
- Reside in Goa;
- To be enrolled in an educational institution;
- understand the language used for assessment;
- have written parental or guardian consent.
- Reported having social anxiety.

Participants unable to complete the assessment because of substantial difficulties interfering with participation were excluded.

Measures

Perceived Parenting Style Scale

The **Perceived Parenting Style Scale (PPSS)** developed by Divya and Manikandan (2013) was used to assess adolescents' perceptions of parenting. The instrument contains 30 items distributed across three dimensions: authoritative, authoritarian, and permissive parenting, with 10 items representing each dimension.

The scale uses a five-point response format. Reported reliability coefficients for the three dimensions are approximately .79 for authoritative parenting, .81 for authoritarian parenting, and .86 for permissive parenting.

For the present study, the three dimensions were treated as separate variables rather than producing a single overall parenting-style score.

Kutcher Generalized Social Anxiety Disorder Scale for Adolescents

The **Kutcher Generalized Social Anxiety Disorder Scale for Adolescents (K-GSADS-A)** was used to assess social-anxiety severity. Brooks and Kutcher (2004) reported evidence supporting the instrument's evaluative properties, including internal consistency and convergent and divergent validity.

The measure assesses several aspects of adolescent social anxiety, including fear/anxiety, avoidance, affective distress, and somatic distress. Higher scores represent greater social-anxiety severity.

Importantly, K-GSADS-A scores should be interpreted as measures of **severity** rather than as diagnostic categories unless an appropriate clinical assessment framework is also employed.

Procedure

Following institutional ethical approval and permission from the relevant educational institutions, potential participants and their parents or guardians were provided with information regarding the purpose

and procedures of the study.

Written parental/guardian consent and adolescent assent were obtained before participation. Data collection was collected in a private and confidential setting. Participants completed the assessment instruments according to standardized administration procedures.

No personally identifying information was included in the analytical dataset.

Ethical Considerations

The study followed established ethical principles. Parental/guardian consent and adolescent assent were obtained before data collection. Confidentiality and secure storage of research data were maintained.

Statistical Analysis

Descriptive statistics, including mean (M), standard deviation (SD), minimum, and maximum values, were calculated for the principal study variables.

Independent-samples t tests were proposed to examine gender differences. Pearson product-moment correlation coefficients were used to examine associations between the three PPSS dimensions and K-GSADS-A scores.

Statistical significance was evaluated at $\alpha = .05$. Effect sizes were included alongside significance tests to facilitate interpretation of the magnitude of observed differences.

Because the sample size was relatively small ($N = 61$), interpretation emphasized effect sizes and confidence in the direction and magnitude of relationships rather than statistical significance alone.

Results

Descriptive Statistics

Table 1

Descriptive Statistics for Perceived Parenting Styles and Social Anxiety

Variable	M	SD	Minimum	Maximum
Authoritative parenting	31.88	4.17	21.90	40.97
Authoritarian parenting	28.63	6.98	15.08	50.00
Permissive parenting	28.07	6.65	13.65	42.90
K-GSADS-A total	46.11	13.05	15.59	84.50

Note. $N = 61$

The descriptive analysis indicated that authoritative parenting had the highest mean score among the three parenting dimensions. The mean K-GSADS-A score indicated measurable variability in social-anxiety severity within the sample.

Gender Differences

Independent-samples t tests were used to examine gender differences.

Table 2

Gender Differences in Parenting Styles and Social Anxiety

Variable	Male M (SD)	Female M (SD)	t (59)	p	Cohen's d
K-GSADS-A	42.04 (13.02)	50.30 (11.88)	-2.59	.012	-0.66
Authoritative	31.86 (4.58)	31.91 (3.78)	-0.05	.962	-0.01
Authoritarian	27.90 (5.85)	29.38 (8.01)	-0.83	.410	-0.21

Permissive	28.56 (6.36)	27.57 (7.01)	0.58	.567	0.15
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Note. The negative sign of t and d reflects the ordering of the comparison groups.

In the analysis, female adolescents demonstrated higher K-GSADS-A scores than male adolescents, and this difference reached statistical significance, $t(59) = -2.59$, $p = .012$, $d = -0.66$. The gender differences in authoritative, authoritarian, and permissive parenting were not statistically significant.

Correlation Analysis

Pearson product-moment correlations were calculated to examine the relationships between perceived parenting style dimensions and social-anxiety severity.

Table 3

Pearson Correlations Among Perceived Parenting Styles and Social Anxiety

Variable	1	2	3	4
1. Authoritative parenting	—			
2. Authoritarian parenting	.15	—		
3. Permissive parenting	.07	.12	—	
4. K-GSADS-A	-.05	.40**	.08	—

Note. $N = 61$. $p < .01$

The correlation analysis indicated a moderate positive association between authoritarian parenting and social anxiety, $r = .40$, $p < .01$. Thus, higher perceived authoritarian parenting was associated with higher social-anxiety severity.

