

The moderating role of self-efficacy in the relationship between parentification and perceived stress among adolescents from socioeconomically disadvantaged regions in Vietnam

BACKGROUND

Parentification, in which children assume adult-like caregiving and household responsibilities, is common in socioeconomically disadvantaged contexts and has been linked to increased psychological stress among adolescents. However, the role of individual protective factors, particularly self-efficacy, in buffering this relationship remains underexplored in the Vietnamese sociocultural context. This study examined the association between parentification and perceived stress and investigated the moderating role of self-efficacy among adolescents living in socioeconomically disadvantaged regions of Vietnam.

PARTICIPANTS AND PROCEDURE

A cross-sectional survey was conducted with 825 adolescents (grades 6-12) recruited from secondary and high schools in two socioeconomically disadvantaged regions of Vietnam (a northern mountainous area and a central lowland area). Participants completed the Parentification Inventory, the Perceived Stress Scale (PSS-10), and the General Self-Efficacy Scale (GSE-10). Data were analyzed using Pearson correlations and hierarchical regression analyses with moderation testing via the PROCESS macro.

RESULTS

Parentification was positively associated with perceived stress ($r = .22, p < .05$) and self-efficacy ($r = .44, p < .05$). Hierarchical regression analyses showed that parentification significantly predicted higher perceived stress ($B = 0.11, p < .001$). Self-efficacy was also positively associated with perceived stress and moderated the relationship between parentification and perceived stress (interaction $B = -0.01, p < .001$), such that the association between parentification and perceived stress was weaker among adolescents with higher self-efficacy.

CONCLUSIONS

The findings highlight the dual role of self-efficacy among parentified adolescents in socioeconomically disadvantaged contexts, functioning both as a psychological resource and a potential source of strain. Interventions should aim to strengthen healthy self-efficacy while reducing excessive caregiving burdens to promote adolescents' psychological well-being.

KEY WORDS

parentification; perceived stress; self-efficacy; adolescents; socioeconomically disadvantaged regions

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TO CITE THIS ARTICLE – Truong, L. Q., Luong, T. B., Nguyen, T. T., Tran, T. H., Nguyen, H. H., & Nguyen, L. H. (2026). The moderating role of self-efficacy in the relationship between parentification and perceived stress among adolescents from socioeconomically disadvantaged regions in Vietnam. *Health Psychology Report*. <https://doi.org/10.5114/hpr/222191>

RECEIVED 06.01.2026 · REVIEWED 03.03.2026 · ACCEPTED 19.05.2026 · ONLINE PUBLICATION 01.07.2026



BACKGROUND

Family roles are often determined based on family members' age and age-associated working capacity. Typically, parents or adult members assume the primary caregiving role for their children, older adults, and individuals with illnesses (Davidson et al., 2023; Ferrell & Wittenberg, 2017; Liu et al., 2021; Rakhmani et al., 2020). In most societies and families, children are often expected to spend their time learning, playing, developing their living skills, and engaging in household tasks appropriate to their age and ability. Through these activities, children develop their personality, self-confidence, and life adaptability (Hardika et al., 2023; Meroni et al., 2021; Symonds et al., 2025). Studies have shown that engagement in age-appropriate household tasks promotes independence, responsibility, social skills, and positive emotional development. Such activities also help children understand their roles within the family and society, and strengthen family cohesion (Hardika et al., 2023; O'Reilly & Quayle, 2021; Symonds et al., 2025). However, in many adverse circumstances, children have to take on the roles and responsibilities of their parents or other adults in the family, instead of being cared for and protected as they should be at their age.

In socioeconomically disadvantaged regions of Vietnam, children's early involvement in family labor and responsibilities remains relatively common. National statistics indicate that 731.6 thousand children aged 5 to 17 were engaged in labor in 2023, accounting for 3.5% of all children, with 84.6% living in rural areas (General Statistics Office of Vietnam, 2025). When parents lose their jobs or experience reduced income, children often drop out of school to contribute to household income, especially in rural areas (Huyen, 2021). Many children engage in income-generating activities such as agricultural tasks, domestic work, petty trading, or informal wage labor (Hang, 2020; Huyen, 2021; Khuyen & Dung, 2021). In particular, households residing in areas that frequently experience flooding often substitute adult labor with child labor for household tasks, leading children to shift their time from studying to performing domestic work (Nguyen & Le, 2024). Early labor participation often limits educational opportunities, as only 44.9% of working children remain enrolled in school (General Statistics Office of Vietnam, 2025).

In addition, children whose parents work far from home – especially in the absence of their mothers – tend to be more vulnerable and are more likely to take on adult responsibilities within the household, performing more domestic tasks (Cuong & Linh, 2015; Jordan & Graham, 2012). Girls often face a double burden: managing household chores, caring for younger siblings, and, in some cases, engaging in income-generating activities (Cuong & Linh, 2015; Vu, 2014). In general, children whose parents work far

from home report lower levels of subjective well-being compared to those living with both parents (Luot et al., 2018). The accumulation of these adult-like responsibilities may contribute to the emergence of parentification.

