

CAN SELF-EFFICACY MEDIATE RELATIONS BETWEEN HELICOPTER PARENTING AND SOCIAL MEDIA ADDICTION AMONG TURKISH ADOLESCENTS?

Esra Asici, S. Sevgi Uygur, and Merve Kocer

Abstract: This study aimed to investigate the mediating role of self-efficacy (social, emotional, and academic) in the relationship between helicopter parenting and social media addiction (SMA) among Turkish adolescents. Previous studies examining the influences of helicopter parenting behaviors on mental health mostly studied college-age children and were conducted in Western cultures, while the current study focused on the association of helicopter parenting with the mental health of younger children and was conducted in an Eastern country (Türkiye). The participants consisted of 326 adolescents (212 girls and 114 boys) who had at least one social media account. Data were collected through the Helicopter Parent Attitude Scale, the Self-Efficacy Scale for Children, the Social Media Addiction Scale for Adolescents, and a demographic information form. Data were analyzed with descriptive statistics, Pearson correlation analysis, and regression-based bootstrapping techniques. The results show that both maternal and paternal helicopter parenting had significant and direct positive associations with SMA. Emotional and academic self-efficacy had significant and direct associations with SMA, while social self-efficacy did not show such an association. In addition, it was found that the mediating effects of self-efficacy (social, emotional, and academic) in relations between helicopter parenting and SMA were not significant.

Keywords: social media addiction, helicopter parenting, self-efficacy, Turkish adolescents

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As globalization and communication networks develop and grow stronger, use of the internet and social media is increasing, giving rise to a generation of “digital natives”: people who grew up with these technologies and for whom they have become a necessity (Prensky, 2001). We Are Social (2023), an internet marketing company, reported that the average daily internet usage for an individual in Türkiye is 7 hours and 24 minutes, with social media usage amounting to 2 hours and 54 minutes. The Turkish Statistical Institute (TUIK, 2024) reported that 66.1% of children aged 6 to 15 had used social media platforms like Facebook, TikTok, and Twitter, in nearly all cases (97.9%) regularly. Thus, it is critical to address the use of social media by adolescents in Türkiye, as these usage rates show that many may be at risk of technology-based addictions.

Social media, by facilitating and accelerating access to news anywhere at any time as well as providing connections with family members and friends, activates an interactive and dynamic process that allows individuals to have their voices heard (Reitz, 2012). It removes barriers to information access and sharing (Roberts & David, 2016), and can encourage participation, cooperation, and interaction in educational activities (Selwyn, 2007). However, its excessive use causes problems (Çömlekçi & Başol, 2019), such as social media addiction (SMA), also known as “compulsive social media use” or “problematic social media use” (Casale et al., 2018; Tarafdar et al., 2020). SMA refers to the usage of social media at a level that negatively affects an individual’s functioning in daily life (Griffiths, 2012), which is similar to other addictions involving alcohol, drugs, or gambling (Griffiths, 2005). The following symptoms can be used to diagnose SMA: (a) an intense and strong desire to be constantly connected to social media; (b) a persistent and intense cognitive preoccupation with social media (e.g., planning social media use, and constantly thinking about or following social media activities); (c) social, familial, academic, physiological, and psychological problems resulting from social media use; (d) a failure to control the use of social media, which dominates feelings, thoughts, and behaviors, and causes tension, nervousness, and anxiety when access is unavailable; (e) the use of social media to gain a kind of “high”; and (f) conflicts with others as a result of spending too much time on social media and avoiding other social activities (Andreassen et al., 2014; Griffiths, 2005).

Adolescence is a period of identity development (Kroger, 2004) — a time of restructuring identities, relationships, and perspectives on life (Steinberg, 2022). Social media platforms may serve as tools that contribute to adolescents’ identity development processes (Reid & Boyer, 2013), which may be one reason that many adolescents spend much time on social media (Tsitsika et al., 2014). Adolescents’ social media habits may make them more vulnerable to SMA (Griffiths & Kuss, 2017); indeed, a recent study conducted with Turkish adolescents reported that 24.4% of the participants were social media addicts (Caner et al., 2022). SMA can have many negative effects on adolescents: heightened anxiety (Woods & Scott, 2016), depression (Haand & Shuwang, 2020), sleep disorders (Sümen & Evgin, 2021), diminished satisfaction with life (Boer et al., 2020), lower subjective happiness (Longobardi et al., 2020), poorer academic performance (Tsitsika et al., 2014), and weaker school connectedness (Watson et al., 2022).

Given that unhealthy social media usage patterns might be harmful to adolescents' mental health and academic success, it is critical to identify the factors that foster SMA among adolescents in order to develop protective and healing interventions. In their meta-analysis, Koo and Kwon (2014) classified the risk and protective factors of internet addiction as either interpersonal or intrapersonal. Interpersonal factors include social relations and family relations, while intrapersonal factors include characteristics such as self-esteem, self-efficacy, self-control, and the regulation of emotions. In line with this classification, the current study focuses on helicopter parenting as an interpersonal factor and self-efficacy as an intrapersonal factor in terms of their impact on SMA, with the aim of exploring the mediating role of self-efficacy in the relationship between helicopter parenting and SMA. Although previous studies have examined various interpersonal and intrapersonal factors related to problematic internet and social media use, the literature lacks investigations specifically focusing on the combined effect of helicopter parenting and self-efficacy on SMA. Moreover, the mediating role of self-efficacy in this relationship remains largely unexplored. Addressing this gap, the present study aims to contribute to a more comprehensive understanding of how parenting styles and individual psychological resources interact to influence SMA among adolescents.

