

Research Thesis

**THE IMPACT OF PARENTING STYLES, ACADEMIC
PRESSURE, AND ACADEMIC DISHONESTY ON MENTAL
HEALTH AMONG LATE ADOLESCENTS**



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ADOLESCENTS**

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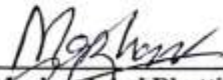
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DECLARATION

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RESEARCH COMPLETION CERTIFICATE

Certified that the research work contained in this thesis titled: THE IMPACT OF PARENTING STYLES, ACADEMIC PRESSURE, AND ACADEMIC DISHONESTY ON MENTAL HEALTH AMONG LATE ADOLESCENTS` has been carried out and completed by Mr. Muhammad Zakir Zaman, Registration No: 515-FSS/MSCP/F23 under my supervision.

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DEDICATION

All praise and gratitude are due to Almighty Allah (SWT), the Most Beneficent and Merciful, whose divine will and blessings enabled me to reach this significant milestone in my academic journey. It is through His guidance, the heartfelt prayers of my parents, and the unwavering support and dedication of my teachers that I have been able to successfully complete my MS thesis. I would like to dedicate this work to my beloved parents and my supervisor, whose crucial roles and constant support have been instrumental throughout this endeavor. I am deeply thankful to my supervisor, Chairman Department of Psychology, Dr. Mazhar Iqbal Bhatti, for his invaluable guidance, insightful feedback, and continuous encouragement throughout the course of this research. His mentorship has been a cornerstone in the completion of this thesis. My sincere appreciation also extends to my peer group for their encouragement, cooperation, and warm wishes, which have kept me motivated. I am especially grateful to my family for their endless support, love, and motivation that carried me through challenging times

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I solemnly declare that the current research entitled: ‘THE IMPACT OF PARENTING STYLES, ACADEMIC PRESSURE, AND ACADEMIC DISHONESTY ON MENTAL HEALTH AMONG LATE ADOLESCENTS` is my personal work. It is not plagiarized nor copied from any other sources, and that I have followed all the research and ethical protocols. I am submitting this research to Department of Psychology, Faculty of Social Sciences, International Islamic University Islamabad as a partial fulfillment for the award of the degree of MS in Clinical Psychology. I also declare that I will not use this research for my degree program in future.

Abstract

This study examines the impact of parenting styles, academic pressure, and academic dishonesty on the mental health of Pakistani late adolescents. The research focuses on understanding how different parenting approaches, such as authoritative, authoritarian, permissive, and neglectful styles and its influence on late adolescent's mental well-being. Additionally, the study explores the role of academic pressure, arising from high expectations and competitive environments, in contributing to stress, anxiety, and depression among students. Furthermore, the prevalence and consequences of academic dishonesty, including cheating and plagiarism, are investigated in relation to its effects on late adolescents' mental health. Using a quantitative cross-sectional research design, data was collected from 200 late studying at different schools and colleges of Karak, KPK. Standardized psychological scales were used to assess parental styles, mental health, academic stress and academic dishonesty. Statistical analyses, including correlation and regression models were employed to determine relationships among variables along with process macro for mediation and moderation analysis. The results indicated that authoritarian parenting as well as permissive parenting by mothers showed significant positive correlation. None of the individual parenting styles of fathers or mothers significantly predicted the mental health of late adolescents. Academic dishonesty does not significantly moderate the relationship between academic stress and mental health. Academic stress style acted as a mediator between the relationship of paternal parenting style and mental health. The findings highlight the critical need for balanced parenting, reduced academic pressure, and ethical academic practices to promote better mental health outcomes for Pakistani late adolescents.

Keywords: Parental Styles, Mental Health, Academic Stress, Academic Dishonest

INTRODUCTION

Adolescence is a critical developmental stage marked by significant physical, emotional, and cognitive changes. During this period, the foundations for future mental health are laid, making it crucial to understand the factors that influence well-being in late adolescents. In Pakistan, where societal expectations and cultural norms heavily emphasize academic achievement, late adolescents are often subject to intense academic pressure. This pressure, coupled with various parenting styles and the prevalence of academic dishonesty, can have profound effects on their mental health.

Parenting Styles

Parenting styles, which define the interaction between parents and children, play a pivotal role in shaping an late adolescent's emotional and psychological development. The authoritative parenting style, characterized by warmth and structure, is generally associated with positive mental health outcomes. A review that included a selected number of studies conducted on the relationship between parenting styles and academic outcomes in Pakistan revealed that parenting style that enhanced the academic output of students of all educational levels was the authoritative type (Abrar et.al 2023). A correlation study carried out at Shiraz University of Medical Sciences concluded that there was a significant relationship between authoritarian parenting style and educational success (Zahedani et.al 2016) .In contrast, authoritarian, permissive may contribute to increased levels of anxiety, stress, and depression. The impact of these parenting styles

on late adolescent mental health is particularly relevant in Pakistan, where traditional and often authoritarian parenting approaches are prevalent.

Previous research has commonly defined parenting style as a consistent pattern of attitudes, emotional tone, and behaviors that parents exhibit toward their children, which creates an overall emotional climate within the family context. Baumrind (1971) first conceptualized parenting styles based on two primary dimensions responsiveness (warmth, acceptance, and support) and demandingness (control, supervision, and expectations) resulting in three primary types: authoritative, authoritarian, and permissive. Maccoby and Martin (1983) later expanded Baumrind's model by organizing these styles along the same two dimensions and introducing a fourth style, neglectful/uninvolved, characterized by low levels of both responsiveness and demandingness. Darling and Steinberg (1993) further refined the concept by emphasizing that parenting style represents the contextual climate within which specific parenting practices are expressed and interpreted by children, thereby influencing developmental outcomes. In contemporary studies, researchers have continued to adopt this multidimensional framework while distinguishing between behavioral control (monitoring and regulation of behavior) and psychological control (intrusive manipulation of thoughts and emotions) to better capture the nuances of parental influence during adolescence (Smetana, 2017).

Parenting styles are conceptualized in contemporary research as relatively stable, global patterns of parental attitudes and behaviors that create the emotional and regulatory climate of childrearing and that are most commonly organized along two core dimensions demandingness (control, structure, and behavioral expectations) and

responsiveness (warmth, emotional support, and acceptance) such that combinations of high/low demandingness and high/low responsiveness produce prototypical styles (e.g., authoritative, authoritarian, permissive/indulgent, and uninvolved/neglectful) rather than isolated, one-off practices (Sanvictores, 2022).

Recent definitional and review work emphasizes three consequential refinements to this classic formulation: (a) parenting style should be treated as a multidimensional, latent construct that can include blended or hybrid profiles within and across families rather than assuming mutually exclusive categorical types; (b) parenting styles are conceptually distinct from discrete parenting practices (e.g., time out, praise, monitoring), with the former describing the enduring emotional climate and the latter describing situation-specific behaviors that operate within that climate; and (c) contemporary measurement and theory increasingly call for explicit attention to contextual moderators (child age and temperament, socioecological factors, and culture) and to measurement strategies that capture both continuous demandingness/responsiveness dimensions and empirically derived profiles (e.g., latent profile analysis), because effects attributed to a “style” vary systematically by cultural context and by analytic approach (Yan, 2025).

Methodological recommendations in recent literature therefore ask researchers to (1) report dimensional scores (demandingness and responsiveness) alongside any categorical labels, (2) use person-centered techniques (e.g., LPA) when the research question concerns within-family profiles, and (3) explicitly model potential moderators (e.g., culture, socioeconomic status, adolescent gender) when testing associations between parenting styles and youth outcomes steps that improve construct validity and reduce cultural bias in interpretation (Sanvictores, 2022). Overall, the current, “latest-

study” consensus frames parenting style as an enduring, multi-faceted family-level climate (distinct from single practices), best operationalized with both dimensional and person-centered measurements and interpreted within the child’s cultural and developmental context.

Previous research consistently demonstrates that authoritative, authoritarian, and permissive parenting styles differ substantially in their emotional climate, disciplinary strategies, and effects on adolescents’ psychological and academic outcomes. The authoritative style, characterized by high warmth, open communication, and firm but flexible control, is most consistently associated with positive developmental outcomes, including higher self-esteem, academic achievement, emotional regulation, and psychological well-being across diverse cultural settings (Pinquart, 2023).

Parents adopting this style tend to promote autonomy within clear boundaries, fostering both competence and relatedness, which supports adaptive coping and mental health (Kuppens & Ceulemans, 2019). In contrast, the authoritarian style, marked by high demandingness but low responsiveness, emphasizes obedience and control through punitive or coercive methods. Studies have shown that this approach often predicts increased anxiety, depressive symptoms, and lower self-efficacy among adolescents, though in certain collectivist cultures, its negative impact may be moderated or even reversed due to culturally endorsed respect for authority (Dwairy & Achoui, 2021).

The permissive style, characterized by high warmth but low control or structure, is associated with elevated risks of impulsivity, academic underperformance, and externalizing behaviors, despite fostering open parent–child communication and

emotional closeness (Sanvictores, 2022; Vasiou et al., 2023). Recent cross-cultural meta-analyses also highlight that the effectiveness of these styles is not universal but varies depending on socioeconomic, cultural, and familial contexts, suggesting that parenting style effects are best understood as context-dependent processes rather than fixed typologies (Yan, 2025).

Academic Pressure

Academic pressure is another significant factor affecting late adolescents in Pakistan. The country's education system is highly competitive, with a strong focus on high-stakes exams that determine future opportunities. This pressure can lead to chronic stress and anxiety, negatively impacting students' mental health. Moreover, the desire to meet high academic expectations often leads to academic dishonesty, where students resort to cheating and plagiarism as coping mechanisms. These behaviors not only undermine the integrity of the educational system but also contribute to feelings of guilt, shame, and further psychological distress.

Academic pressure has been widely defined as the subjective psychological stress or tension students experience when they perceive that academic demands—whether from parents, teachers, institutions, or themselves—exceed their available coping resources such as time, ability, or emotional resilience (Xu et al., 2010).

Contemporary scholars conceptualize academic pressure as a multidimensional construct, encompassing both external and internal sources. External pressure includes expectations from parents, teachers, and peers to achieve high academic performance, while internal pressure arises from students' personal aspirations, perfectionism, and fear

of failure (Ma et al., 2024). Studies consistently note that academic pressure manifests through perceived workload, competition, examination anxiety, and conflicts between academic demands and personal life balance (Nguyen & Le, 2023).

Empirical findings show that moderate academic pressure can enhance motivation and achievement (so-called *eustress*), but excessive or chronic academic pressure is associated with mental health problems such as anxiety, depression, burnout, and academic disengagement (Qonita et al., 2021). Therefore, recent research defines academic pressure not merely as situational stress but as a sustained psychological state reflecting the ongoing imbalance between high academic expectations and students' perceived capacity to meet them (Wang et al., 2024).