PARENTIFICATION AND ITS DEVELOPMENTAL CONSEQUENCES IN CHILDREN

As conceptualized by Hooper (2007), parentification is a functional and/or emotional role reversal where a child or adolescent assumes responsibilities typically reserved for adults within the family system. This process is primarily characterized by a dissolution of boundaries between family subsystems and levels of responsibility that are developmentally inappropriate for the child. According to Burton (2007), among different types of adultification, such as precocious knowledge, mentored-adultification, peerification/spousification, and parentification, parentification is considered the highest level, in which children become “quasi-parents,” who take on parental roles in multiple domains (e.g., caring for siblings or parents, meeting their needs, managing the household chores and/or finances when necessary (Borchet et al., 2016; Hooper, 2007). Parentification-related activities critically differ from age-appropriate and supervised family responsibilities that aim to develop adolescents' leadership skills and promote their positive growth (Dariotis et al., 2023). Parentification commonly occurs in families in which parents experience chronic illness, substance addiction, incarceration, divorce, migration, or economic hardship, as well as in families of refugees or those lacking social resources (Burton, 2007; Cho et al., 2025; Dariotis et al., 2023; Hooper, 2007; Van Acker et al., 2024). Although parentification has been documented across diverse family contexts, it is particularly prevalent among children growing up in economically disadvantaged conditions, with limited resources, high livelihood pressure, or with the absence of adults (Burton, 2007; Chee et al., 2014; Masiran et al., 2022). A lack of financial resources does not merely define economic disadvantage but also encompasses related characteristics, such as parents' health conditions and constrained living environments (Stein et al., 1999, as cited in Burton, 2007). These factors shape the daily life of families and may accelerate the process of parentification among children. For instance, in challenging living conditions, older siblings often bear the responsibility of caring for their younger siblings (Yi et al., 2012). Moreover, parents who have themselves been parentified may expect their children to take on similar responsibilities, creating a culture transmitted across generations (Byng-Hall, 2002).

Previous studies highlight both positive and negative effects of parentification on child development.

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Parentification at appropriate levels, with social support, can positively contribute to children's psychological and emotional development, such as enhanced empathy, improved self-esteem, and a stronger sense of self-worth (Borchet et al., 2020), as well as improved social skills, including adaptive coping and interpersonal skills (Dariotis et al., 2023; Masiran et al., 2022). These effects are associated with contextual factors, the extent of responsibilities children take on, and the degree of recognition and appreciation they receive from their families (Borchet et al., 2016; Dariotis et al., 2023; Masiran et al., 2022). Children who experience stronger attachment to their parents and greater satisfaction with their family life and communication are more likely to perceive their caregiving roles positively (Borchet et al., 2016).

However, when parentification involves excessive or developmentally inappropriate responsibilities, children may experience negative psychological consequences. Because their cognitive, emotional, and self-regulatory capacities are still developing, many children are not fully equipped to manage sustained caregiving roles, which may increase stress and feelings of social isolation and contribute to internalizing symptoms such as anxiety, depression, and chronic tension (Dariotis et al., 2023; Hooper & Wallace, 2009; Van Loon et al., 2017; Wilkins-Clark et al., 2024). Parentification is linked to externalizing behaviors and outcomes, including rebelliousness, emotional dysregulation, and decreased academic performance in children (Dariotis et al., 2023; Van Loon et al., 2017). In the long term, individuals who experienced parentification in childhood often struggle to meet their basic psychological needs, lack an accurate and realistic sense of self, and may develop unrealistic expectations or excessive anxiety in intimate relationships (Tolmacz et al., 2024). Without intervention, this phenomenon may persist across generations, increasing psychological vulnerability and reducing quality of life (Dariotis et al., 2023; Schorr & Goldner, 2023).

PARENTIFICATION AND PERCEIVED STRESS AMONG ADOLESCENTS

Adolescents who assume excessive family responsibilities through parentification may experience heightened psychological strain as they attempt to balance caregiving duties with developmental tasks typical of their age (Dariotis et al., 2023; Hooper & Wallace, 2009; Van Loon et al., 2017). In such circumstances, stress may arise when adolescents perceive that the demands placed upon them exceed their available coping resources (Burton, 2007; Dariotis et al., 2023). Adolescents' stress experiences may also vary across socio-demographic characteristics. Female adolescents often report higher levels of per-

ceived stress, partly due to differing social expectations and emotional socialization processes (Hooper, 2007). In addition, adolescents living in socioeconomically disadvantaged contexts may face greater household responsibilities and daily stressors, which can function as chronic sources of psychological strain (Burton, 2007; Masiran et al., 2022). Developmental factors such as educational level may also influence adolescents' coping capacities, as emotional regulation and cognitive appraisal skills continue to evolve across adolescence (Compas et al., 2017).

The conceptualization of perceived stress in this study is grounded in the Transactional Model of Stress and Coping (Lazarus & Folkman, 1984). According to this model, stress results from the continuous interaction between individuals and their environment, occurring when environmental demands exceed the coping resources available to the individual. This model indicates that stress responses depend not only on the nature of stressors themselves but also on how individuals perceive and evaluate their own coping capacity. For adolescents experiencing parentification, perceived stress may increase when they lack adequate coping resources. Consequently, identifying psychological resources that may help adolescents manage such demands becomes important.

SELF-EFFICACY AS A PROTECTIVE FACTOR AGAINST STRESS AMONG CHILDREN

Self-efficacy, derived from Bandura's (1997) Social Cognitive Theory, refers to individuals' beliefs in their capabilities to organize and execute the courses of action required to manage prospective situations. In this study, we focus on general self-efficacy, which reflects a broad and stable sense of personal competence in dealing with a variety of stressful or demanding situations. This conceptualization is particularly relevant in the context of parentification, where adolescents are required to cope with diverse and unpredictable responsibilities.