Helicopter Parenting

Helicopter parenting (also known as “overparenting”) can be defined as the parental style of constantly monitoring the behavior of one’s children, hovering over them “like a helicopter”, attempting to “save them” from problems, and trying to keep them away from risk (Cline & Fay, 1990; Hirsch & Goldberger, 2010). Helicopter parents take extreme measures so that their children will not have to struggle or feel uncomfortable; they interfere excessively with their education, lifestyle, and plans for the future, and experience fear and anxiety when away from them (Ashton-James et al., 2013; LeMoyne & Buchanan, 2011). Helicopter parents often engage in inappropriate parenting practices (Segrin et al., 2012) involving strict, overpowering parental control, close monitoring, and an insistence on unwavering obedience and dependency (Odenweller et al., 2014).

Parents naturally feel the need to protect their children (Laursen & Collins, 2009) and, in this sense, helicopter parenting behaviors are well-intentioned (Segrin et al., 2012). In the short term, intervening in children’s lives to help them avoid problems may have beneficial consequences; however, in the long term, such interventions can be detrimental to the mental health of children (Odenweller et al., 2014). In this context, previous studies have generally discussed helicopter parenting in terms of its negative effects on college-aged children (e.g., Hwang et al., 2023; Hwang et al., 2022; Hong & Cui, 2020; Love et al., 2020; Love et al., 2022; Perez et al., 2020; Süsen et al., 2022; Şimşir Gökalp, 2022). The impact of helicopter parenting on younger children has been neglected in the literature, even though helicopter parenting may occur at any stage of childhood (Segrin et al., 2012), and can start when children are very young (Zhang et al., 2022). A few studies have revealed that helicopter parenting may damage the mental health of children and adolescents (Ganaprakasam et al., 2023; Leung, 2020). Ching et al. (2022) found that helicopter parenting may

result in school burnout among adolescents, while Zhang et al. (2022) found it may block the development of children's self-control, and associated it with procrastination.

The children of helicopter parents may experience emotional (Perez et al., 2020) and psychological distress (Segrin et al., 2022). This can lead to engaging in maladaptive behaviors, such as the excessive use of technology, potentially leading to addiction. In fact, studies conducted with university students have demonstrated that helicopter parenting is positively associated with technology-based addictions, including SMA (Hwang et al., 2023; Hwang et al., 2022; Love et al., 2022; Süsen et al., 2022; Şimşir Gökalp, 2022). Considering that today's helicopter parents are parents of the "digital native generation" (Coomes & DeBard, 2004), and that social media usage is prevalent among adolescents (Bingöl & Çolak, 2023), it can be hypothesized that helicopter parenting may result in SMA among school-age adolescents.

Self-Efficacy

"Self-efficacy" refers to the belief that one has the capacity to perform the actions necessary to achieve one's goals (Bandura, 1997), even in the face of challenges (Luszczynska et al., 2005). Self-efficacy may be divided into three categories: emotional, social, and academic. "Emotional self-efficacy" refers to an individual's perceived efficacy in dealing with negative emotions and in regulating emotions (Hessler & Fainsilber Katz, 2010; Muris, 2002). "Social self-efficacy" refers to an individual's capacity to develop social relationships, resources, and skills, while "academic self-efficacy" refers to a student's expectations regarding academic achievement, the learning process, academic standards, and academic success (Muris, 2001).

During adolescence, emotional, social, and academic matters might be significant sources of stress (Steinberg, 2022); self-efficacy therefore emerges as a resource one can use to cope with stressful events (Cicognani, 2011). Adolescents with high self-efficacy are more likely to adopt effective coping strategies, and as such experience better mental health (Parto & Besharat, 2011), while those with low self-efficacy are more likely to use ineffective coping strategies (Kokkinos et al., 2015). When faced with real-life difficulties, adolescents may cope through escapism and avoidance, which are important predictors of technology-based addiction in the context of online gaming (Melodia et al., 2022); social media, too, may serve as a coping strategy (Wolfers & Utz, 2022). In other words, stressful events may result in SMA (Zhao & Zhou, 2021) for the adolescents who lack effective coping skills.

Emotional problems may trigger the development of SMA among adolescents (Acar et al., 2022). In this context, characteristics that facilitate or aggravate emotional problems may play an important role in adolescent SMA. Such characteristics may impair one's ability to cope. Emotional self-efficacy emerges as a component of the emotion regulation system (Suveg & Zeman, 2004), allowing adolescents to cope more easily with stressful situations (Hessler & Fainsilber Katz, 2010). Individuals with low emotional self-efficacy have difficulty coping with stressful events (Bandura et al., 2003), while higher emotional self-efficacy may facilitate calm attitudes and the acquisition of positive perspectives during challenging situations (Hessler &

Fainsilber Katz, 2010). Considering that social media may serve as a coping strategy (Wolfers & Utz, 2022), it can be posited that adolescents who lack emotional self-efficacy use social media to cope with their emotional problems, potentially leading to SMA. In fact, previous studies have pointed out that low emotional self-efficacy is associated with higher social media use (Calandri et al., 2021), and that emotional regulation difficulties increase problematic social media use (Marino et al., 2020) among adolescents. Furthermore, Gioia et al. (2021) found that individuals aged 13 to 25 with poor emotional regulation are prone to internet addiction.