In another study academic pressure has been defined as the perceived or actual strain arising from the demands of academic performance, competition, and expectations that challenge a student's cognitive, emotional, and physical capacities (Ang & Huan, 2006). This construct is frequently understood through the transactional model of stress and coping (Lazarus & Folkman, 1984), where pressure emerges when students appraise academic demands such as examinations, grades, parental expectations, or workload as exceeding their perceived ability to cope. Scholars further define academic pressure as a multifactorial phenomenon comprising emotional (e.g., anxiety, fear of failure), cognitive (e.g., performance rumination, perfectionism), and social (e.g., parental and peer comparison) components that interact to shape students' stress experiences (Sharma & Wavare, 2016).

Recent thesis-based research also differentiates between self-imposed academic pressure stemming from intrinsic motivation and personal achievement goals and externally imposed pressure arising from institutional expectations, cultural norms, and parental aspirations (Kumar & Srivastava, 2022). This duality reflects how academic pressure operates as both a motivational driver and a psychological stressor, capable of fostering achievement under moderate levels yet leading to exhaustion and maladaptive behaviors when excessive or chronic (Pascoe et al., 2020;). Across previous studies and academic theses, academic pressure is defined not merely as an isolated academic demand but as a dynamic, context-dependent psychological construct reflecting the tension between external expectations and students' perceived academic competence and coping efficacy (Lee & Larson, 2019).

Building upon previous definitions, academic pressure is also increasingly conceptualized in modern research as a sociocultural and systemic phenomenon, embedded within competitive educational structures and societal expectations of success. Recent studies emphasize that academic pressure does not arise solely from individual or family sources but is shaped by institutional policies, examination systems, and broader cultural norms that equate academic excellence with personal worth and future security (Fong et al., 2021).

For instance, students in high-stakes academic environments, such as those influenced by exam-oriented or meritocratic systems, often report elevated pressure due to the perceived consequences of academic failure on social status and career opportunities (Liu et al., 2022). Moreover, the growing prevalence of standardized testing, performance-based scholarships, and social comparison on digital platforms has

intensified perceptions of academic inadequacy, amplifying chronic stress and perfectionistic tendencies (Yu et al., 2024).

In this sense, academic pressure is not merely an intrapersonal state but a systemically reinforced psychosocial construct, perpetuated through continuous evaluation, competition, and cultural ideals of success. Empirical evidence also suggests that prolonged exposure to such pressure leads to a cascade of maladaptive outcomes, including burnout, somatic symptoms, sleep disturbances, and engagement in academic dishonesty as a coping mechanism (Pascoe et al., 2020). Consequently, recent scholarship advocates for defining academic pressure within a bioecological framework, where personal, familial, educational, and societal systems interact to shape how pressure is experienced, internalized, and manifested across developmental stages (Bronfenbrenner, 2005).

Academic Dishonesty

Academic dishonesty has been conceptualized in diverse ways throughout the literature, with researchers generally describing it as any behavior that violates academic integrity, misrepresents academic performance, or provides an unfair advantage to an individual within an educational setting. Cizek (2003) defined academic dishonesty as any intentional act of deception in the process of producing academic work, such as cheating, plagiarism, or misrepresentation of another's ideas.

Similarly, Whitley and Keith-Spiegel (2002) identified academic dishonesty as behaviors that intentionally subvert the norms of scholarly conduct, including the use of unauthorized materials, falsification of data, and inappropriate collaboration. These early

conceptualizations established the foundation for subsequent empirical research that treats dishonesty as a form of ethical deviance within educational contexts (Treviño, 2012).

According to McCabe et al. (2012), academic dishonesty encompasses behaviors that undermine the principles of honesty, fairness, and responsibility, including plagiarism, fabrication, falsification, and facilitation of others' dishonest acts. Later studies extended this definition by emphasizing intentionality and rule violation as central components. For example, Sebek (2006) described academic dishonesty as any deliberate behavior that contravenes institutional academic rules to obtain an unfair academic benefit.

Similarly, Tefera and Kinde (2009) defined it as a broad category of purposeful actions that are contrary to the ethical and procedural guidelines of an educational institution, encompassing both minor and severe forms of misconduct. These definitions underscore that academic dishonesty is not confined to examination cheating but includes a spectrum of behaviors plagiarism, collusion, falsification, data fabrication, and research misconduct—that distort the authenticity of academic achievement (Whitley, 1998)

Contemporary scholarship continues to elaborate on this conceptual framework. For instance, Heriyati and Ekasari (2022) integrated the “fraud triangle” perspective to explain that academic dishonesty is shaped by opportunity, pressure, and rationalization. Within this theoretical lens, academic dishonesty is viewed as a rationally justified deviation from institutional rules, often influenced by environmental or psychological pressures.

In similar terms, Guthrie (2019) defined academic dishonesty as any behavior that violates assessment requirements or institutional policies with the intent to gain an undue academic advantage. This perspective highlights that dishonesty represents a conscious manipulation of academic norms rather than mere ignorance or misunderstanding.

Institutions themselves have contributed formal definitions that align with these research perspectives. For example, Northern Illinois University defines academic dishonesty as committing or contributing to dishonest acts by those engaged in teaching, learning, research, and related academic activities explicitly noting that such acts may be either intentional or unintentional. The University of Wyoming likewise describes it as an action attempted or performed that misrepresents one's involvement in an academic endeavor in any way, or assists another student in misrepresenting their involvement. These institutional definitions reflect the consensus among scholars that dishonesty involves misrepresentation, deceit, or breach of academic norms in the pursuit of undeserved academic outcomes (Shoaib & Ali, 2024).

Across studies, three central characteristics consistently appear in the definition of academic dishonesty: (a) intentionality or the deliberate attempt to deceive, (b) violation of institutional or disciplinary rules, and (c) misrepresentation of one's academic performance or intellectual contributions (McCabe et al., 2012). Researchers also emphasize that these behaviors threaten not only individual moral development but also the credibility of educational institutions and the validity of academic assessment (Mason et al., 2016). In this context, academic dishonesty has been regarded as a moral and institutional failure that undermines the integrity of learning processes (Chin, 2011).

Overall, the cumulative literature defines academic dishonesty as a multifaceted construct encompassing any intentional or unintentional act of deceit, misrepresentation, or rule violation designed to gain an unfair advantage in academic work. It includes behaviors such as plagiarism, cheating, collusion, falsification, fabrication, and the facilitation of dishonest acts by others (McCabe et al., 2012).

Mental Health

Mental health has been conceptualized and defined in multifaceted ways across decades of psychological and psychiatric research, reflecting evolving theoretical, diagnostic, and sociocultural understandings. According to the World Health Organization (WHO, 2022), mental health is a state of mental well-being that enables individuals to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. This holistic definition emphasizes the dynamic balance between internal psychological functioning and external environmental demands, aligning with contemporary biopsychosocial frameworks. Earlier definitions often focused more narrowly on the absence of mental illness, but subsequent research has increasingly underscored the presence of positive functioning, resilience, and subjective well-being as integral components (Keyes, 2002).

Keyes (2005) introduced the dual continua model of mental health, proposing that mental health and mental illness are related but distinct dimensions; thus, the absence of psychopathology does not necessarily equate to the presence of flourishing mental health. Similarly, Ryff's (2014) model of psychological well-being identifies six dimensions which include autonomy, environmental mastery, personal growth, positive relations,

purpose in life, and self-acceptance viewing mental health as a dynamic state of optimal functioning rather than mere symptom absence.

In clinical and empirical contexts, mental health has also been operationalized as a composite construct reflecting emotional regulation, cognitive functioning, social adaptation, and overall life satisfaction (Diener et al., 2018). For instance, research by Keng et al. (2019) emphasized mindfulness and emotion regulation as protective mechanisms supporting mental health, while Diener et al. (2018) linked subjective well-being indices such as life satisfaction and affective balance to overall mental health outcomes.

Other studies have framed mental health within developmental and cultural contexts, acknowledging that social support, identity development, and environmental stability are critical determinants (Eisenberg et al., 2021). Eisenberg et al. (2021) found that among adolescents, mental health encompasses both psychological resilience and the ability to navigate academic, familial, and social stressors effectively. Furthermore, Patel et al. (2018) highlighted a global health perspective, asserting that mental health includes the capacity to maintain cognitive and emotional equilibrium despite adversity and socioeconomic challenges.

Researchers like Galderisi et al. (2015) have advocated for an integrative definition encompassing emotional, psychological, and social well-being, consistent with WHO's multidimensional framework. Recent empirical studies have also expanded mental health definitions to include neurobiological and contextual variables, recognizing

that genetic predispositions, stress physiology, and environmental exposures interact to shape mental states (Steel et al., 2021).

Moreover, scholars increasingly emphasize that mental health must be understood as culturally embedded, varying across societies in terms of expression, stigma, and coping mechanisms (Chen et al., 2020). Hence, mental health is no longer viewed as a static condition but as a complex, dynamic process of achieving psychological balance, adaptability, and social coherence across the life span.

In summary, previous research studies converge on the notion that mental health transcends the absence of mental disorders and instead reflects a holistic state of psychological resilience, emotional stability, and social well-being. The progression of scholarly thought from deficit-based to strengths-based paradigms—has redefined mental health as a continuum encompassing both vulnerability and thriving (Keyes, 2005). This integrative understanding aligns with current empirical approaches that consider mental health as both an outcome and a process influenced by individual, relational, and contextual factors (Patel et al., 2018). Thus, within the scope of contemporary psychological research, mental health represents an evolving construct rooted in adaptability, purpose, and interconnectedness, capturing the full spectrum of human psychological experience.

The interplay between parenting styles, academic pressure, and academic dishonesty creates a complex environment that can either support or hinder late adolescent mental health. Understanding how these factors interact is crucial for developing interventions that promote healthy development and well-being among

Pakistani late adolescents. This study aims to explore these relationships, providing insights into the ways in which parenting practices, academic expectations, and ethical behaviors influence mental health outcomes in this population.

Given the increasing awareness of mental health issues among late adolescents, particularly in high-pressure academic environments, this research is timely and relevant. By examining the unique context of Pakistani late adolescents, this study seeks to contribute to the broader understanding of how environmental and social factors affect mental health, with the ultimate goal of informing policies and practices that support the well-being of young people.