It has been documented in numerous empirical and review studies that self-efficacy enhances children's resilience and reduces psychological problems when facing family-related stress or adversity. It helps them regulate emotions more effectively and mitigates anxiety, depression, and negative behaviors (Cherewick et al., 2024; Ioannidou & Michael, 2024). Children with higher self-efficacy tend to be more persistent, hopeful, optimistic, and capable of overcoming adversity. Their self-efficacy is also associated with higher self-esteem and a stronger sense of self-worth (Ioannidou & Michael, 2024; Yin et al., 2021). However, the protective effect of self-efficacy may diminish when children experience excessive psychological distress or lack social support (Cherewick et al., 2024; Yin et al., 2021).

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In line with these findings, previous studies have also examined self-efficacy as an important mechanism through which psychological outcomes are shaped. In several studies, self-efficacy has been examined as both a mediator and moderator in children's psychological outcomes. For instance, children's self-efficacy was found to mediate the relationship between self-esteem and resilience (Ioannidou & Michael, 2024). Self-efficacy was also investigated as a moderator between familial risk factors and children's emotional problems, helping buffer the negative effects of these risks on children's mental health (Sticca et al., 2020). Overall, self-efficacy has demonstrated an important protective role in children's psychological well-being and coping capacity. In Vietnam, studies examining the predictive or mediating roles of self-efficacy are relatively common. They, however, have primarily focused on older populations, such as university students, teachers, and female migrant workers (Dinh & Nguyen, 2022; Doanh, 2021; Ha et al., 2023; Nguyen, 2025; Tran et al., 2023).

From a theoretical perspective, self-efficacy is expected to moderate the relationship between parentification and perceived stress. Role-based perspectives, including Role Strain Theory (Goode, 1960) and Role Conflict Theory (Rizzo et al., 1970), suggest that adolescents who assume excessive or developmentally inappropriate caregiving roles experience psychological strain when role demands exceed their personal resources. According to the Transactional Model of Stress and Coping (Lazarus & Folkman, 1984), stress responses depend not only on environmental demands but also on the personal resources individuals use to appraise and cope with these demands. As a key cognitive resource, self-efficacy shapes how individuals evaluate their capacity to manage challenging situations (Bandura, 1997). Consequently, adolescents with higher self-efficacy may perceive parentification-related responsibilities as challenges to be mastered rather than threats to be avoided, thereby buffering the negative impact of these roles on their levels of perceived stress.

RESEARCH GAP AND STUDY OBJECTIVES

Although numerous studies have examined both the risks and potential adaptive functions of parentification among children in global contexts, relatively few have explored this phenomenon within the Vietnamese socio-cultural context, where socioeconomic conditions and family characteristics may differ substantially from those in Western contexts. Moreover, self-efficacy, a key psychological protective factor, has rarely been examined in relation to stress among Vietnamese children, particularly adolescents living in socioeconomically disadvantaged regions who experience parentification. The moderating role of

self-efficacy in the relationship between parentification and children's perceived stress therefore remains largely underexplored in this context.

Investigating this topic not only contributes to the academic understanding of the psychological impacts of parentification and protective mechanisms within a distinct cultural setting such as rural and remote regions of Vietnam, but also provides practical implications for the development of child-support policies and intervention programs in socioeconomically disadvantaged areas. Accordingly, this study aims to examine the relationship between parentification and perceived stress, as well as the moderating role of self-efficacy in this relationship among adolescents living in socioeconomically disadvantaged regions of Vietnam.

PARTICIPANTS AND PROCEDURE

PARTICIPANT RECRUITMENT

The study was conducted with the approval of the Institutional Review Board of the University of Social Sciences and Humanities, Vietnam National University (Approval No. 6354/CN-XHNV). This cross-sectional study was conducted in two socioeconomically disadvantaged regions located in the northern mountainous region and the central lowland region of Vietnam. The two provinces, Bac Kan (northern mountainous region) and Hue (central lowland region), were selected because they represent socioeconomically disadvantaged areas characterized by relatively high rates of poverty and labor migration. These contextual characteristics may increase the likelihood that adolescents assume additional family responsibilities. The selected sites differed in geographical characteristics and sociocultural contexts, allowing the study to capture variations in adolescents' family experiences across disadvantaged settings in Vietnam.

The research team first contacted the principals of one secondary school (grades 6-9) and one high school (grades 10-12) in each site to obtain permission and discuss coordination for data collection. Schools were selected based on feasibility considerations, including accessibility, administrative approval, and willingness to participate. School access was facilitated through existing contacts, which was necessary to conduct school-based research within the available timeframe. With the assistance of school teachers, one class from each grade level was selected based on class size and logistical feasibility for survey administration. Subsequently, the research team held an information session with parents to introduce the study objectives and obtain their written consent for their children's participation. Written informed consent was obtained from parents or legal guardians on

behalf of participating adolescents, followed by adolescents' oral assent. Students were informed that their responses would be used solely for research purposes and their confidentiality would be protected. It was also clearly stated that participation was entirely voluntary and that students could withdraw from the study at any time without any adverse consequences.