Social self-efficacy, which is associated with the ability to cope with interpersonal difficulties and obstacles (Muris, 2001), is important for adolescents' relationships and interactions (Matsushima & Shiomi, 2003). Adolescents with higher social self-efficacy generally have strong and positive beliefs with regards to their social competence and form healthy relationships that help them cope with stress (Bandura et al., 1996; Caprara et al., 2010). On the other hand, a lack of social self-efficacy may result in loneliness (Wei et al., 2005), social anxiety (Aune et al., 2021), and poor peer relationships (Murtezaoglu & Çıkrıkçı, 2022). It is also possible that low social self-efficacy may lead to SMA (Yu et al., 2016), since adolescents who feel lonely and socially anxious are more inclined to use social media (O'Day & Heimberg, 2021). Other studies have demonstrated that social self-efficacy is negatively related to technology-based addictions among adolescents (Jeong & Kim, 2011; Kaur, 2018; Kaygas et al., 2023; Wang et al., 2020). Additionally, studies conducted with university students have revealed that SMA declines when social distancing decreases (Ahmed et al., 2021) and interpersonal skills improve (Akçay Bekiroğlu & Şahin, 2022).

Academic self-efficacy, which refers to a student's perceived belief in his or her ability to perform the necessary actions to achieve academic success, is important in adolescent development (Høigaard et al., 2015). Students with high academic self-efficacy are more willing to participate in educational activities, put in more academic effort, and are able to develop and implement more effective strategies in the face of difficulties (Eggen & Kauchak, 1999). High academic self-efficacy assists students in setting academic goals and taking steps toward these goals (Schunk, 2003), while poor academic self-efficacy may result in low academic motivation and performance (Dogan, 2015). Technology-based addictions are more common among students who are unsuccessful academically (Bütün Ayhan & Şimşek, 2017; Eldeleklioğlu & Vural-Batık, 2013) and who experience distress related to studying (Wang et al., 2011), implying a possible link between low academic self-efficacy and greater engagement with social media. In fact, previous studies have revealed low academic self-efficacy to be a risk factor for technology-based addictions among adolescents (Kaygas et al., 2023; Odacı, 2013; Özaltın et al., 2022) and university students (Güner et al., 2022; Kocaaslan et al., 2021).

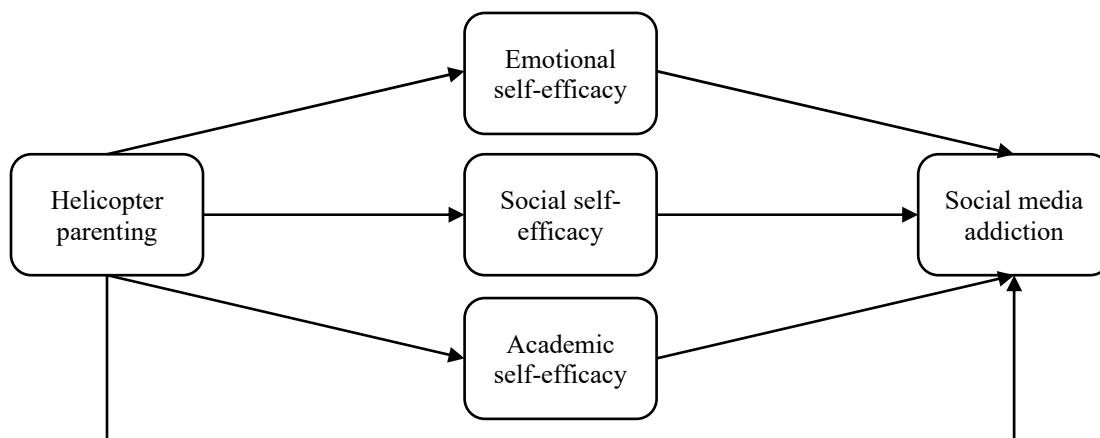
Current Study

Parent–child relationships and parenting practices are important influences on a child's self-concepts (Reed et al., 2016). In this context, previous studies have emphasized the negative impact of helicopter parenting on child efficacy. Bandura (1986) indicated that encouragement from the

social environment is a source of self-efficacy; encouraging or discouraging parenting practices may accordingly impact the development of self-efficacy. Cook (2020) suggested that helicopter parenting may inhibit the development of a child's competency by excessively interfering with children's problem-solving. This behavior inadvertently conveys the message that the children are incompetent to manage their own lives (van Ingen et al., 2015). Multiple studies conducted with university students have demonstrated that helicopter parenting is negatively correlated with general self-efficacy (Buchanan & LeMoine, 2020; Darlow et al., 2017; Lin & Rahim, 2020; Love et al., 2020; Reed et al., 2016; van Ingen et al., 2015). Bradley-Geist and Olson-Buchanan (2014) found that while an appropriate degree of parental involvement may contribute to the development of social self-efficacy, overparenting is negatively correlated with social self-efficacy.