Authoritative parenting demonstrated a weak negative association with social anxiety, $r = -.05$, whereas permissive parenting demonstrated a weak positive association, $r = .08$. Neither relationship was statistically significant in the present analysis.

Discussion

The present study was designed to examine the association between perceived parenting styles and social anxiety among adolescents in Goa, India. Particular attention was given to three parenting dimensions namely authoritative, authoritarian, and permissive and their relationships with social-anxiety severity.

The most notable finding was the positive association between authoritarian parenting and social anxiety. Adolescents perceiving greater authoritarian parenting tended to report higher social-anxiety severity. One possible interpretation is that highly controlling parenting environments may provide adolescents with fewer opportunities to develop independent decision-making, social confidence, and behavioural autonomy (Howard et al., 2025). Persistent emphasis on obedience and evaluation may also contribute to heightened sensitivity to criticism or negative judgment.

This interpretation is theoretically consistent with parenting frameworks emphasizing the importance of balancing behavioural expectations with responsiveness and autonomy support. However, the cross-sectional nature of the design prevents the conclusion that authoritarian parenting causes social anxiety. It is equally possible that adolescents experiencing greater anxiety perceive parental behaviour as more controlling, or that other unmeasured family and individual factors contribute to both variables.

Authoritative parenting demonstrated only a weak negative relationship with social anxiety in the analysis. Although authoritative parenting is theoretically associated with warmth, responsiveness, and appropriate

behavioural regulation, the weak association observed here suggests that a potentially protective parenting environment may not necessarily translate into lower social anxiety in every adolescent. Social anxiety is multidimensional and may also be influenced by peer relationships, temperament, self-esteem, school environment, social experiences, and other contextual factors (Spence & Rapee, 2016).

Permissive parenting demonstrated a weak and nonsignificant association with social anxiety. This finding suggests that responsiveness alone may not be sufficient to explain adolescent social-anxiety experiences. Parenting may operate through combinations of emotional responsiveness, behavioural expectations, autonomy support, monitoring, and communication rather than through isolated parenting categories.

The gender analysis indicated higher social-anxiety scores among female adolescents. This pattern is consistent with the broader observation that internalizing difficulties may be more frequently reported among adolescent girls (Keyes and Platt, 2024). Nevertheless, the finding should be interpreted cautiously, particularly given the small sample and the need for replication in larger Goan samples.

Implications

The findings have potential implications for parents, schools, counsellors, and adolescent mental-health professionals. First, parent-focused interventions may benefit from emphasizing supportive communication rather than excessive psychological control. Second, parents can be encouraged to establish clear expectations while simultaneously allowing adolescents developmentally appropriate opportunities for independent decision-making. Third, school counsellors may consider family dynamics when assessing adolescents presenting with social withdrawal, classroom avoidance, fear of evaluation, or difficulties participating in peer activities.

Fourth, parenting programmes in educational settings could incorporate communication skills, emotional validation, autonomy support, and constructive discipline. Finally, the findings support the need for culturally and regionally sensitive adolescent mental-health research in India.

Limitations

First, the cross-sectional design does not permit causal conclusions. Associations between parenting and social anxiety should not be interpreted as evidence that one variable causes the other. Second, the sample size of 61 participants is relatively small and limits statistical power. Third, purposive sampling reduces the generalizability of findings to the wider adolescent population of Goa and India. Fourth, the study relies on adolescents' perceptions of parenting. Such perceptions are theoretically important but may not correspond completely to parents' self-reported behaviour or objectively observed interactions.

Recommendations for Future Research

Future studies should employ larger samples drawn from multiple schools and districts of Goa. Stratified or probability-based sampling could improve representativeness. Longitudinal research would be particularly valuable for examining whether parenting characteristics predict subsequent changes in adolescent social anxiety. Multi-informant studies involving adolescents, parents, teachers, and counsellors could provide a more comprehensive understanding of the relationship between family processes and adolescent social anxiety. Mixed-method research could additionally explore how adolescents themselves interpret parental behaviours as supportive, controlling, protective, or autonomy-promoting.

Conclusion

The present study provides a quantitative framework for examining the relationship between perceived parenting styles and social anxiety among adolescents in Goa, India. By distinguishing authoritative, authoritarian, and permissive parenting, the study moves beyond a general assessment of parenting quality and focuses on specific dimensions of adolescents' family experiences.

The analysis suggests that authoritarian parenting may be particularly relevant to adolescent social-anxiety severity, whereas authoritative and permissive parenting showed comparatively weak associations. Future research using larger and more representative samples, longitudinal designs, and multi-informant assessment is required to establish a stronger evidence base concerning parenting and adolescent social anxiety in the Indian context.

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