PARTICIPANTS

A total of 825 eligible children, who were adolescents enrolled in grades 6 to 12, participated in the study. Table 1 summarizes key demographic characteristics of the participants.

The sample included students from both mountainous and lowland regions and was evenly distributed by gender and educational level. Most participants came from non-poverty households, although a notable proportion reported living in poverty or near-poverty households (according to the Vietnamese government, a poor household is defined as having a monthly per capita income of $\leq 1,500,000$ VND in rural areas or $\leq 2,000,000$ VND in urban areas, and lacking at least three indicators of basic social services [Government of Vietnam, 2021]). In addition, a considerable number of students had at least one parent working away from home, reflecting the prevalence of labor migration in socioeconomically disadvantaged areas of Vietnam.

MATERIALS AND PROCEDURE

The study used a self-administered questionnaire to collect data from students. The questionnaire consisted of standardized English scales, which were translated into Vietnamese following the standard forward-backward translation procedure. Specifically, one researcher translated the original English version of the selected scales into Vietnamese, and another researcher independently translated them back into English. The back-translated version was compared with the original one to ensure semantic and contextual equivalence. The questionnaire was pilot-tested with a group of 50 secondary school students and 70 high school students from socioeconomically disadvantaged regions to examine its clarity, comprehensibility, completion time, and cultural appropriateness. The results indicated that students generally found the questionnaire understandable and culturally relevant, and no major revisions were required. Reliability analysis from the pilot study indicated acceptable internal consistency for the three main scales, with Cronbach's α values of PI = .89, PSS = .78, and GSE = .86. These results suggested that the scales were appropriate for use in the main survey. Only minor wording adjustments were made

Table 1

Participant characteristics (N = 825)

Variables	n	%
Region		
Bac Kan (mountainous region)	437	53.0
Hue (lowland region)	388	47.0
Gender ¹		
Male	408	49.5
Female	416	50.5
Education level		
Secondary school (grades 6-9)	397	48.1
High school (grades 10-12)	428	51.9
Household socioeconomic status		
Non-poverty household	672	81.5
Poverty household or near-poverty household	153	18.5
Parental labor migration		
One or both parents working away from home	189	22.9
No parent working away from home	636	77.1

Note. ¹One participant had missing data on gender; percentages are based on valid responses (n = 824).

Self-efficacy in parentification and stress

to better align with the everyday language used by Vietnamese adolescents.

The survey was administered with the students in the classroom setting, under the supervision of the homeroom teacher and the research team. Data collection was carried out from March to May 2025. The survey schedule was arranged during their usual long break, not to disrupt students' regular academic activities. Investigators explained the study objectives, the content of the questionnaire, and participation procedures. Questionnaires were distributed, completed, and collected on site to ensure anonymity. Each student took approximately 20-30 minutes to complete the questionnaire and received a small token of appreciation afterward.

MEASURES

Parentification. The Parentification Inventory (PI), consisting of 22 items developed by Hooper et al. (2011), was used to assess the level of parentification among adolescents. The PI includes three subscales: (1) Parent-Focused Parentification (12 items; e.g., "My parent(s) often shared secrets with me about other family members," "I helped my parents make

important decisions”); (2) Sibling-Focused Parentification (7 items; e.g., “I had no time to be happy or sad because I had to care for family members,” “I was in charge of doing the laundry for the family most days of the week”); and (3) Perceived Benefits of Parentification (3 items; e.g., “I really enjoyed my role in the family”). Items were rated on a five-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Higher scores indicate higher levels of parentification. The Cronbach’s α coefficients for the three subscales were .81, .75, and .74, respectively, and .86 for the overall scale.

Perceived stress. The Perceived Stress Scale (PSS-10), developed by Cohen and Williamson (1988), consists of 10 items and is widely used to assess perceived stress among individuals aged 12 years and older. The scale measures the degree to which respondents appraise situations in their lives as stressful during the past month (e.g., “In the last month, how often have you been upset because of something that happened unexpectedly?” “In the last month, how often have you felt that difficulties were piling up so high that you could not overcome them?”). Items are rated on a five-point Likert scale ranging from 0 (*never*) to 4 (*very often*). Four items (Items 4, 5, 7, and 8) are reversely scored. Higher total scores indicate higher levels of perceived stress. The reliability of this scale in the present study was acceptable (Cronbach’s $\alpha = .73$).

Self-efficacy. To measure self-efficacy, the General Self-Efficacy Scale (GSE-10), developed by Schwarzer and Jerusalem (1979; English version published in 1995), was employed. The scale consists of 10 items assessing individuals’ optimistic self-beliefs in coping with a wide range of difficult life demands (e.g., “I can always manage to solve difficult problems if I try hard enough”). Responses are rated on a four-point Likert scale ranging from 1 (*not at all true*) to 4 (*exactly true*). Higher scores indicate greater perceived self-efficacy. The GSE has been extensively validated across different cultures and languages, including in Vietnam. In the present study, the internal consistency of the scale was good (Cronbach’s $\alpha = .86$).

Demographic characteristics. A variety of demographic variables were included in the questionnaire: Region (0 – Hue, lowland region; 1 – Bac Kan, mountainous region), gender (0 – female; 1 – male), education level (0 – secondary school; 1 – high school), household socioeconomic status (0 – non-poverty/non-near-poverty household; 1 – poverty/near-poverty household), and parental labor migration (0 – no parent working away from home; 1 – one or both parents working away from home).