After considering the relations among helicopter parenting, self-efficacy, and SMA, this study suggests that helicopter parenting may lead to SMA by hampering the development of efficacy beliefs in adolescents. In addition, it examines the mediating role of self-efficacy in the relationship between helicopter parenting and SMA among adolescents. The degree, perception, and impacts of helicopter parenting may change depending on the child's age (Gagnon et al., 2023) and culture (Hwang et al., 2022). For this reason, we view investigating the role of helicopter parenting in development of SMA with regard to self-efficacy among Turkish adolescents as valuable. As aforementioned, internet addiction among adolescents may arise from both interpersonal and intrapersonal factors (Koo & Kwon, 2014). This study aims to reveal the role of helicopter parenting as an interpersonal factor in SMA among adolescents through its effects on self-efficacy, an intrapersonal factor. In line with this aim, the study tests: (a) the direct effects of maternal and paternal helicopter parenting on SMA, and (b) the indirect effects of maternal and paternal helicopter parenting on SMA through emotional, social, and academic self-efficacy. In order to investigate the potential mediating roles of emotional, social, and academic self-efficacy in the relationship between helicopter parenting and SMA, the hypothetical model in Figure 1 is suggested, based on the existing literature.

Figure 1. *Hypothetical Model Regarding Maternal or Paternal Helicopter Parenting and SMA*



Method

Research Approach and Design

This study was based on a quantitative approach and designed as a correlational research model. In this model, the relationship between variables is examined to determine if one variable (the independent variable) influences another (the dependent variable). Additionally, a mediation model was incorporated to explore whether a third variable (the mediator) explains the relationship between the independent and dependent variables, offering deeper insights into the underlying mechanisms of the observed correlations (MacKinnon et al., 2007). In this study, helicopter parenting is considered the independent variable, SMA serves as the dependent variable, and adolescent self-efficacy is examined as the mediating variable.

Procedure and Participants

The study was conducted in accordance with the ethical guidelines outlined by Türkiye's Ministry of National Education (2024) for research involving minors. Based on the contacts of researchers, two schools —one secondary school and one high school — were selected from a city in the Marmara region of Türkiye. After obtaining permission for the study from the Institutional Review Board of Kilis 7 Aralık University, school counsellors sent a letter to parents requesting permission for their children to participate in the research. The letter provided detailed information about the purpose of the study, procedures, potential risks, confidentiality measures, and the voluntary nature of participation, ensuring that parents understood their rights before granting consent. If parents refused to allow their children to participate, they were asked to send a letter stating their disapproval. All parents gave their informed consent allowing their children to participate. The survey was then transferred to an online environment via Google Forms, and the survey link, which was shared with the students through their school counsellors, was active for three weeks.

The online survey consisted of two parts. The first part informed the students about the aim of the study, voluntary participation, privacy of data, and their right to withdraw at any time without any consequences. Before proceeding to the second part of the survey, participants were asked to endorse two statements, “I have read and understood the information above” and “I voluntarily agree to participate in the research”. The second part of the survey included the scale forms. All personal data collected were anonymized to ensure confidentiality. Data were collected in the spring semester of the 2021–2022 academic year.

The study population consisted of adolescents who had at least one social media account. The sample was selected using convenience sampling (Galloway, 2005). At the end of three weeks, 326 adolescents had completed the online survey. A priori power analysis was performed using G*Power version 3.1.9.7. This indicated that a sample size of 311 would be required to achieve 80% power at a significance criterion of $\alpha = .05$. Thus, the obtained sample size of 326 is more than adequate to test the study hypothesis.

A total of 65% (212) of the participants were girls and 35% (114) were boys. Participants' ages ranged from 13 to 18 ($M = 14.91$, $SD = 1.42$). The mothers of 25.8% (84) of the participants, and the fathers of 32.2% (105), were university graduates; the remaining parents had attained lower levels of education.

The average number of social media accounts of the participants was three. The most used social media networks were WhatsApp (98%), Instagram (75%), Snapchat (43%), TikTok (26%), Facebook (12%), and Twitter (8%). In addition, 41% (145) of the participants reported using other social media platforms. Regarding daily social media usage, 19% (62) reported spending 0 to 1 hours on social media, 23% (76) reported 1 to 2 hours, 26% (83) reported 2 to 3 hours, 16% (54) reported 3 to 4 hours, 8% (25) reported 4 to 5 hours, and 8% (26) reported 5 or more hours.

Measures of Data Collection

The scales used in this study, and all communications between researchers and participants, were in Turkish.

Demographic information form

This form was used to collect information about gender, age, parent education levels, social media accounts, and time spent on social media. Before applying this form, we conducted a pilot study to assess its clarity and applicability.