Literature review

This literature review examines the existing research on the impact of parenting styles, academic pressure, and academic dishonesty on the mental health of late adolescents, with a specific focus on Pakistani late adolescents. Numerous studies have established a connection between parenting styles and late adolescent mental health. Authoritative parenting, characterized by warmth, support, and high expectations, is consistently linked to positive mental health outcomes. Research indicates that late adolescents with authoritative parents tend to exhibit lower levels of depression and anxiety (Maccoby & Martin, 1983). In contrast, authoritarian parenting, marked by strict discipline and a lack of emotional support, has been associated with higher levels of psychological distress, including anxiety and low self-esteem (Steinberg, 2001). In the Pakistani context, a study by Khaleque and Rahman (2010) found that late adolescents raised by authoritative parents reported higher self-esteem and lower levels of depression compared to those from authoritarian backgrounds. This highlights the importance of considering cultural factors when evaluating parenting styles and their effects on mental health. Academic pressure is a significant concern for late adolescents, particularly in cultures that prioritize academic achievement. Research indicates that high academic expectations from parents and schools can lead to increased stress, anxiety, and depressive symptoms among late adolescents (Sinha & Sinha, 2021). A study conducted by Aftab et al. (2020) in Pakistan revealed that excessive academic pressure negatively impacted students' mental health, leading to feelings of inadequacy and anxiety. The pressure to excel academically often results in a fear of failure, which can exacerbate mental health issues. The correlation between academic pressure and mental health

outcomes is especially pronounced in high-stakes testing environments, where the fear of poor performance can lead to chronic stress (Sharma et al., 2020)

Academic dishonesty, including cheating and plagiarism, is prevalent among late adolescents and is often a response to academic pressure. Research indicates that students who engage in dishonest behaviors may experience guilt, anxiety, and stress, which can further deteriorate their mental health (McCabe & Treviño, 1997).

A study by Shams et al. (2021) in Pakistan highlighted that high levels of academic dishonesty were associated with increased anxiety and stress among students, suggesting that dishonesty may be both a cause and a consequence of mental health issues. Moreover, academic dishonesty can lead to a cycle of negative emotions, where the initial act of cheating creates further stress and anxiety about being caught; perpetuating mental health struggles (Lange et al., 2021). The interplay between parenting styles, academic pressure, and academic dishonesty is crucial in understanding late adolescent mental health. Research suggests that authoritative parenting can buffer the negative effects of academic pressure, providing late adolescents with the emotional support necessary to cope with stress (Kumar et al., 2021). Conversely, authoritarian parenting may exacerbate academic pressure, pushing late adolescents toward dishonest behaviors as a means of coping with unrealistic expectations (Maqsood et al., 2023). In Pakistan, where academic achievement is highly valued, the pressure to perform can lead to ethical dilemmas for students. A study by Rizvi and Hashmi (2022) found that late adolescents from authoritarian backgrounds were more likely to engage in academic dishonesty when faced with high academic pressure, indicating a need for interventions that address parenting practices and academic expectations.

The literature indicates a complex relationship between parenting styles, academic pressure, academic dishonesty, and mental health among late adolescents, particularly within the Pakistani context. Authoritative parenting emerges as a protective factor against mental health issues, while academic pressure and dishonesty are associated with increased stress and anxiety. Future research should focus on developing interventions that promote healthy parenting practices and reduce academic pressure to support the mental well-being of late adolescents in Pakistan.

Parenting style has long been recognized as a critical determinant of adolescents' psychosocial and emotional adjustment. Rooted in Baumrind's (1966, 1991) typology, parenting styles are typically classified as authoritative, authoritarian, permissive, and neglectful, reflecting varying combinations of parental responsiveness and demandingness. Numerous empirical studies have demonstrated that these dimensions of parenting significantly influence adolescents' mental health outcomes (Pinquart & Kauser, 2019).

Authoritative parenting, characterized by warmth, support, and consistent behavioral control, is consistently associated with lower levels of anxiety, depression, and internalizing symptoms among adolescents (Pinquart & Kauser, 2019). Conversely, authoritarian parenting marked by harsh control, rejection, and psychological coercion—has been linked with higher levels of emotional distress, low self-esteem, and poor social competence (Yani, 2025). In a cross-cultural review, Yani (2025) reported that parental warmth and autonomy support predicted resilience and life satisfaction, while excessive control predicted anxiety and suicidal ideation.

Research conducted in South Asian contexts echoes these global findings. Naveed et al. (2021) found that among Pakistani adolescents, authoritative and permissive parenting styles were positively associated with psychological flexibility a trait associated with better mental health and adaptive coping whereas authoritarian parenting predicted rigidity and distress. Similarly, findings by Bavice and Matos (as cited in Yani, 2025) indicated that adolescents raised under supportive parenting environments reported fewer symptoms of depression and anxiety. Overprotective and rejecting parental styles have been associated with increased academic anxiety, self-harm, and lower resilience (Francis-Press, 2024).

Late adolescence, generally spanning ages 16–19, represents a developmental period of heightened autonomy seeking, identity exploration, and academic transition. During this stage, adolescents become more sensitive to parental control and expectations, which can either buffer or exacerbate mental-health difficulties. Recent studies suggest that overprotective parenting during late adolescence contributes to heightened academic anxiety and psychological distress through mediators such as self-concept and coping style (Zhang et al., 2025). These findings emphasize that parenting style remains a significant contextual determinant of adolescents' mental well-being.

Academic pressure refers to the perceived stress and psychological tension arising from expectations related to academic achievement. Luo et al. (2022) define it as the discomfort experienced by students as a result of learning demands and performance expectations from parents, teachers, peers, and oneself. In modern educational contexts, academic pressure has become a pervasive stressor, particularly among high-achieving adolescents navigating competitive schooling systems (Yuan et al., 2023).

Empirical studies consistently link excessive academic pressure to adverse psychological outcomes. Luo et al. (2022) demonstrated that academic pressure was positively associated with adolescent problem behaviors and negatively associated with subjective well-being. Their study further revealed a chain mediating effect through self-control and parent–child conflict, highlighting the intricate relationship between family dynamics and psychological distress. Similarly, Li et al. (2023) found that students experiencing persistent academic pressure reported higher symptoms of depression and anxiety and lower self-efficacy.

Academic pressure is also intertwined with parenting practices. Authoritarian and over-demanding parents often heighten adolescents' academic stress by emphasizing performance and obedience over intrinsic motivation (Pinquart & Kauser, 2019). This linkage suggests that parenting style can indirectly influence adolescent mental health through the mediating role of academic pressure. Intervention-based research further confirms that reductions in perceived academic stress—through coping skills training, mindfulness, or teacher support lead to measurable improvements in students' emotional regulation and mental well-being (Gao & Li, 2024).

A multidimensional framework in which parenting style, academic pressure, and academic dishonesty interact to influence adolescent mental health. Authoritative parenting tends to buffer stress and foster resilience, whereas authoritarian or rejecting parenting amplifies academic pressure and associated maladaptive coping strategies (Naveed et al., 2021). Elevated academic pressure, in turn, increases the likelihood of academic dishonesty as adolescents attempt to meet external demands (Li & Falco,

2025). The engagement in dishonest behaviours can, paradoxically, increase guilt and anxiety, further deteriorating mental health.

In this conceptual chain Parenting Style, Academic Pressure, Academic Dishonesty, Mental Health, each construct may function as both a mediator and an outcome. Recent empirical work supports such cascading effects. Luo et al. (2022) showed that parent–child conflict and low self-control mediated the relationship between academic pressure and behavioural problems. Similarly, Li and Falco (2025) found that authoritarian parenting elevated academic pressure, which subsequently predicted higher dishonesty rates. These findings underscore the complex and reciprocal nature of these variables, particularly during late adolescence, a period characterized by identity development, social comparison, and educational transition.

Recent empirical research has increasingly recognized academic pressure as a significant mediating mechanism linking parenting styles to adolescents’ mental health outcomes. Parenting styles establish the emotional and motivational climate within which adolescents perceive and respond to academic demands (Pinquart & Kauser, 2019). Authoritarian and over-controlling parenting styles, characterized by rigid expectations and limited autonomy, often heighten adolescents’ perceived academic pressure by emphasizing performance, discipline, and conformity over psychological well-being (Luo et al., 2022).

In contrast, authoritative parenting marked by warmth, responsiveness, and supportive guidance—fosters adaptive motivation and reduces stress associated with academic expectations, thereby buffering adolescents against psychological distress

(Naveed et al., 2021). Luo et al. (2022) found that parental control significantly predicted higher levels of academic pressure, which in turn led to increased problem behaviors and emotional symptoms, suggesting a clear mediating pathway.

Similarly, Zhang et al. (2025) reported that overprotective parenting indirectly affected adolescents' anxiety and depression through elevated academic pressure and maladaptive coping styles. These findings are consistent with stress-process theories, which propose that parenting practices shape adolescents' perceptions of academic environments, influencing the degree to which academic stress impacts emotional well-being (Gao & Li, 2024). Moreover, cultural studies in collectivist societies have shown that parental expectations for high achievement intensify academic pressure, thereby contributing to anxiety, burnout, and depressive symptoms (Yuan et al., 2023).

Academic pressure, defined as the perceived tension arising from academic demands and performance expectations (Luo et al., 2022), often acts as a precursor to anxiety, depression, and burnout (Yuan et al., 2023). However, adolescents who engage in academically dishonest behaviors such as cheating, plagiarism, or falsifying work may temporarily alleviate academic stress by reducing immediate performance demands, thereby weakening the direct negative impact of academic pressure on mental health (Li & Falco, 2025). In this sense, academic dishonesty can serve as a maladaptive coping mechanism, allowing students to escape or manage overwhelming academic expectations in the short term (Rahman et al., 2023).

Rationale of the study

The mental health of late adolescents is a critical public health concern, particularly in developing countries like Pakistan where cultural, social, and educational pressures can be intense. Late adolescents in Pakistan face a unique set of challenges, including varying parenting styles, high academic expectations, and the prevalence of academic dishonesty. Understanding how these factors interact and affect the mental health of young people is essential for several reasons. Firstly, parenting styles play a pivotal role in shaping a child's emotional and psychological well-being. Different approaches to parenting can significantly influence how late adolescents cope with stress, develop self-esteem, and navigate social pressures. Examining these dynamics in the Pakistani context can provide insights into how cultural norms and family practices impact late adolescent mental health. Secondly, academic pressure is a pervasive issue in Pakistan, where high-stakes examinations and competitive environments can lead to significant stress and anxiety among students. By investigating this pressure, the study aims to highlight the need for a balanced approach to education that prioritizes mental well-being alongside academic success. Thirdly, academic dishonesty is a growing concern, with many students resorting to cheating and plagiarism to meet academic expectations. Understanding the link between academic dishonesty and mental health can inform strategies to foster ethical behavior and support students in achieving their academic goals honestly. Overall, this study is crucial for developing a comprehensive understanding of how parenting styles, academic pressure, and academic dishonesty collectively impact the mental health of Pakistani late adolescents. The findings will inform parents, educators, and policymakers about the importance of creating supportive

environments that promote both academic and emotional well-being, ultimately contributing to healthier and more resilient future generations.

Problem Statement

This study aims to examine how parenting styles, academic pressure, and academic dishonesty collectively affect the mental health of late adolescents. It seeks to understand the extent to which these factors contribute to adolescents' stress levels, emotional well-being, and overall psychological and academic adjustment.

Objectives

1. To examine the relationship between different parenting styles (authoritative, authoritarian, permissive) and the mental health outcomes of Pakistani late adolescents.
2. To assess the predictive relationship of parenting styles and the mental health among late adolescents
3. To investigate the mediating role of academic pressure in the relationship between parenting styles and mental health.
4. To examine the moderation role of academic dishonesty in the relationship between parenting styles, academic pressure and mental health among late adolescents .