DATA ANALYSIS

The inclusion criteria required participants to be students from grades 6 to 12 whose parents or legal

guardians provided consent and who themselves assented to participate and completed the questionnaire during the survey session. Questionnaires with substantial missing data on key study variables or demographic information were excluded from the analysis. Among the 834 returned questionnaires, nine were excluded due to incomplete responses on major variables, resulting in a final analytical sample of 825 participants.

Data were analyzed using SPSS version 26.0 with a statistical significance level of $p < .05$. In addition to descriptive analyses (n , %, M , SD), Pearson correlation and regression analyses were conducted. Hierarchical regression analysis was employed to examine the relationship between parentification and perceived stress while controlling for demographic variables. In Model 1, demographic variables (region, gender, education level, household socioeconomic status, and parental labor migration) were entered as control variables. In Model 2, the parentification variable was added. In Model 3, self-efficacy and the interaction term (parentification \times self-efficacy) were included to test the moderating effect. Moderation effects were further tested using PROCESS macro version 4.2 (Hayes, 2022) to examine the moderating role of self-efficacy in the relationship between parentification and perceived stress among adolescents.

Multicollinearity was examined in each regression model. The results indicated that all VIF values were below 2, indicating no remaining multicollinearity. The data met the assumptions of normality (skewness and kurtosis within ± 2), linearity, and homoscedasticity.

RESULTS

DESCRIPTIVE STATISTICS AND INTERCORRELATIONS AMONG PARENTIFICATION, SELF-EFFICACY, AND PERCEIVED STRESS

Descriptive statistics and intercorrelations among the study variables are presented in Table 2. Overall, adolescents reported relatively high levels of parentification, while perceived stress and self-efficacy were at moderate levels. The variability in the scores indicates noticeable individual differences across participants.

The Pearson correlation analysis revealed significant associations among the study variables. Parentification was positively associated with perceived stress ($r = .22$, $p < .05$), indicating that adolescents who assumed greater family responsibilities tended to report higher levels of stress. Self-efficacy was also positively related to perceived stress, although the magnitude of this association was relatively small ($r = .14$, $p < .05$). In addition, parentification showed

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Table 2*Descriptive statistics and correlations among study variables*

Variable	<i>M</i>	<i>SD</i>	1	2	3
1. Parentification	60.32	11.14	1		
2. Self-efficacy	29.02	5.49	.44*	1	
3. Perceived stress	21.03	6.77	.22*	.14*	1

Note. * $p < .05$.**Table 3***Hierarchical regression results testing the moderating role of self-efficacy in the relationship between parentification and perceived stress*

Predictor	Model 1			Model 2			Model 3		
	<i>B</i>	<i>SE</i>	<i>p</i>	<i>B</i>	<i>SE</i>	<i>p</i>	<i>B</i>	<i>SE</i>	<i>p</i>
Region (ref. Hue) <i>Bac Kan</i>	-6.03	0.45	< .001	-5.68	0.43	< .001	-5.70	0.43	< .001
Gender (ref. Female) <i>Male</i>	-1.28	0.41	.002	-1.44	0.40	< .001	-1.36	0.40	< .001
Education level (ref. secondary school) <i>High school</i>	-3.48	0.42	< .001	-4.11	0.42	< .001	-4.11	0.41	< .001
Household socioeconomic status (ref. non-poverty/non-near-poverty household) <i>Poverty/near-poverty household</i>	2.55	0.58	< .001	2.48	0.56	< .001	2.44	0.56	< .001
Parents' labor migration (ref. no parent working away from home) <i>One or both parents working away from home</i>	0.31	0.50	.534	0.26	0.42	.592	0.31	0.48	.525
Parentification				0.12	0.02	< .001	0.44	0.09	< .001
Self-efficacy				0.11	0.04	.004	0.75	0.18	.020
Parentification × Self-efficacy							-0.01	0.00	< .001
<i>F</i> (<i>p</i>)	53.77 (< .001)			51.11 (< .001)			47.14 (< .001)		
<i>R</i> ²	.247			.305			.316		
ΔR^2				.058			.011		

Note. * $p < .05$.Self-efficacy
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and stress

a moderate positive correlation with self-efficacy ($r = .44, p < .05$).

THE MODERATING ROLE OF SELF-EFFICACY IN THE RELATIONSHIP BETWEEN PARENTIFICATION AND STRESS

Table 3 presents the results of the hierarchical regression analyses. Model 1 included only demographic variables, Model 2 added two key predictors, parentification and self-efficacy, and Model 3 further added the interaction term between parentification and

self-efficacy on perceived stress among adolescents. In Model 1, with only demographic variables (region, gender, education level, household socioeconomic status, and parental labor migration), $R^2 = .247$, indicating that the model explained 24.7% of the variance in perceived stress. The R^2 value in Model 2 increased to .305, meaning the model explained 30.5% of the variance in perceived stress, an increase of 5.8% compared to Model 1 ($\Delta R^2 = .058, p < .001$), indicating that the inclusion of the main independent variables significantly improved the model's explanatory power. In Model 3, the adjusted R^2 further increased to .316, adding 1.1% to the explained variance ($\Delta R^2 = .011$,

Table 4*Conditional effects of parentification on perceived stress at different values of self-efficacy*