Social Media Addiction Scale for Adolescents (SMAS)

The Social Media Addiction Scale for Adolescents (SMAS), developed in accordance with the DSM-5 internet game addiction criteria by Özgenel et al. (2019), aims to measure adolescents' degree of SMA. The scale consists of nine items; participant rate their agreement with each item on a 5-point Likert scale ranging from 1 (*Never*) to 5 (*Always*). A sample item is, "When I don't use social media I get angry, worried or upset". Scores can range from 9 to 45, with higher scores indicating a higher degree of SMA. Özgenel et al. (2019) reported Cronbach's alpha value for the scale as .90. In this study, the Cronbach's alpha value was calculated as .88, indicating good internal consistency.

Helicopter Parent Attitude Scale (HPAS)

The Helicopter Parent Attitude Scale (HPAS), consisting of 21 items, was developed by Yılmaz (2019) to measure perceptions indicative of helicopter parenting attitudes. It is a 4-point Likert scale, with answers ranging from 1 (*Never*) to 4 (*Always*). Two sample items are: "My mother/father wanted me to be a perfect person", and "My mother/father believed that the world and our environment was full of bad people". Participants complete the scale twice (once for each parent). HPAS comprises four sub-dimensions: ethical and moral subjects, basic trust and life skills, academic/school life, and emotional/private life. In addition to the scores for each dimension, a total score can be calculated. The mother and father are scored separately. Possible

total scores for HPAS range from 21 to 84, with higher scores indicating higher levels of perceived helicopter parenting. In the current study, we used only total scores. Yılmaz (2019) found Cronbach's alpha values of .85 for the mother's total and .83 for the father's. In this study, the Cronbach's alpha values were .87 for the mother's total and .82 for the father's, indicating good internal consistency.

Self-Efficacy Scale for Children

The English version of the Self-Efficacy Scale for Children was developed by Muris (2001). It is a 21 item, 5-point Likert type scale with answers ranging from 1 (*Not at all*) to 5 (*Very well*). It comprises three sub-scales: academic self-efficacy, social self-efficacy, and emotional self-efficacy. Emotional self-efficacy is related to one's capability to cope with negative emotions (sample item: "How well can you control your feelings?"). Social self-efficacy aims to measure one's capability to deal with social challenges ("How well can you tell other children that they are doing something that you don't like?"). Academic self-efficacy aims to evaluate one's perceived capability to master academic affairs ("How well do you succeed in finishing all your homework every day?"). The adaptation study of the Turkish version, conducted by Telef and Karaca (2012), reported Cronbach's alpha values as .78 for emotional self-efficacy, .64 for social self-efficacy, .84 for academic self-efficacy, and .86 for the total. In the current study, the Cronbach's alpha values were calculated as .77 for emotional self-efficacy, .77 for social self-efficacy, .85 for academic self-efficacy, and .86 for the total, indicating acceptable internal consistency.

Preliminary Analysis

Data were analyzed with the SPSS 26.00 statistical package program. Before starting analysis, we checked outliers. The univariate outliers were examined by calculating standardized *z*-scores, while multivariate outliers were examined by calculating Mahalanobis distance values (Tabachnick & Fidell, 2015). There were no univariate or multivariate outliers in the dataset.

In data analysis, descriptive statistics, Pearson correlation analysis, and Preacher and Hayes's (2004) regression-based bootstrapping techniques were applied. In the bootstrapping technique, which was conducted with the PROCESS Macro application for SPSS via Model 4, the 5,000 resampling method was used. To investigate the association between helicopter parenting and SMA, two separate models for maternal and paternal helicopter parenting were run because PROCESS can only accommodate a single predictor variable. Before performing mediating analysis, we checked assumptions. Variable scores were normally distributed, and no multicollinearity problems were detected (see Table 1 and Table 2).

Findings

Table 1 presents descriptive statistics (the mean, standard deviation, and minimum and maximum values, in addition to skewness and kurtosis) for the study variables.

Table 1. *Descriptive Statistics (N = 326)*

Variable	Min	Max	<i>M</i>	<i>SD</i>	Skew	Kurt	Tolerance	VIF
SMA	9	41	19.48	7.63	.58	-.49		
MHP	24	79	44.74	10.92	.46	-.25	.99	1.01
PHP	21	67	38.47	8.89	.46	.006	.51	1.99
ESE	7	35	19.91	5.86	.09	-.63	.99	1.004
SSE	7	35	23.34	5.62	-.37	-.33	.78	1.28
ASE	8	35	21.38	5.80	.01	-.72	.84	1.20

Note. SMA: Social media addiction; MHP: Maternal helicopter parenting; PHP: Paternal helicopter parenting; ESE: Emotional self-efficacy; SSE: Social self-efficacy; ASE: Academic self-efficacy.