Hypotheses

1. Authoritative parenting style shows a significant positive association with better mental health outcomes in late adolescents, compared to authoritarian and permissive parenting styles.
2. Paternal and maternal parenting styles significantly predict the mental health outcomes of late adolescents within the Pakistani context.
3. Academic dishonesty moderates the relationship between academic pressure and mental health, with higher levels of dishonesty amplifying the adverse effects of academic pressure on adolescents' mental well-being.
4. Academic pressure plays a mediating role in the relationship between parenting styles and mental health among late adolescents.

Theoretical Framework

Diana Baumrind's Parenting Styles Theory

Diana Baumrind's Parenting Styles Theory is one of the most influential frameworks in the study of child development. She identified four key types of parenting that are based on the combination of two important dimensions: parental warmth and responsiveness (how much affection, support, and attention parents give) and parental control and discipline (how much parents enforce rules and expectations). These four parenting styles are:

Authoritative parenting is characterized by both high warmth and high control. Parents who adopt this style are supportive, responsive to their children's needs, and set clear expectations. They encourage independence while maintaining rules and structure.

These parents explain the reasons behind their rules, listen to their children's opinions, and make adjustments when necessary. As a result, children tend to do well academically, have high self-esteem, develop good social skills, and show emotional maturity (Baumrind, 1966).

In contrast, authoritarian parenting involves high control but low warmth. Authoritarian parents demand obedience and impose strict rules without room for negotiation. They do not offer much explanation for their rules and often rely on punishment to enforce compliance. While children of authoritarian parents may be obedient, they often struggle with self-esteem, social skills, and emotional regulation. They may also have difficulty making decisions or expressing themselves freely (Baumrind, 1966).

Permissive parenting is marked by high warmth but low control. Permissive parents are nurturing and indulgent but do not set many boundaries or rules. They often avoid conflict and may give in to their children's demands to maintain peace. While children of permissive parents typically feel loved and supported, they may lack discipline, struggle with authority, and have difficulty following rules. They may also engage in impulsive behaviors and perform poorly in school (Baumrind, 1966).

Finally, neglectful (or uninvolved) parenting is characterized by both low warmth and low control. Neglectful parents are disengaged from their children's lives, offering little emotional support or guidance. These parents do not set rules or expectations and are often uninvolved in their children's day-to-day activities. Children raised in neglectful environments tend to have emotional and social difficulties, struggle with self-regulation,

and are at higher risk for behavioral problems such as substance abuse or delinquency (Baumrind, 1966).

Conceptual Framework

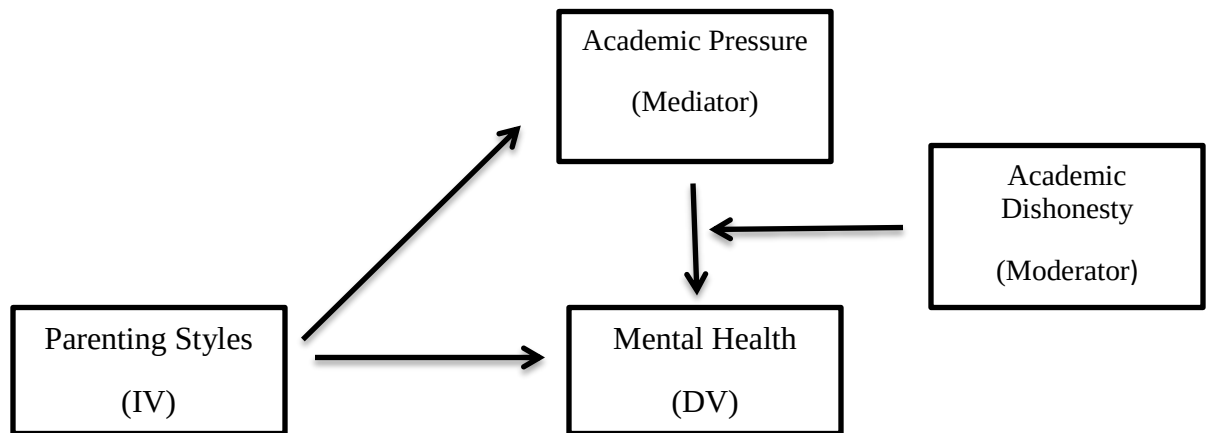


Figure: Conceptual framework depicting relationship among variables

METHOD

Research Design

In the present study, a cross sectional research design was used to evaluate the impact of parenting styles, academic pressure and academic dishonesty on mental health among late adolescents.

Sample

For the purpose of this study a total 200 late adolescents including both male and female were selected as participants. The sample was selected by using a purposive sampling technique that enables participants to be included based on their accessibility, willingness and specific attributes to participate in the study.

In addition data was collected from 200 male and female students aged between 15 to 20 years from district Karak, KPK, Pakistan.

Inclusion criteria:

1. Participant must be Pakistani residing aged 15 – 20 attending schools and colleges only from district Karak, KPK was included.
2. Data was collected only from those who easily understand.

Exclusion criteria:

Those who do not attend school and college regularly. Moreover, the participant who have mental or physical issues will be excluded.

Operational definition:**Parenting Styles**

The approaches used by parents in raising their children, characterized by levels of responsiveness and demands (Baumrind, 1966). Measured using a standardized questionnaire that categorizes parenting into:

Authoritative: High responsiveness and high demands. Items assess warmth, support, and structured guidance.

Authoritarian: Low responsiveness and high demands. Items assess strict discipline, control, and lack of warmth.

Permissive: High responsiveness and low demands. Items assess leniency, indulgence, and lack of enforcement of rules.

Academic Pressure

The stress and demands related to academic performance and expectations from parents, teachers, and the students themselves. Measured using a scale adapted to assess the frequency and intensity of academic stressors such as workload, exam pressure, and future academic concerns (Hwang, 2013)

Academic Dishonesty

Behaviors that violate academic integrity, including cheating on exams, plagiarism, and other forms of dishonest conduct. Measured through a self-report survey

asking about the frequency and types of dishonest behaviors engaged in over a specified period (McCabe, Treviño, & Butterfield, 2001)

Mental Health

The psychological well-being of late adolescents, including levels of stress, anxiety, and depression. Measured using the Depression Anxiety Stress Scale (Lovibond & Lovibond, 1995). It provides scores on:

Stress: Symptoms like difficulty relaxing, nervousness, and agitation.

Anxiety: Symptoms such as autonomic arousal, situational anxiety, and subjective experience of anxious affect.

Depression: Symptoms such as dysphoria, hopelessness, and lack of interest or involvement.

Instruments

Parental Authority Questionnaire

The Parental Authority Questionnaire (PAQ), developed by John H. Buri in 1991, is a psychological tool designed to assess adolescents' perceptions of their parents' parenting styles. It consists of 30 items, divided into three subscales, each measuring one of the three parenting styles identified by Diana Baumrind: authoritative, authoritarian, and permissive. Each subscale includes 10 items, and the responses are measured on a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The PAQ allows researchers to explore the extent to which adolescents perceive their parents as warm and responsive, strict and controlling, or lenient and permissive. It has demonstrated good

reliability (with Cronbach's alpha coefficients ranging from 0.70 to 0.90) and validity in various studies, making it a useful tool for examining the relationship between parenting styles and adolescent outcomes, such as emotional development, academic performance, and behavioral tendencies. The PAQ is widely used in psychological research and clinical practice to better understand family dynamics and inform interventions aimed at improving parenting practices.

.Academic Stress Scale

The Academic Stress Scale (ASS) was developed by R. Balaji Rao to measure the stress levels experienced by students in academic settings. The scale is designed to assess the various stressors that students face in relation to their educational pursuits. It consists of a series of items that reflect different aspects of academic life, including workload, pressure to perform, time management, relationships with teachers and peers, and emotional well-being. The number of items on the scale typically varies, but it usually contains around 40 items, each addressing a specific factor contributing to academic stress.

The types of responses are typically based on a Likert-type scale, which asks respondents to rate the intensity of their stress on a range from 1 to 5 where 1 usually indicates "No Stress" and 5 indicates "Extreme Stress." This allows the scale to measure varying degrees of stress.

Additionally, the Academic Stress Scale includes subscales that assess different dimensions of academic stress, such as academic workload, fear of failure, peer pressure, and parental expectations. These subscales help identify the specific sources of stress,

which can be useful for targeted interventions. The scale has been widely used in research and has proven to be a reliable tool for understanding how academic environments contribute to the stress levels of students.

Academic Dishonesty Scale

The Academic Dishonesty Scale (ADS), developed by R. Balaji Rao, is a psychological tool designed to measure students' tendencies toward academic dishonesty. The scale comprises 23 items that assess a range of behaviors and attitudes related to cheating, plagiarism, and other forms of academic misconduct. Respondents are typically asked to rate the extent to which they agree or disagree with various statements about dishonest academic behaviors, such as copying assignments, using unauthorized materials during exams, or submitting plagiarized work. The response format is usually a Likert scale, with options like "Never, Rarely, Sometimes, Often, Always" allowing for a nuanced understanding of the participant's attitudes and behaviors. The Academic Dishonesty Scale may include subscales that focus on different types of dishonesty, such as cheating on exams, plagiarism, and fabrication of data. These subscales help provide a more detailed and specific analysis of where a student might be engaging in dishonest behavior. The scale is widely used in educational psychology to study factors influencing academic integrity, and to develop interventions aimed at reducing dishonesty in academic settings.

Mental Health Inventory

The Mental Health Inventory (MHI) is a psychological assessment tool developed by John C. V. B. L. Brooks to measure an individual's overall mental well-being and

psychological functioning. The inventory typically consists of 38 items, which evaluate various aspects of mental health, including emotional well-being, stress levels, anxiety, depression, and social functioning. Respondents are usually asked to rate how frequently they experience certain feelings or behaviors, using a Likert-type scale with options ranging from "Not at all" to "Very Often" or similar variations, depending on the specific version of the inventory. This scale captures both positive and negative aspects of mental health, allowing for a comprehensive assessment of an individual's mental state.

The Mental Health Inventory includes several subscales that provide more granular insight into different domains of mental health. Common subscales may assess depression, anxiety, positive affect, life satisfaction, and social support. These subscales help to break down mental health into distinct categories, offering a clearer picture of the individual's strengths and areas that may need attention. The MHI is widely used in clinical, educational, and research settings to assess mental health and to identify individuals at risk for mental health disorders. It is also used to evaluate the effectiveness of mental health interventions and treatments.

Data analysis:

Statistical methods including descriptive statistics, correlation analysis, and multiple regressions were used to examine relationships between variables whereas PROCESS Macro was used to identify the mediating and moderating role of variables. IBM SPSS 25th version was used to perform statistical analysis

Ethical Considerations

Obtained informed consent from participants and, where necessary, from parents or guardians by ensuring anonymity of data and securely storing information. Received ethical approval from relevant institutional review boards.