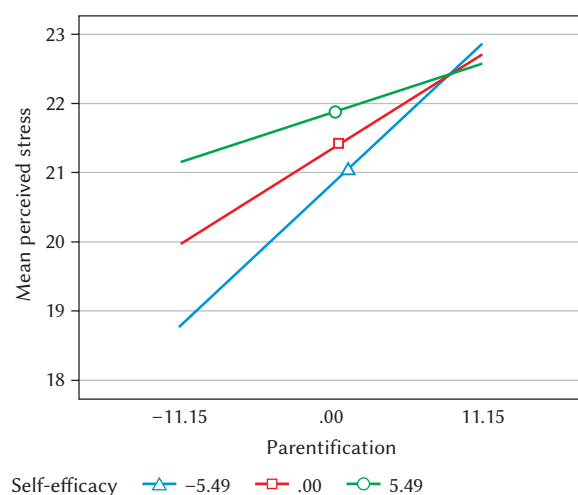
Self-efficacy (W)	Effect (B)	SE	t	p	95% CI [LL, UL]
-1 SD (-5.49)	0.18	0.03	6.80	< .001	[0.126, 0.229]
Mean (0)	0.12	0.02	6.22	< .001	[0.084, 0.162]
+1 SD (+5.49)	0.06	0.02	2.36	.018	[0.009, 0.107]

Note. CI – confidence interval; LL – lower limit; UL – upper limit.

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Figure 1

Interaction between self-efficacy and parentification on perceived stress



$p < .001$). Although this increase was modest, it was statistically significant, suggesting a moderating role of self-efficacy.

The results from Model 1 showed that several demographic factors significantly predicted perceived stress among adolescents. Specifically, adolescents living in Bac Kan (a mountainous region in the North) reported a lower level of perceived stress compared to those living in Hue (a lowland region in central Vietnam) ($B = -6.03, SE = 0.45, p < .001$). Gender was also a significant predictor, with males reporting lower stress levels than females ($B = -1.28, SE = 0.41, p < .01$). Education level also played a significant role, as high school students reported a lower stress level than secondary school students ($B = -3.48, SE = 0.42, p < .001$). Adolescents from poverty or near-poverty households reported higher levels of perceived stress than those from non-poverty households ($B = 2.55, SE = 0.58, p < .001$). These demographic predictors remained significant in Models 2 and 3 ($p < .001; p < .01$). Across all three models, parental labor migration was not a significant predictor of adolescents' perceived stress ($p > .05$).

In Model 2, the key independent variables – parentification and self-efficacy – were added. The results showed that parentification had a positive and signif-

icant effect on perceived stress ($B = 0.11, SE = 0.04, p < .001$). Noticeably, self-efficacy also positively and significantly predicted perceived stress ($B = 0.12, SE = 0.02, p < .01$).

In Model 3, the interaction term of parentification \times self-efficacy was added. The interaction coefficient was statistically significant ($B = -0.01, SE = 0.00, p < .001$), suggesting that self-efficacy moderated the relationship between parentification and perceived stress. Specifically, the effect of parentification on perceived stress was weaker among adolescents with higher levels of self-efficacy.

Table 4 presents the conditional effects of parentification on perceived stress at different levels of self-efficacy. Parentification was positively and significantly associated with perceived stress among adolescents with low self-efficacy at the level of its $M - 1$ SD ($B = 0.18, SE = 0.03, p < .001$). At the average level of self-efficacy, this relationship remained statistically significant, but the effect was weaker ($B = 0.12, SE = 0.02, p < .001$). When self-efficacy was high (at $M + 1$ SD), the relationship was still positive, but its effect was further reduced ($B = 0.06, SE = 0.02, p = .018$). These findings suggest that self-efficacy buffers the impact of parentification on perceived stress among adolescents: as self-efficacy increases, the positive association between parentification and perceived stress becomes weaker, though it remains statistically significant.

As illustrated in Figure 1, the regression line for the low self-efficacy group shows the steepest slope, while the slope decreases substantially for the high self-efficacy group. This pattern indicates a protective effect of self-efficacy, mitigating the adverse influence of parentification on adolescents' perceived stress.

DISCUSSION

The findings of this study provide new evidence on the multifaceted effects of parentification on the psychological well-being of adolescents living in socio-economically disadvantaged regions of Vietnam, as well as the importance of self-efficacy in moderating this relationship. In the context of a low- and middle-income country with unevenly distributed resources such as Vietnam, these results offer import-

ant insights into how structural disadvantage shapes adolescents' role experiences and mental health outcomes. Notably, this study is among the first in Vietnam to examine parentification, perceived stress, and self-efficacy within a single analytical framework, providing empirical evidence from a population that is often underrepresented in research—adolescents in disadvantaged contexts whose voices are rarely captured.