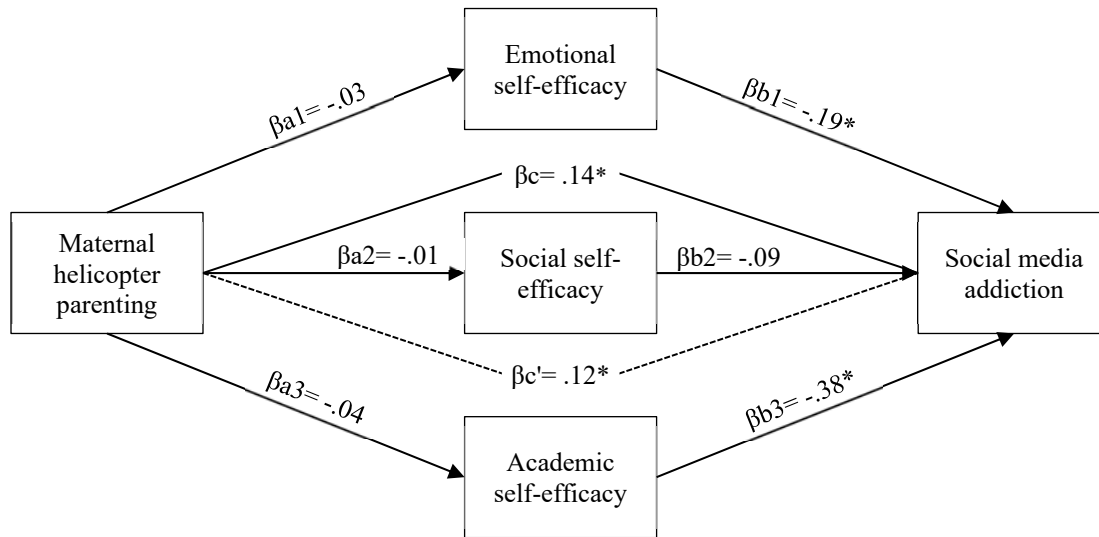
Table 2. *Correlations Between Variables*

Variable	SMA	MHP	FHP	ESE	SSE	ASE
SMA	1					
MHP	.20*	1				
PHP	.13**	.69*	1			
ESE	-.28*	-.06	-.06	1		
SSE	-.23*	-.02	-.003	.41*	1	
ASE	-.37*	-.08	-.02	.33*	.35*	1

Note. SMA: Social media addiction; MHP: Maternal helicopter parenting; PHP: Paternal helicopter parenting; ESE: Emotional self-efficacy; SSE: Social self-efficacy; ASE: Academic self-efficacy.

* $p < .001$. ** $p < .05$.

Table 2 presents the zero-order correlations among the study variables. SMA positively correlated with maternal ($r = .20, p < .001$) and paternal ($r = .13, p < .05$) helicopter parenting. It negatively correlated with emotional ($r = -.28, p < .001$), social ($r = -.23, p < .001$), and academic ($r = -.37, p < .001$) self-efficacy. There was a positive correlation between maternal and paternal helicopter parenting ($r = .69, p < .001$). There were no significant correlations between maternal and paternal helicopter parenting and any type of self-efficacy. Emotional self-efficacy positively correlated with social ($r = .41, p < .001$) and academic self-efficacy ($r = .33, p < .001$). There was a positive correlation between social and academic self-efficacy ($r = .35, p < .001$).

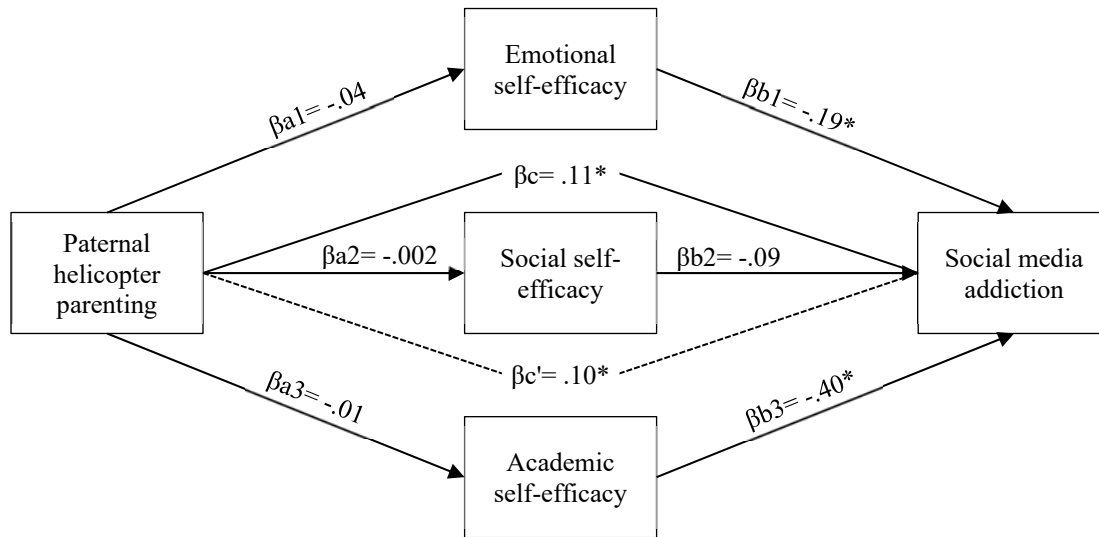
Figure 3. *Mediating Role of Self-Efficacy in the Relation Between Maternal Helicopter Parenting and SMA*