Procedure:

Participants studying at different schools were approached by the researchers after the permission was granted by the relevant authorities. A brief introduction was given about the research and its significance after which all participants provided informed consent. Following informed consent data was gathered from the participants and any uncertainty regarding items was cleared the participants were specifically asked to respond with utmost honesty and sincerity and after the completion of the process, they were acknowledged for their assistance and participation. To ensure the confidentiality of the study, the participants were informed that the data will be only used for study purpose. For data analysis SPSS will be used.

RESULTS

Table 1*Sociodemographic Characteristics of Participants (N=200)*

Variables	Categories	<i>f</i>	%
Gender			
	Male	107	53.5
	Female	93	46.5
Age			
	15 – 17	141	70.5
	18 – 20	59	29.5
Number of siblings			
	2 – 5	131	68.2
	6 – 8	61	31.8
Birth Order			
	First born	77	38.5

	Middle child	43	21.5
	Youngest	68	34.0
	Only child	12	6.0
Education Level			
	First year	117	58.5
	Second year	83	41.5
Location			
	Rural	153	76.5
	Urban	47	23.5
Family Structure			
	Joint	87	43.5
	Nuclear	113	56.5
Socioeconomic Status			
	Upper class	45	23
	Middle class	130	65
	Lower class	25	12

Type of School		
Public	146	73
Private	54	27

A total of 200 participants were included in this study. Of these, 53.5% (n = 107) were male and 46.5% (n = 93) were female. The majority of participants were between 15 and 17 years of age (70.5%, n = 141), while 29.5% (n = 59) were between 18 and 20 years old.

Regarding family size, 68.2% (n = 131) reported having between 2 and 5 siblings, whereas 31.8% (n = 61) reported 6 to 8 siblings. In terms of birth order, 38.5% (n = 77) identified as first-born children, 21.5% (n = 43) as middle-born, 34.0% (n = 68) as the youngest, and 6.0% (n = 12) reported being an only child.

In terms of educational level, 58.5% (n = 117) were enrolled in their first academic year, while 41.5% (n = 83) were in their second year. Most participants resided in rural areas (76.5%, n = 153), whereas 23.5% (n = 47) resided in urban regions. In addition, 43.5% (n = 87) belonged to joint family systems, while 56.5% (n = 113) lived in nuclear family structures.

Socioeconomic distribution table indicated that 23.0% (n = 45) belonged to the upper class, 65.0% (n = 130) to the middle class, and 12.0% (n = 25) to the lower class. Regarding school type, 73.0% (n = 146) attended public schools, while 27.0% (n = 54) attended private schools.

Table 2*Psychometric Properties of Study Major Variables (N=200)*

Measures	k	α	Range		M	SD	Skew.	Kurt.
			Min	Max				
PAQF	30	.72	30	130	84.62	13.33	-.79	1.17
PAQM	30	.65	47	118	86.63	12.47	-.56	1.20
MHI	38	.86	101	172	139.35	10.50	.01	.70
ASS	40	.62	72	134	111	13.37	-1.18	1.05
ADS	23	.72	25	76	53.19	14.77	-.33	-1.33

Note: PAQF= Parental Authority Questionnaire (father), PAQM= Parental Authority Questionnaire (Mother), MHI= Mental Health Inventory, ASS= Academic Stress Scale, ADS= Academic Dishonesty Scale, Skew= Skewness, Kurt= Kurtosis

Table 2 presents the psychometric properties of the major study variables, including the Parental Authority Questionnaire (Father) [PAQF], Parental Authority Questionnaire (Mother) [PAQM], Mental Health Inventory (MHI), Academic Stress Scale (ASS), and Academic Dishonesty Scale (ADS). The internal consistency reliabilities (Cronbach's α) for all measures ranged from .62 to .86, indicating acceptable to good reliability. Specifically, the MHI demonstrated the highest reliability ($\alpha = .86$), suggesting strong internal consistency, whereas the ASS had the lowest reliability ($\alpha = .62$), which is still within an acceptable range for research purposes.

The mean scores (M) show that participants reported moderate levels across most variables. The PAQF and PAQM had mean scores of 84.62 (SD = 13.33) and 86.63 (SD = 12.47), respectively, suggesting relatively similar perceptions of parental authority from both fathers and mothers. The MHI mean score (M = 139.35, SD = 10.50) indicates a relatively high level of mental health among participants. The ASS mean (M = 111, SD = 13.37) reflects moderate academic stress levels, while the ADS mean (M = 53.19, SD = 14.77) indicates a moderate degree of academic dishonesty.

The skewness and kurtosis values for all measures ranged between -1.18 and 1.20, which fall within the acceptable range of ± 2 suggesting that the data were approximately normally distributed. Overall, these results confirm that the instruments used in the present study demonstrated satisfactory psychometric properties, supporting their suitability for examining relationships among parenting styles, academic stress, academic dishonesty, and mental health in late adolescents.

Table 3*Correlation of Parenting Styles with Mental health among late adolescents (N=200)*

Variable	1	2	3	4	5	6	7
1.Authoritative Parenting (Father)	-						
2.Authoritarian Parenting (Father)	.54	-					
3.Permissive Parenting (Father)	.42	.39	-				
4.Authoritative Parenting (Mother)	.42	.28	.18	-			
5.Authoritarian Parenting (Mother)	.21	.12	.45	.37	-		
6.Permissive Parenting (Mother)	.28	.28	.17	.49	.56	-	
7. Mental Health	-.01	.12	.08	.09	.17*	.16*	-

*Note: * = $p < .05$*

Table 3 presents the correlation coefficients among parenting styles (father and mother) and mental health among late adolescents (N = 200). The results indicate that authoritative parenting by the father was not significantly correlated with mental health ($r = -.01$, $p > .05$), suggesting that this parenting style did not have a direct association with adolescents' mental well-being. Similarly, authoritarian ($r = .12$, $p > .05$) and permissive parenting ($r = .08$, $p > .05$) by fathers also showed non-significant relationships with mental health.

In contrast, authoritarian parenting by mothers showed a significant positive correlation with mental health ($r = .17$, $p < .05$), indicating that higher levels of maternal authoritarian behavior were associated with better mental health outcomes among adolescents. Likewise, permissive parenting by mothers also exhibited a significant

positive correlation with mental health ($r = .16$, $p < .05$). This suggests that adolescents who perceived their mothers as more permissive tended to report better mental health.

Overall, the results demonstrate that maternal parenting styles, particularly authoritarian and permissive, have a more substantial relationship with adolescents' mental health compared to paternal parenting styles.

Table 4

Multiple linear regression analysis demonstrating effect of parenting styles on the prediction of mental health among late adolescents (N=200)

Predictors	Mental Health	
	Model 1 B	95% CI LL, UL
(constant)		
Authoritative Parenting (Father)	-.31	[-.68, .05]
Authoritarian Parenting (Father)	.30	[-.03, .53]
Permissive Parenting (Father)	.02	[-.29, .32]
Authoritative Parenting (Mother)	.06	[-.27, .39]
Authoritarian Parenting (Mother)	.28	[-.12, .69]
Permissive Parenting (Mother)	.13	[-.23, .50]
R ²	.06	
F	1.93	

A multiple linear regression analysis was conducted to examine the effect of different parenting styles of fathers and mothers on mental health among late adolescents (N = 200). The overall regression model was not statistically significant, $F(6, 193) =$

1.93, $p > .05$, indicating that the set of predictors did not significantly explain variance in mental health. The model accounted for approximately 6% of the variance in mental health scores ($R^2 = .06$).

Overall, none of the individual parenting styles of fathers or mothers significantly predicted the mental health of late adolescents in this sample, though the directions of coefficients suggest that different parenting styles may have varying, though weak, influences on adolescents' psychological well-being.

Table 5*Moderating effect of Academic Dishonesty on Academic Pressure and Mental Health**(N=200)*

Predictor	<i>B</i>	<i>SEB</i>	<i>t</i>	<i>p</i>	95% CI <i>LL, UL</i>
Constant	129.85	.85	152.56	.00	[128.18, 131.5]
Academic Dishonesty	.10	.06	1.67	.09	[-.02, .22]
Academic Pressure	.05	.07	.63	.52	[-.10, .20]
Academic Pressure*Academic Dishonesty	-.00	.00	-1.14	.25	[-.01, .00]
<i>R</i> ²			.05		
<i>F</i>			3.88		

A moderation analysis was conducted using PROCESS Model 1 (Hayes, 2022) to examine whether academic dishonesty (ADS_T) moderates the relationship between academic stress (ASS_T) and mental health (MHI_T) among the participants ($N = 200$). Prior to analysis, all continuous variables were mean-centered to reduce multicollinearity and to facilitate interpretation of interaction effects. The overall model was statistically significant, $F(3, 196) = 3.88$, $p = .010$, explaining approximately 5.6% of the variance in mental health scores ($R^2 = .056$).

Examining the predictors individually, academic stress (ASS_T) was not a significant predictor of mental health, $b = 0.05$, $SE = 0.08$, $t(196) = 0.64$, $p = .524$.

Similarly, academic dishonesty (ADS_T) did not significantly predict mental health, $b = 0.10$, $SE = 0.06$, $t(196) = 1.68$, $p = .095$

The interaction term between academic stress and academic dishonesty was also not statistically significant, $b = -0.005$, $SE = 0.004$, $t(196) = -1.15$, $p = .252$. This result suggests that academic dishonesty does not significantly moderate the relationship between academic stress and mental health. In other words, the effect of academic stress on mental health does not depend on the level of academic dishonesty reported by the participants.

Table 6

Mediating effect of academic pressure on the relationship of paternal parenting style and mental health (N=200)

Path	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>	95% <i>CI</i> (<i>LL</i> , <i>UL</i>)	<i>B</i>
Direct Effects						
Parenting Style (Father) x Academic Pressure	.26	.07	3.82	.00	[.13, .40]	.26
Academic Pressure x Mental health	.14	.05	2.57	.01	[.03, .25]	.18
Parenting Style (Father) x Mental health	.03	.05	.53	.59	[-.08, .14]	.03
Indirect Effect						
Parenting Style (Father) x Academic Pressure x Mental Health	.04	.02	-	-	[.00, .09]	.05
Total Effect						
Parenting Style (Father) x Mental Health	.06	.05	1.23	.21	[-.04, .17]	.08

A mediation analysis using PROCESS Model 4 (Hayes, 2022) was conducted to examine whether academic stress mediates the relationship between paternal parenting style and mental health among adolescents. The analysis included 200 participants.

Results indicated that paternal parenting style significantly predicted academic stress, $b = 0.26$, $SE = 0.07$, $t(198) = 3.84$, $p < .001$, 95% CI [0.13, 0.40], suggesting that higher levels of paternal parenting involvement were associated with greater academic stress.