PARENTIFICATION AND PERCEIVED STRESS AMONG ADOLESCENTS

First, the results demonstrate that a higher level of parentification is associated with greater perceived stress among adolescents, consistent with prior studies suggesting that taking on responsibilities beyond one's developmental capacity increases vulnerability to stress, anxiety, and even depression (Dariotis et al., 2023; Van Loon et al., 2017; Wilkins-Clark et al., 2024). During adolescence, individuals are in a critical stage of identity formation, developing peer relationships, and exploring their personal competencies. However, when living in economically disadvantaged contexts where families lack financial or caregiving resources, adolescents may be required to take on adult-like responsibilities – such as contributing to family income or caring for ill relatives – leading to stress levels that far exceed normal tolerance (Burton, 2007; Cho et al., 2025; Dariotis et al., 2023; Hooper, 2007; Van Acker et al., 2024). According to Role Strain Theory (Goode, 1960), assuming multiple or excessive roles beyond one's capacity and sustaining them over time can result in overload and psychological strain. Similarly, the Role Conflict Theory proposed by Rizzo et al. (1970) suggests that adolescents who are pulled between age-appropriate roles and adult-like roles may experience role conflicts, as these expectations can be incompatible or even contradictory, thereby heightening perceived stress. Moreover, parentification is often accompanied by other negative experiences, such as feelings of unfairness, loneliness, or a lack of adult support (Hooper, 2007). In line with the existing studies, results of the present study highlight that adolescents from poverty or near-poverty households reported significantly higher levels of perceived stress. Taken together, these findings emphasize parentification as a salient risk factor contributing to increased perceived stress among adolescents, particularly in contexts of economic adversity.

In addition to the negative effects of parentification, the findings also revealed a positive association between parentification and self-efficacy among adolescents, reflecting the multidimensional nature of this phenomenon. This result is not entirely inconsistent with previous studies, which have suggested that taking on family responsibilities may sometimes

foster children's autonomy, problem-solving skills, and a sense of control over life circumstances (Borchet et al., 2020; Dariotis et al., 2023; Masiran et al., 2022). From a resilience theory perspective, growing up under adversity can serve as an opportunity to strengthen adaptive capacities and reinforce one's belief in the ability to cope with challenges (Masten, 2014). In the Vietnamese context – particularly in socioeconomically disadvantaged regions – parentification is often associated with children's involvement in household labor, caregiving for younger siblings, or managing domestic tasks while their parents are away for work. Although these experiences exceed age-appropriate expectations, they may provide a real-life setting for adolescents to develop life skills, decision-making abilities, and a sense of responsibility. This may help explain why adolescents reporting higher levels of parentification also reported higher levels of self-efficacy. However, this type of "competence under adversity", suggested by Tolmacz et al. (2024), is different from the product of a healthy developmental environment and more likely to carry psychological risks to adolescents. Educators, researchers, and policy-makers should approach this issue with caution, recognizing both its positive and negative aspects. While it is important to acknowledge and build upon the skills and confidence that adolescents have developed, equal attention must be paid to reducing excessive burdens that could undermine their well-being.

THE PROTECTIVE ROLE OF SELF-EFFICACY IN THE PARENTIFICATION-STRESS RELATIONSHIP

Another noteworthy finding from this study is that higher self-efficacy was associated with greater perceived stress among adolescents. At first glance, this result appears to contradict the majority of existing evidence, which typically highlights self-efficacy as a protective factor that mitigates stress, emotional distress, and maladaptive behaviors, while enhancing coping and resilience when individuals face adversity (Cherewick et al., 2024; Ioannidou & Michael, 2024; Yendork & Somhlaba, 2015; Yin et al., 2021). However, some studies have reported that within the context of parentification, high self-efficacy may coincide with increased responsibility, self-imposed high standards, and internal pressure to constantly adapt, which can, in turn, elevate stress levels and even lead to chronic stress (Schönfeld et al., 2017; Schorr & Goldner, 2023). These pressures may be further intensified as adolescents simultaneously strive to manage typical developmental, academic, and social demands associated with their age (Schorr & Goldner, 2023). This phenomenon can be better understood within East Asian cultural norms and the specific Vietnamese context,

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where family values, such as family first and filial piety, are considered central, guiding individual behavior and relationships within the family (Fuligni et al., 2002). The prominence of these values imbues family-supportive activities – such as household chores or caregiving – with moral and social significance. In either rural or urban areas in Vietnam, participation in household duties is often seen as an expression of filial responsibility. Many adolescents perceive such participation not merely as an obligation but also as a way to affirm their personal worth; when they feel that they are contributing significantly to their family, they tend to evaluate themselves more favorably (Park et al., 2021). This finding reflects the main effect of self-efficacy on perceived stress, suggesting that adolescents with stronger self-beliefs may take on greater responsibilities and expectations, which can increase perceived pressure.

However, the moderation analysis indicates that self-efficacy buffered the relationship between parentification and perceived stress, highlighting its dual role as both a potential source of pressure and a psychological resource that mitigates the impact of family role strain. The interaction effect explained a relatively modest proportion of additional variance. Hence, this effect should be interpreted with caution and requires further investigation with other groups of children. On the other hand, it still provides meaningful insight into how individual psychological resources may shape adolescents' responses to family role demands. This finding aligns with existing evidence from diverse contexts that self-efficacy has been identified as a moderating factor between familial risk and children's emotional problems, mitigating the negative effects of family-related stressors (Sticca et al., 2020). In other words, although self-efficacy may not completely eliminate stress in adverse contexts, it can attenuate the strength of the relationship between parentification and perceived stress. Adolescents with strong self-beliefs tend to interpret parentified demands as opportunities to demonstrate competence rather than as overwhelming burdens, thereby reducing perceived stress. This finding suggests that strengthening self-efficacy should be a central focus in psychosocial support programs for adolescents, helping them develop adaptive capacities and reduce stress in contexts that demand high levels of responsibility.