As can be seen in Figure 3, the total effect of maternal helicopter parenting on SMA was statistically significant ($\beta c = .14$, $SE = .04$, $t = 3.65$, $p < .001$). However, the direct effects of maternal helicopter parenting on emotional ($\beta a1 = -.04$, $SE = .03$, $t = -1.15$, $p = .25$), social ($\beta a2 = -.01$, $SE = .03$, $t = -.31$, $p = .76$), and academic ($\beta a3 = -.04$, $SE = .03$, $t = -1.36$, $p = .18$) self-efficacy were not significant. Emotional ($\beta b1 = -.19$, $SE = .07$, $t = -2.53$, $p = .012$) and academic ($\beta b3 = -.38$, $SE = .07$, $t = -5.32$, $p < .001$) self-efficacy had significant direct negative effects on SMA; however, the direct effect of social self-efficacy on SMA was not significant ($\beta b2 = -.09$, $SE = .08$, $t = -1.18$, $p = .24$). The suggested model was significant ($F[4-321] = 19.66$, $p < .001$), and explained 20% of the variance in SMA; however, the total indirect effect (the difference between the total and indirect effects [$c - c'$]) of maternal helicopter parenting on SMA through emotional, social, and academic self-efficacy was insignificant (point estimate = .0224; 95% BCa CI[-.0087-.0555]). See Table 3.

Table 3. *Indirect Effects of Maternal Helicopter Parenting on SMA*

Effect	Point estimate	BootSE	Bootstrapping 95% BCa CI	
			Lower	Upper
Total indirect effect	.0224	.0164	-.0087	.0555
Emotional self-efficacy	.0063	.0067	-.0051	.0221
Social self-efficacy	.0008	.0035	-.0058	.0091
Academic self-efficacy	.0153	.0117	-.0068	.0400
Contrasts				
C1 (Emotional–Social)	.0055	.0073	-.0074	.0215
C2 (Emotional–Academic)	-.0090	.0115	-.0326	.0131
C3 (Social–Academic)	-.0145	.0115	-.0387	.0073

Note. All effects are unstandardized.

Figure 4. *Mediating Role of Self-Efficacy in the Relation Between Paternal Helicopter Parenting and SMA*

As can be seen in Figure 4, the total effect of paternal helicopter parenting on SMA was statistically significant ($\beta_c = .11$, $SE = .05$, $t = 2.39$, $p = .02$). However, the direct effects of paternal helicopter parenting on emotional ($\beta_{a1} = -.04$, $SE = .04$, $t = -1.07$, $p = .28$), social ($\beta_{a2} = -.002$, $SE = .04$, $t = -.05$, $p = .96$), and academic ($\beta_{a3} = -.02$, $SE = .04$, $t = -.35$, $p = .73$) self-efficacy were not significant. Emotional ($\beta_{b1} = -.19$, $SE = .07$, $t = -2.52$, $p = .012$) and academic ($\beta_{b3} = -.40$, $SE = .07$, $t = -5.47$, $p < .001$) self-efficacy had significant direct negative effects on SMA; however, the direct effect of social self-efficacy on SMA was not significant ($\beta_{b2} = -.09$, $SE = .08$, $t = -1.15$, $p = .25$). The suggested model was significant ($F[4-321] = 17.94$, $p < .001$), and explained 18% of the variance in SMA; however, the total indirect effect (the difference between the total and indirect effects [$c - c'$]) of paternal helicopter parenting on SMA through emotional, social, and academic self-efficacy was insignificant (point estimate = .0124; 95% BCa CI [-0.0267–0.0555]). See Table 4.

Table 4. *Indirect Effects of Paternal Helicopter Parenting on SMA*

Effect	Point estimate	BootSE	Bootstrapping 95% BCa CI	
			Lower	Upper
Total indirect effect	.0124	.0209	-.0267	.0555
Emotional self-efficacy	.0073	.0088	-.0074	.0282
Social self-efficacy	.0001	.0037	-.0077	.0086
Academic self-efficacy	.0050	.0148	-.0238	.0354
Contrasts				
C1 (Emotional–Social)	.0072	.0092	-.0089	.0283
C2 (Emotional–Academic)	.0024	.0140	-.0253	.0300
C3 (Social–Academic)	.0048	.0147	-.0348	.0241

Note. All effects are unstandardized.

Discussion

This study investigated the mediating role of self-efficacy (emotional, social, and academic) between helicopter parenting (maternal and paternal) and SMA among Turkish adolescents. The findings revealed that helicopter parenting behaviors are significantly and directly associated with SMA; however, self-efficacy (emotional, social, and academic) had no mediating role in this relation.

Both maternal and paternal helicopter parenting significantly and positively predicted SMA. As noted above, previous studies conducted with college-aged individuals demonstrated that helicopter parenting may trigger technology-based addiction issues. The current findings suggest that helicopter parenting may also be detrimental to the mental health of younger children. Previous studies have shown that helicopter parenting may lead to emotional (Perez et al., 2020) and psychological (Segrin et al., 2022) distress. Children of helicopter parents may engage in heavy social media usage to cope with this distress. Helicopter parenting behaviors deny children the opportunity to struggle and solve problems on their own (Cline & Fay, 1990; Hirsch & Goldberger, 2010; LeMoyne & Buchanan, 2011). Children of helicopter parents may fail to develop the skills they need to cope with difficulties, and may spend excessive amounts of time on social media as an alternative coping strategy (Wolfers & Utz, 2022), a situation that may lead to SMA.