The indirect effect of paternal parenting style on mental health through academic stress was statistically significant, $b = 0.04$, $BootSE = 0.02$, 95% BootCI [0.001, 0.095], indicating a small but meaningful mediating effect. The completely standardized indirect effect was 0.049, 95% BootCI [0.002, 0.123], confirming that academic stress partially mediates the relationship between paternal parenting style and mental health.

In summary, paternal parenting style did not have a direct effect on adolescents' mental health. However, it influenced mental health indirectly through its impact on academic stress. Adolescents experiencing higher academic stress associated with their paternal parenting style tended to report lower mental health levels.

Table 7

Mediating effect of academic pressure on the relationship of maternal parenting style and mental health (N=200)

Path	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>	95% <i>CI</i> (<i>LL</i> , <i>UL</i>)	<i>B</i>
Direct Effects						
Parenting Style (Mother) x Academic Pressure	.29	.07	4.08	.00	[.15, .44]	.27
Academic Pressure x Mental health	.12	.05	2.22	.02	[.02, .01]	.16
Parenting Style (Mother) x Mental health	.10	.06	1.79	.07	[-.01, .22]	.12
Indirect Effect						
Parenting Style (Mother) x Academic Pressure x Mental Health	.03	.02	-	-	[-.00, .08]	.04
Total Effect						
Parenting Style (Mother) x Mental Health	.14	.05	2.48	.01	[.03, .26]	.17

A mediation analysis using Model 4 of Hayes' (2022) PROCESS macro was conducted to examine whether academic stress (ASS_T) mediates the relationship between maternal parenting style (PAQM) and mental health (MHI_T) among a sample of 200 participants.

Results indicated that maternal parenting style was a significant predictor of academic stress, $b = 0.299$, $SE = 0.073$, $t(198) = 4.08$, $p < .001$, 95% CI [0.154, 0.443]. This suggests that higher maternal parenting style scores were associated with greater academic stress.

The total effect of maternal parenting style on mental health was significant, $b = 0.146$, $SE = 0.059$, $t(198) = 2.49$, $p = .014$, 95% CI [0.030, 0.262]. The indirect effect through academic stress was estimated at $b = 0.038$, with a bootstrapped 95% confidence interval of [-0.005, 0.086]. Because the confidence interval included zero, the indirect effect was not statistically significant, suggesting that academic stress did not significantly mediate the relationship between maternal parenting style and mental health.

Overall, these findings indicate that while maternal parenting style is associated with both academic stress and mental health, the mediation pathway through academic stress was not statistically supported.

DISCUSSION

The present study aimed to examine the impact of parenting styles, academic pressure, and academic dishonesty on the mental health of late adolescents. The findings contribute to the growing body of literature exploring the psychosocial determinants of adolescent well-being, particularly within the context of increasing academic demands and evolving family dynamics.

The results from our study are in contrast with the “first hypothesis”. The present findings revealed that maternal parenting styles, particularly authoritarian and permissive, were significantly associated with better mental health outcomes among late adolescents, whereas paternal parenting styles did not exhibit significant relationships. These results align with previous research by Aunola and Nurmi (2005) who found that maternal parenting styles were more predictive of adolescents’ emotional adjustment, suggesting that mothers’ roles in daily caregiving and emotional communication may contribute more directly to adolescents’ mental health. Similarly, a study by Khaleque (2013) reported that maternal warmth and involvement were positively linked to adolescents’ psychological functioning, whereas paternal effects were weaker or non-significant. Another study from Ghosh and Deb (2017), who noted that in collectivistic cultures, strict yet caring maternal control can be perceived as protective rather than detrimental to adolescent mental well-being. Additionally, Chen et al. (2019) suggested that maternal permissiveness, when accompanied by emotional support, can foster a sense of autonomy and self-confidence among adolescents, thereby enhancing mental health.

Similar to the first hypothesis, it was found out based on the data of analysis that results contradict our “second hypothesis”. The results of the present study indicated that neither paternal nor maternal parenting styles significantly predicted adolescents’ mental health, with the overall regression model accounting for only a small proportion of variance. These findings are consistent with prior research by Milevsky et al. (2007) suggesting that although parenting styles were correlated with adolescent well-being, they did not significantly predict mental health outcomes when other variables, such as peer relationships and self-esteem, were considered. Similarly, Luyckx et al. (2011) reported that parenting styles alone explained a minimal amount of variance in adolescents’ psychological adjustment, emphasizing that their effects often operate through mediators like identity development and coping strategies. A more recent study by Pinquart (2017) also confirmed that while parenting styles are associated with adolescent mental health, their predictive strength is modest, and contextual variables such as cultural norms, socioeconomic status, and perceived parental warmth play more significant roles.

Further analysis indicated that academic dishonesty does not have a moderating role between the relationship of academic stress and mental health. The results contradict our “third hypothesis”. Similar results have been reported in prior research indicating that academic dishonesty is not always a significant psychological buffer or risk enhancer in the context of stress and mental health. For example, McCabe, Butterfield, and Treviño (2012) found that while academic dishonesty is often associated with ethical reasoning and institutional culture, it does not directly predict students’ emotional well-being or mental health outcomes. Likewise, studies by Anderman and Koenka (2017) and Yu et al.

(2018) reported that academic misconduct tends to be linked more closely with contextual and motivational factors such as academic self-efficacy, moral disengagement, and perceived pressure rather than with emotional or psychological outcomes. Furthermore, recent evidence suggests that academic stress itself may be influenced by a complex network of cognitive and social variables, with limited direct interaction effects from behaviors such as cheating (Eaton et al., 2020).

The findings indicated that paternal parenting style indirectly influenced adolescents' mental health through its effect on academic stress, while no direct association was observed between paternal parenting and mental health. This shows that academic stress serves as a significant mediating mechanism through which fathers' parenting behaviors impact adolescents' psychological well-being which is in accordance with our "forth hypothesis". These results are consistent with previous research by Ang and Huan (2006) reported that controlling and achievement-oriented parenting contributed to heightened academic stress, which in turn predicted poorer emotional adjustment among adolescents. Similarly, Arora et al. (2019) found that parental involvement, particularly from fathers emphasizing performance, was positively associated with academic pressure, leading to elevated anxiety and reduced well-being. Moreover, a study by Lee et al. (2018) confirmed that parenting styles characterized by high expectations and overprotection indirectly influenced adolescents' depressive symptoms through increased perceived academic stress. These findings suggest that adolescents who perceive their fathers as highly involved or controlling may internalize greater performance pressure, thereby compromising their mental health.

From the mothers perspective, it was found out from the results that academic pressures did not mediate the relationship between maternal parenting style and mental health which contradicts our “forth hypothesis”. This suggests that while mothers’ parenting behaviors are linked to adolescents’ psychological well-being and perceived academic burden, academic stress does not function as a meaningful mediating mechanism in this relationship. These findings are consistent with prior studies indicating that maternal parenting often exerts a direct rather than indirect influence on adolescents’ mental health. For example, Leung and Shek (2011) found that maternal warmth and support were directly associated with better emotional adjustment among adolescents, independent of academic stress levels. Similarly, Chao (2012) reported that adolescents’ perceptions of maternal control and care predicted mental health outcomes, but the relationship was not mediated by school-related stress, suggesting that maternal influence operates through emotional and relational channels rather than through academic mechanisms. In a comparable study, Ang and Huan (2006) noted that although authoritarian and controlling maternal behaviors were linked to higher academic stress, academic stress did not fully explain variations in adolescents’ psychological well-being.

Limitations and Suggestions

Following are the limitations of this study:

1. The study used a cross-sectional design, which limits the ability to draw causal inferences between parenting styles, academic pressure, academic dishonesty, and mental health. Relationships identified are correlational rather than causal.

2. All variables were measured using self-reported questionnaires, which may be subject to social desirability bias, recall bias, or response inaccuracy. Participants may have underreported sensitive behaviors (e.g., academic dishonesty) or overstated positive attributes.
3. The sample was restricted to late adolescents from district Karak, KPK which may not represent adolescents from other cultural, social, or educational contexts in Pakistan. Therefore, results should be generalized with caution.
4. Although standardized tools were used, the constructs of parenting style, academic pressure, and mental health may carry different meanings in the Pakistani cultural context. The instruments may not fully capture culturally specific nuances.
5. The study does not account for changes over time in parenting practices, academic stress, or mental health. A longitudinal design would better capture developmental trends among adolescents.

Following are the suggestions for the future study:

1. Future studies should employ longitudinal or experimental designs to explore causal relationships between parenting styles, academic pressure, academic dishonesty, and mental health over time.
2. Research should be conducted in different cities, provinces, and cultural contexts across Pakistan to enhance the generalizability of the findings and account for regional variations in parenting and educational practices.

3. Combining quantitative and qualitative methods (e.g., interviews, focus groups) can provide deeper insight into adolescents' lived experiences of academic pressure and parental influence.
4. Future research should focus on validating and culturally adapting measurement instruments to ensure they accurately capture Pakistani adolescents' perceptions of parenting, stress, and mental health.
5. Studies could investigate preventive or intervention programs aimed at reducing academic pressure or promoting positive parenting practices to improve adolescent mental health.
6. Further research may examine self-esteem, resilience, coping mechanisms, or peer influence as additional mediators or moderators in the relationship between parenting and mental health.

Implications of this study

1. The study highlights the importance of understanding the role of maternal parenting styles in adolescent academic stress, showing that both authoritarian and permissive behaviors contribute to higher stress levels.
2. There is a need for parental guidance programs that encourage balanced, authoritative parenting practices to help reduce stress and promote emotional regulation in adolescents.
3. While maternal parenting styles directly affect academic stress, paternal parenting styles do not directly predict mental health outcomes, but they influence adolescents' mental health indirectly through academic stress.

4. Interventions designed to reduce academic stress could help mitigate the negative emotional effects of less adaptive paternal parenting.
5. The study found that academic dishonesty did not significantly moderate the relationship between academic stress and mental health, suggesting it does not play a major role in buffering or worsening stress impacts.
6. Despite the non-significant findings regarding academic dishonesty, further research is needed to explore how moral and emotional factors in coping strategies influence adolescent well-being.
7. Overall, fostering healthy family dynamics, improving academic stress management, and creating ethical academic environments are crucial for promoting the psychological well-being of late adolescents.

Conclusion

In conclusion, this study explored the impact of parenting styles, academic pressure, and academic dishonesty on the mental health of late adolescents. The results revealed that maternal authoritarian and permissive parenting styles were significantly associated with higher academic stress, while neither maternal nor paternal parenting styles directly predicted mental health outcomes. Academic stress was found to mediate the relationship between paternal parenting style and mental health, indicating its key role in linking family dynamics to psychological well-being. However, academic dishonesty did not significantly moderate the association between academic stress and mental health. Overall, the findings highlight the importance of supportive parenting and stress management interventions in promoting positive mental health among late adolescents.

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APPENDICES

Annexure A: Informed Consent

Informed Consent

You are invited to participate in a research study "The Impact of Parenting Styles, Academic Pressure and Academic Dishonesty on Mental Health among Late Adolescents ". This study is being conducted by Muhammad Zakir Zaman, MS Scholar, Department of Psychology, International Islamic University, Islamabad.