LIMITATIONS AND DIRECTIONS FOR FUTURE STUDIES

Despite its important contributions, this study has several limitations that should be considered when interpreting the results. First, its cross-sectional design allows only for correlational conclusions rather than causal inference. Future studies should employ

longitudinal or experimental designs to clarify the causal directions among parentification, self-efficacy, and perceived stress. Second, the sample was collected from two socioeconomically disadvantaged provinces (one mountainous, one lowland), which may not fully capture the cultural and living diversity of Vietnamese adolescents – particularly those from ethnic minority or remote communities. Expanding the geographical scope and sample diversity in future research would enhance generalizability. Third, participants were recruited through schools, meaning that the sample included only adolescents who were currently attending school. As a result, adolescents who had dropped out or were not enrolled in school – who may experience greater socioeconomic hardship and family responsibilities – were not represented in the sample. This sampling approach may therefore limit the generalizability of the findings to the broader population of Vietnamese adolescents. Finally, the present model only examined the moderating role of self-efficacy, while other factors such as social support, parenting styles, or parent-child attachment may also influence the relationship between parentification and perceived stress. Incorporating these mediating and moderating variables in future research would help clarify the underlying mechanisms and strengthen theoretical models of adolescent psychological adaptation in challenging family contexts.

Building upon this study, future studies should continue to expand research on parentification, self-efficacy, and perceived stress. Longitudinal or intervention-based designs are needed to establish causal relationships and track changes over developmental stages. Moreover, in-depth qualitative studies are essential to explore how adolescents interpret their family roles, obligations, and their own experiences of parentification, self-efficacy, and stress. Future research should also include additional mediators and moderators, such as social support, family cohesion, or cultural beliefs about gender roles, to deepen understanding of psychological adaptation within cultural and adversity-specific contexts. Expanding studies to different regions and ethnic groups would further improve representativeness and generalizability. Finally, interdisciplinary research that integrates psychology, social work, and education is encouraged to develop evidence-based interventions that foster healthy self-efficacy and mitigate the negative psychological effects of parentification among adolescents.

PRACTICAL AND POLICY IMPLICATIONS

Based on the findings of this study, we propose several practice and policy recommendations to support adolescents living in economically disadvantaged contexts, particularly those experiencing parentifica-

tion. First, it is essential to strengthen life skills education programs in schools, especially those aimed at enhancing adolescents' self-efficacy within family, school, and community environments. These programs should help students develop a realistic understanding of their abilities and developmental limits, enabling them to engage in family responsibilities at an appropriate level. This approach may help adolescents develop competencies while reducing the potential negative consequences associated with excessive family responsibilities. Importantly, adolescents should also be guided to understand that being unable to meet all parental expectations does not imply a lack of filial piety. Such misconceptions may lead to guilt, pressure, and prolonged stress.

Second, alongside life skills education, individual interventions such as school counseling and social work support are crucial. Early detection and intervention for adolescents showing signs of stress, anxiety, depression, or maladaptive behaviors are vital in reducing long-term risks to their mental health and healthy development. Recently, the Vietnamese Ministry of Education and Training issued Circular No. 18/2025/TT-BGDĐT (dated September 15, 2025) on school counseling and social work, emphasizing the need to strengthen students' capacity to prevent, identify, and cope with challenges, seek appropriate help, develop life skills, and improve physical and mental well-being (Ministry of Education and Training, 2025). This circular provides an important legal and policy framework for implementing professional psychosocial support services for students in educational settings. In addition, the study found that female adolescents reported higher perceived stress than males, suggesting that gender-sensitive approaches should be integrated into psychosocial support programs. School and community social workers should play an active role in identifying, connecting, and supporting students in difficult circumstances, helping them build resilience and cope with adversity.

Third, it is equally important to develop parent education and communication programs, particularly in socioeconomically disadvantaged regions. Parents should be equipped with knowledge of their children's psychosocial development to adopt appropriate parenting practices, collaborate effectively with schools, and recognize early signs of stress or emotional distress in their children. The family remains the primary environment shaping a child's values, cognition, beliefs, and behavior; thus, parental engagement and support form the foundation for healthy adolescent development both now and in the future.

CONCLUSIONS

This study adds important empirical evidence on the relationship between parentification, self-efficacy,

and perceived stress among adolescents in socioeconomically disadvantaged regions of Vietnam. The results indicate that parentification was associated with higher perceived stress and enhanced self-efficacy among adolescents. Self-efficacy showed a complex pattern of associations: it was positively associated with perceived stress, while also moderating the relationship between parentification and perceived stress, such that this association was weaker among adolescents with higher self-efficacy. These findings suggest that self-efficacy may function as an important psychological resource in the context of family role demands. The study highlights the potential value of developing psychosocial and life skills programs that strengthen adolescents' healthy self-efficacy while fostering supportive and balanced family and school environments, enabling adolescents to mature in a positive and sustainable way.

DISCLOSURES

The research is funded by Vietnam National Foundation for Science and Technology Development (NAFOSTED) under grant number 504.05-2023.01.

The study was approved by the Institutional Review Board of the University of Social Sciences and Humanities, Vietnam National University, Hanoi (Approval No. 6354/CN-XHNV).

The authors declare no conflict of interest.

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