Helicopter parenting was not significantly correlated with the emotional, social, or academic self-efficacy of the participating adolescents. Moreover, the mediating role of emotional, social, or academic self-efficacy between helicopter parenting and SMA could not be confirmed. As stated above, previous research conducted with university students revealed that helicopter parenting results in low general self-efficacy. We have also seen that, in terms of Turkish adolescents, the impact of helicopter parenting may vary depending on type of self-efficacy. Our study, however, found no significant correlations between maternal or paternal helicopter parenting and any type of self-efficacy. The inconsistencies among these findings may be interpreted as developmental and cultural. Although Bandura (1986) posited social encouragement as a source of self-efficacy, adolescents may tend not to interpret helicopter parenting in this light due to its controlling and intrusive nature. In any case, adolescents tend to pay little heed to their parents' behaviors, as it is developmentally normal for them to distance themselves from their parents (Steinberg, 2022). The influence of parenting behaviors on children's outcomes are more related to children's perceptions than to the intentions of parents (Lee & Kang, 2018; McKinney & Kwan, 2018). It is possible that Turkish adolescents did not perceive excessive parental interference as a sign that they could not handle their own lives (van Ingen et al., 2015). In Türkiye's collectivist culture, extreme parental interference may seem normal to children. In fact, a study conducted with Turkish university students (Kömürcü-Akik & Alsancak-Akbulut, 2023) reported helicopter parenting to be positively correlated with autonomy-supportive parenting.

Emotional self-efficacy had a significant and negative direct association with SMA; that is, greater emotional self-efficacy may prevent SMA from developing. The current findings support previous studies showing that adolescents with low emotional self-efficacy engage with social media at higher levels (Calandri et al., 2021), and are more prone to technology-based addictions (Gioia et al., 2021; Marino et al., 2020). Our findings also agree with Liu et al. (2021), who found that adolescents with low emotional self-efficacy suffer negative emotions for extended periods of time and may engage in addictive behaviors. Adolescents who believe they are less efficient at regulating negative emotions and balancing their emotions may experience gaps in their lives and may attempt to fill these gaps with social media (Kaygas et al., 2023). On the other hand, adolescents with higher emotional self-efficacy tend to regulate their emotions in a healthy manner, which will help them cope with stressful situations (Hessler & Fainsilber Katz, 2010). They therefore may not feel the need to engage in social media to escape the stressful aspects of their lives.

Parallel to previous studies that demonstrate academic self-efficacy to be negatively connected to technology-based addiction (Güner et al., 2022; Kaygas et al., 2023; Kocaaslan et al., 2021; Odacı, 2013; Özaltın et al., 2022), the current study suggests that academic self-efficacy protects against SMA. Students with low academic success (Bütün Ayhan & Şimşek, 2017; Eldeleklioğlu & Vural-Batık, 2013) and high distress related to studying (Wang et al., 2011) have been shown to be more vulnerable to technology-based addiction than their peers. Since adolescents with low academic self-efficacy are more inclined to use ineffective coping strategies (Kokkinos et al., 2015), they may spend more time on social media as an avoidance strategy (Melodia et al., 2022), perhaps discovering areas on social media where they can feel effective. In such cases, social media may eventually become their sole source of a feeling of competence, leading to addiction.

Unlike much previous research (Ahmed et al., 2021; Akçay Bekiroğlu & Ahin, 2022; Jeong & Kim, 2011; Kaur, 2018; Kaygas et al., 2023; Wang et al., 2020), it was found that social self-efficacy did not significantly predict SMA. Although this finding was unexpected, similar findings (Tunc-Aksan & Akbay, 2019) do exist in the literature. In fact, Tsitsika et al. (2014) found that excessive social media usage positively correlates with social competency. It seems that adolescents' engagement with social media usage is independent of their beliefs concerning their capacities to develop social relationships, resources, and skills (Muris, 2001). In the development of technology-based addiction, scope of usage is a critical determinant (Kormas et al., 2011). It is possible that participants may use social media for aims other than socializing. In addition, since “digital natives” have grown up with social networking technology (Prensky, 2001), their social skills may take shape through social media platforms.

Limitations and Conclusion

Studies on the negative effects of helicopter parenting on mental health have mostly focused on college-aged individuals. The current study makes an important contribution to parenting research by pointing out that helicopter parenting may be problematic not only for adult children

but also for adolescents. The current study, however, has some limitations. First, most of the participants were girls. Helicopter parenting behaviors and social media usage may partly depend on a child's gender. Future studies with a more nearly gender-balanced sample may furnish results that are easier to generalize. Second, the current study was designed as quantitative research. Conducting qualitative inquiries may also be beneficial, since children's individual perceptions and narratives could lead to a better understanding of helicopter parenting and its impact on adolescents. Third, we did not inquire as to whether the participants were living with a birth parent.

Based on the findings of the current study, it is recommended that counsellors organize interventions aimed at increasing parents' awareness of helicopter parenting and its potential impact on SMA in adolescents. Also, counsellors working with adolescents who are social media addicts could conduct individual or group counselling sessions focused on increasing their emotional and academic self-efficacy. In terms of future studies, it would be worthwhile to investigate other mediating variables (e.g., self-control and coping styles) in relation to helicopter parenting and SMA. In addition, it would be interesting to explore whether helicopter parenting behaviors could be a response to parental perceptions that their children are developing unhealthy patterns of social media usage.

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