You are invited to participate in a questionnaire designed to examine these factors. Participation is voluntary, and you may withdraw from the study at any time without penalty. All data collected will remain strictly confidential and will be used solely for research purposes. Your responses will be anonymous and cannot be traced back to you.

Please note that some questions may cause minor discomfort. You are under no obligation to answer any question that makes you feel uneasy, and you may discontinue your participation at any stage. Your involvement will contribute to advancing knowledge about mental health factors among late adolescents.

By completing the questionnaire, you indicate informed consent. If you have any queries or concerns, please feel free to contact me at muhammad.mscp515@student.iiu.edu.pk.

Signature _____

Annexure B: Demographic Sheet

Demographic Sheet

Age			
Gender	1) Male	2) Female	
Number of Siblings			
Birth Order			
Education (Grade Level)			
Location	1) Rural	2) Urban	
Socioeconomic Status	1) Upper Class	2) Middle Class	3) Lower Class
Family Structure	1) Joint	2) Nuclear	
Type of School	1) Public	2) Private	

Annexure C: Parental Authority Questionnaire

Parental Authority Questionnaire

Instructions: For each of the following statements, circle the number of the 5-point scale (1 = strongly disagree, 5 = strongly agree) that best describes how that statement applies to you and your parents. Try to read and think about each statement as it applies to you and your parents during your years of growing up at home. There are no right or wrong answers, so don't spend a lot of time on any one item. We are looking for your overall impression regarding each statement. Be sure not to omit any items.

1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly Agree

Sr No.	Statements	Father	Mother
1	While I was growing up my parents felt that in a well-run home the children should have their way in the family as often as the parents do.	1 2 3 4 5	1 2 3 4 5
2	Even if her children didn't agree with her, my parents felt that it was for our own good if we were forced to conform to what she thought was right.	1 2 3 4 5	1 2 3 4 5
3	Whenever my parents told me to do something as I was growing up, she expected me to do it immediately without asking any questions.	1 2 3 4 5	1 2 3 4 5
4	As I was growing up, once family policy had been established, my parents discussed the reasoning behind the policy with the children in the family.	1 2 3 4 5	1 2 3 4 5
5	My parents has always encouraged verbal give-and-take whenever I have felt that family rules and restrictions were unreasonable	1 2 3 4 5	1 2 3 4 5
6	My parents has always felt that what her children need is to be free to make up their own minds and to do what they want to do, even if this does not agree with what their parents might want.	1 2 3 4 5	1 2 3 4 5
7	As I was growing up my parents did not allow me to question any decision she had made	1 2 3 4 5	1 2 3 4 5
8	As I was growing up my parents directed the activities and decisions of the children in the family through reasoning and discipline.	1 2 3 4 5	1 2 3 4 5
9	My parents has always felt that more force should be used by parents in order to get their children to behave the way they are supposed to.	1 2 3 4 5	1 2 3 4 5
10	As I was growing up my parents did not feel that I needed to obey rules and regulations of behavior	1 2 3 4 5	1 2 3 4 5

	simply because someone in authority had established them.		
11	As I was growing up I knew what my parents expected of me in my family, but I also felt free to discuss those expectations with my parents when I felt that they were unreasonable.	1 2 3 4 5	1 2 3 4 5
12	My parents felt that wise parents should teach their children early just who is boss in the family.	1 2 3 4 5	1 2 3 4 5
13	As I was growing up, my parents seldom gave me expectations and guidelines for my behavior.	1 2 3 4 5	1 2 3 4 5
14	Most of the time as I was growing up my parents did what the children in the family wanted when making family decisions.	1 2 3 4 5	1 2 3 4 5
15	As the children in my family were growing up, my parents consistently gave us direction and guidance in rational and objective ways.	1 2 3 4 5	1 2 3 4 5
16	As I was growing up my parents would get very upset if I tried to disagree with her.	1 2 3 4 5	1 2 3 4 5
17	My parents feels that most problems in society would be solved if parents would not restrict their children's activities, decisions, and desires as they are growing up.	1 2 3 4 5	1 2 3 4 5
18	As I was growing up my parents let me know what behavior she expected of me, and if I didn't meet those expectations, she punished me.	1 2 3 4 5	1 2 3 4 5
19	As I was growing up my parents allowed me to decide most things for myself without a lot of direction from her.	1 2 3 4 5	1 2 3 4 5
20	As I was growing up my parents took the children's opinions into consideration when making family decisions, but she would not decide for something simply because the children wanted it.	1 2 3 4 5	1 2 3 4 5
21	My parents did not view herself as responsible for directing and guiding my behavior as I was growing up	1 2 3 4 5	1 2 3 4 5
22	My parents had clear standards of behavior for the children in our home as I was growing up, but she was willing to adjust those standards to the needs of each of the individual children in the family.	1 2 3 4 5	1 2 3 4 5
23	My parents gave me direction for my behavior and activities as I was growing up and she expected me to follow her direction, but she was always willing to listen to my concerns and to discuss that direction with me.	1 2 3 4 5	1 2 3 4 5

24	As I was growing up my parents allowed me to form my own point of view on family matters and she generally allowed me to decide for myself what I was going to do.	1 2 3 4 5	1 2 3 4 5
25	My parents has always felt that most problems in society would be solved if we could get parents to strictly and forcibly deal with their children when they don't do what they are supposed to as they are growing up.	1 2 3 4 5	1 2 3 4 5
26	As I was growing up my parents often told me exactly what she wanted me to do and how she expected me to do it	1 2 3 4 5	1 2 3 4 5
27	As I was growing up my parents gave me clear direction for my behaviors and activities, but she was also understanding when I disagreed with her.	1 2 3 4 5	1 2 3 4 5
28	As I was growing up my parents did not direct the behaviors, activities, and desires of the children in the family.	1 2 3 4 5	1 2 3 4 5
29	As I was growing up I knew what my parents expected of me in the family and she insisted that I conform to those expectations simply out of respect for her authority.	1 2 3 4 5	1 2 3 4 5
30	As I was growing up, if my parents made a decision in the family that hurt me, she was willing to discuss that decision with me and to admit it if she had made a mistake.	1 2 3 4 5	1 2 3 4 5

Annexure D: Mental Health Inventory

The Mental Health Inventory (MHI-38)

INSTRUCTIONS: Please read each question and tick the box by the ONE statement that best describes how things have been FOR YOU during the past month. There are no right or wrong answers.

1. How happy, satisfied, or pleased have you been with your personal life during the past month? **(Tick one)**
 - ☐ Extremely happy, could not have been more satisfied or pleased
 - ☐ Very happy most of the time
 - ☐ Generally, satisfied, pleased
 - ☐ Sometimes fairly satisfied, sometimes fairly unhappy
 - ☐ Generally dissatisfied, unhappy
 - ☐ Very dissatisfied, unhappy most of the time
2. How much of the time have you felt lonely during the past month? **(Tick one)**
 - ☐ All of the time
 - ☐ Most of the time
 - ☐ A good bit of the time
 - ☐ Some of the time
 - ☐ A little of the time
 - ☐ None of the time
3. How often did you become nervous or jumpy when faced with excitement or unexpected situations during the past month? **(Tick one)**
 - ☐ Always
 - ☐ Very often
 - ☐ Fairly often
 - ☐ Sometimes
 - ☐ Almost never
 - ☐ Never
4. During the past month, how much of the time have you felt that the future looks hopeful and promising? **(Tick one)**
 - ☐ All of the time
 - ☐ Most of the time
 - ☐ A good bit of the time
 - ☐ Some of the time
 - ☐ A little of the time
 - ☐ None of the time
5. How much of the time, during the past month, has your daily life been full of things that were interesting to you? **(Tick one)**
 - ☐ All of the time
 - ☐ Most of the time
 - ☐ A good bit of the time
 - ☐ Some of the time
 - ☐ A little of the time
 - ☐ None of the time
6. How much of the time, during the past month, did you feel relaxed and free from tension? **(Tick one)**
 - ☐ All of the time
 - ☐ Most of the time
 - ☐ A good bit of the time
 - ☐ Some of the time
 - ☐ A little of the time
 - ☐ None of the time

7. During the past month, how much of the time have you generally enjoyed the things you do? **(Tick one)**
- ☐ All of the time ☐ Some of the time
☐ Most of the time ☐ A little of the time
☐ A good bit of the time ☐ None of the time
8. During the past month, have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel, or of your memory? **(Tick one)**
- ☐ No, not at all
☐ Maybe a little
☐ Yes, but not enough to be concerned or worried about
☐ Yes, and I have been a little concerned
☐ Yes, and I am quite concerned
☐ Yes, I am very much concerned about it
9. Did you feel depressed during the past month? **(Tick one)**
- ☐ Yes, to the point that I did not care about anything for days at a time
☐ Yes, very depressed almost every day
☐ Yes, quite depressed several times
☐ Yes, a little depressed now and then
☐ No, never felt depressed at all
10. During the past month, how much of the time have you felt loved and wanted? **(Tick one)**
- ☐ All of the time ☐ Some of the time
☐ Most of the time ☐ A little of the time
☐ A good bit of the time ☐ None of the time
11. How much of the time, during the past month, have you been a very nervous person? **(Tick one)**
- ☐ All of the time ☐ Some of the time
☐ Most of the time ☐ A little of the time
☐ A good bit of the time ☐ None of the time
12. When you have got up in the morning, this past month, about how often did you expect to have an interesting day? **(Tick one)**
- ☐ Always ☐ Sometimes
☐ Very often ☐ Almost never
☐ Fairly often ☐ Never
13. During the past month, how much of the time have you felt tense or "high-strung"? **(Tick one)**
- ☐ All of the time ☐ Some of the time
☐ Most of the time ☐ A little of the time
☐ A good bit of the time ☐ None of the time
14. During the past month, have you been in firm control of your behaviour, thoughts, emotions or feelings? **(Tick one)**
- ☐ Yes, very definitely ☐ No, not too well
☐ Yes, for the most part ☐ No, and I am somewhat disturbed
☐ Yes, I guess so ☐ No, and I am very disturbed

15. During the past month, how often did your hands shake when you tried to do something? **(Tick one)**
- | | |
|---------------------------------------|---------------------------------------|
| ☐ Always | ☐ Sometimes |
| ☐ Very often | ☐ Almost never |
| ☐ Fairly often | ☐ Never |
16. During the past month, how often did you feel that you had nothing to look forward to? **(Tick one)**
- | | |
|---------------------------------------|---------------------------------------|
| ☐ Always | ☐ Sometimes |
| ☐ Very often | ☐ Almost never |
| ☐ Fairly often | ☐ Never |
17. How much of the time, during the past month, have you felt calm and peaceful? **(Tick one)**
- | | |
|---|---|
| ☐ All of the time | ☐ Some of the time |
| ☐ Most of the time | ☐ A little of the time |
| ☐ A good bit of the time | ☐ None of the time |
18. How much of the time, during the past month, have you felt emotionally stable? **(Tick one)**
- | | |
|---|---|
| ☐ All of the time | ☐ Some of the time |
| ☐ Most of the time | ☐ A little of the time |
| ☐ A good bit of the time | ☐ None of the time |
19. How much of the time, during the past month, have you felt downhearted and blue? **(Tick one)**
- | | |
|---|---|
| ☐ All of the time | ☐ Some of the time |
| ☐ Most of the time | ☐ A little of the time |
| ☐ A good bit of the time | ☐ None of the time |
20. How often have you felt like crying, during the past month? **(Tick one)**
- | | |
|---------------------------------------|---------------------------------------|
| ☐ Always | ☐ Sometimes |
| ☐ Very often | ☐ Almost never |
| ☐ Fairly often | ☐ Never |
21. During the past month, how often have you felt that others would be better off if you were dead? **(Tick one)**
- | | |
|---------------------------------------|---------------------------------------|
| ☐ Always | ☐ Sometimes |
| ☐ Very often | ☐ Almost never |
| ☐ Fairly often | ☐ Never |
22. How much of the time, during the past month, were you able to relax without difficulty? **(Tick one)**
- | | |
|---|---|
| ☐ All of the time | ☐ Some of the time |
| ☐ Most of the time | ☐ A little of the time |
| ☐ A good bit of the time | ☐ None of the time |
23. How much of the time, during the past month, did you feel that your love relationships, loving and being loved, were full and complete? **(Tick one)**
- | | |
|---|---|
| ☐ All of the time | ☐ Some of the time |
| ☐ Most of the time | ☐ A little of the time |
| ☐ A good bit of the time | ☐ None of the time |

24. How often, during the past month, did you feel that nothing turned out for you the way you wanted it to? **(Tick one)**
- | | |
|---------------------------------------|---------------------------------------|
| ☐ Always | ☐ Sometimes |
| ☐ Very often | ☐ Almost never |
| ☐ Fairly often | ☐ Never |
25. How much have you been bothered by nervousness, or your "nerves", during the past month? **(Tick one)**
- | | |
|---|---|
| ☐ Extremely so, to the point where I could not take care of things | ☐ Bothered some, enough to notice |
| ☐ Very much bothered | ☐ Bothered just a little by nerves |
| ☐ Bothered quite a bit by nerves | ☐ Not bothered at all by this |
26. During the past month, how much of the time has living been a wonderful adventure for you? **(Tick one)**
- | | |
|---|---|
| ☐ All of the time | ☐ Some of the time |
| ☐ Most of the time | ☐ A little of the time |
| ☐ A good bit of the time | ☐ None of the time |
27. How often, during the past month, have you felt so down in the dumps that nothing could cheer you up? **(Tick one)**
- | | |
|---------------------------------------|---------------------------------------|
| ☐ Always | ☐ Sometimes |
| ☐ Very often | ☐ Almost never |
| ☐ Fairly often | ☐ Never |
28. During the past month, did you think about taking your own life? **(Tick one)**
- | |
|---|
| ☐ Yes, very often |
| ☐ Yes, fairly often |
| ☐ Yes, a couple of times |
| ☐ Yes, at one time |
| ☐ No, never |
29. During the past month, how much of the time have you felt restless, fidgety, or impatient? **(Tick one)**
- | | |
|---|---|
| ☐ All of the time | ☐ Some of the time |
| ☐ Most of the time | ☐ A little of the time |
| ☐ A good bit of the time | ☐ None of the time |
30. During the past month, how much of the time have you been moody or brooded about things? **(Tick one)**
- | | |
|---|---|
| ☐ All of the time | ☐ Some of the time |
| ☐ Most of the time | ☐ A little of the time |
| ☐ A good bit of the time | ☐ None of the time |
31. How much of the time, during the past month, have you felt cheerful, lighthearted? **(Tick one)**
- | | |
|---|---|
| ☐ All of the time | ☐ Some of the time |
| ☐ Most of the time | ☐ A little of the time |
| ☐ A good bit of the time | ☐ None of the time |

32. During the past month, how often did you get rattled, upset or flustered? **(Tick one)**
- ☐ Always ☐ Sometimes
☐ Very often ☐ Almost never
☐ Fairly often ☐ Never
33. During the past month, have you been anxious or worried? **(Tick one)**
- ☐ Yes, extremely to the point of being sick or almost sick
☐ Yes, very much so
☐ Yes, quite a bit
☐ Yes, some, enough to bother me
☐ Yes, a little bit
☐ No, not at all
34. During the past month, how much of the time were you a happy person? **(Tick one)**
- ☐ All of the time ☐ Some of the time
☐ Most of the time ☐ A little of the time
☐ A good bit of the time ☐ None of the time
35. How often during the past month did you find yourself trying to calm down? **(Tick one)**
- ☐ Always ☐ Sometimes
☐ Very often ☐ Almost never
☐ Fairly often ☐ Never
36. During the past month, how much of the time have you been in low or very low spirits? **(Tick one)**
- ☐ All of the time ☐ Some of the time
☐ Most of the time ☐ A little of the time
☐ A good bit of the time ☐ None of the time
37. How often, during the past month, have you been waking up feeling fresh and rested? **(Tick one)**
- ☐ Always, every day ☐ Some days, but usually not
☐ Almost every day ☐ Hardly ever
☐ Most days ☐ Never wake up feeling rested
38. During the past month, have you been under or felt you were under any strain, stress or pressure? **(Tick one)**
- ☐ Yes, almost more than I could stand or bear
☐ Yes, quite a bit of pressure
☐ Yes, some more than usual
☐ Yes, some, but about normal
☐ Yes, a little bit
☐ No, not at all

Annexure E: Academic Stress Scale

ACADEMIC STRESS SCALE

This scale consists of 40 items describing the stress in your institution/ college life from the various sources. The level of stress you feel for each item can be indicated by marking a '□' mark in the bracket given against each statement.

If you feel No Stress put a '□' mark in the 1st bracket (NS), Slight Stress in the 2nd (SS), Moderate Stress in the 3rd (MS), High Stress in the 4th (HS) and you feel Extreme Stress put a '□' mark in the 5th bracket (ES).

S.No	Statement	NS	SS	MS	HS	ES
1.	Teachers make too many extra demands on students.	()	()	()	()	()
2.	Poor interest in some subjects.	()	()	()	()	()
3.	Progress reports to parents	()	()	()	()	()
4.	The teacher is not humours towards us.	()	()	()	()	()
5.	Lack of concentration during study hours.	()	()	()	()	()
6.	Difficulty in remembering all that is studied.	()	()	()	()	()
7.	Worrying about the examinations.	()	()	()	()	()
8.	Lack of self-confidence.	()	()	()	()	()
9.	The teachers do not listen to our ideas.	()	()	()	()	()
10.	Conflict with friends/college authorities.	()	()	()	()	()
11.	Teachers give more punishment in the class.	()	()	()	()	()

12.	Worry about results after examinations.	()	()	()	()	()
13.	Hesitate to ask the teacher for detailed explanation.	()	()	()	()	()
14.	Biased attitude of the teacher.	()	()	()	()	()
15.	Inadequate space or room for study at home.	()	()	()	()	()
16.	Not knowing how to prepare for the examinations.	()	()	()	()	()
17.	Lack of assertiveness (confidence) in the class.	()	()	()	()	()
18.	Lack of opportunity to meet teachers.	()	()	()	()	()
19.	Teacher shows socio-economic status on students.	()	()	()	()	()
20.	Slow in getting along with the curriculum.	()	()	()	()	()
21.	Exam papers are tough and not valued well.	()	()	()	()	()
22.	Unable to complete the assignment in time.	()	()	()	()	()
23.	Lack of communication between teachers and students.	()	()	()	()	()
24.	Monotonous (boring or tedious) teaching style by the teacher.	()	()	()	()	()
25.	Not enough discussion in the class.	()	()	()	()	()
26.	Lack of mutual help among classmates.	()	()	()	()	()
27.	Lack of fluency while speaking the language other than the mother tongue.	()	()	()	()	()
28.	Difficulty in public speaking.	()	()	()	()	()
29.	The teacher is fast and does not use blackboard legibly.	()	()	()	()	()
30.	Teachers lacking interest in students.	()	()	()	()	()

31.	Examination syllabus is too heavy in some subjects.	()	()	()	()	()
32.	Feeling of inferiority.	()	()	()	()	()
33.	Unable to discuss Academic failures with parents.	()	()	()	()	()
34.	Not able to grasp the subject matter.	()	()	()	()	()
35.	Incomplete and confusing study material.	()	()	()	()	()
36.	Eleventh hour preparation for the examinations.	()	()	()	()	()
37.	Importance of the subject matter.	()	()	()	()	()
38.	Difficulty in adjusting with opposite gender.	()	()	()	()	()
39.	Inadequate subject knowledge of the teacher.	()	()	()	()	()
40.	Inadequate lab and library facilities.	()	()	()	()	()

Academic F: Academic Dishonesty Scale

Academic Dishonesty Scale

S.NO		Never	Rarely	Sometimes	Often	Always
1	During examination I use signals to fetch answers from my friends.	1	2	3	4	5
2	I use prohibited things like hidden notes, calculators and other electronic devices during examination					
3	I interchange my allotted answer book with other student in examination room					
4	During an examination, I solve answers on question paper and handover to my classmates					
5	During an examination, I solve answers on question paper and handover to my classmates.					
6	I copy summary of a story/poem/chapter from a textbook & claim it as completed by me.					
7	For submitting assignment, I copy and change few sentences/lines/words and phrases from other sources.					
8	I use online resources in my personal educational assignment/project without citing the author.					
9	For personal comments I manipulate scientific information on internet and claim it as written by me.					
10	I attempt to make special considerations to attain or getting favors i.e. (bribery)					
11	In an individual work/assignment I take help from others to complete it					
12	I use unfair means to obtain information about the content of the test before it was given					
13	Before examination I try to know questions asked in paper.					
14	I write expected answers on table/wall/hand/paper etc. in prior time					
15	I interchange my allotted seat near efficient student to get better grade in examination.					
16	Before examination I encourage other classmates to do cheating.					
17	I submit the assignment in my name after getting it prepared by my friends.					
18	I damage library books so that					

	classmates do not get required content.					
19	In a course I submit the same educational assignment more than one time					
20	I give false explanations when I miss deadline of my educational project.					
21	I buy a project/assignment/paper online & submit it as my individual effort.					
22	Before exam I pay someone to write a paper/homework for me					
23	I provide false excuses to teacher, to gain extra time on project/assignment.					

Scoring

Cheating in examination: Items 1, 2, 3,4,5,6

Plagiarism: Items 7, 8,9,10

Outside help: items 11, 12, 13, 14, 15

Prior cheating: items 16, 17

Falsification: items 18, 19, 20

Lying about academic assignments: items 21, 22, 23