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# **THE IMPACT OF FAMILY SUPPORT ON SOCIO-EMOTIONAL WELLBEING AMONG ADOLESCENTS IN PORT HARCOURT**

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Family support practices and its influence on senior secondary school adolescents' socioemotional wellbeing in Port Harcourt city, Rivers State was studied. The study adopted the survey research design, with a study population of 8,332 public secondary school students in the 58 public secondary schools Port Harcourt City, Rivers State. The non-proportionate stratified random sampling technique was used to select 550 senior secondary school students for the study (275 males and 275 females). The instrument for data collection was a 65-item questionnaire designed on a four-point scale of Strongly Agree (SA), Agree (A), Strongly Disagree (SD) and Disagree (D) with scores 4, 3, 2, 1 respectively. Data were collected using the direct contact approach and the questionnaire return rate was 100%. Data obtained for this study were analyzed using mean scores and standard deviations. The decision rule was based on the midpoint for the scale of 2.50. Therefore, only mean scores of 2.50 and above were agreed with, while mean scores below 2.50 were regarded as disagreed with. The study revealed that marital instability and roles played by older family members have great impact on the social and emotional development of adolescents in Port Harcourt City, Rivers State. It is therefore recommended that families are sensitized on regular basis on the roles of older family members' in either promoting or undermining adolescent socio-emotional wellbeing. Also, marital instability and spousal conflicts especially to the notice of the children should be discouraged.

**Keywords:** Family Support Practices, Adolescent, Socio-Emotional Wellbeing, Senior Secondary School, Port Harcourt

## **Introduction**

Social and emotional wellbeing was selected as the priority area due to the emphasis on mental wellbeing rather than on mental ill health or pathology (Debra, 2016). This emphasis is consistent with the definition of mental health in the World Health Organization (WHO, 2016) constitutions; mental health is a state of wellbeing in which an individual realizes his or her own activities, can cope with the normal stresses of life, can work productively

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and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual wellbeing and the effective functioning of a community (WHO, 2016). Broadly, social and emotional wellbeing refers to the way a person thinks and feels about themselves and others. It includes being able to adopt and deal with daily challenges (resilience and coping skills) while leading a fulfilling life. Hence there is an emphasis on the behavioural and emotional strengths of children, as well as how they respond to adversity.

The world Health Organization has concluded that emotional wellbeing is fundamental to our quality of life. It enables us to experience life as meaningful and is an essential component of social cohesion, peace and stability in the living environment. (WHO, 2005). Emotional wellbeing is a crosscutting concern that touches many aspects of our daily lives and has an impact across the lifespan. The world federation for Mental Health defines emotional wellbeing as a form of subjective wellbeing, when individuals feel that they are coping, fairly in control of their lives able to face challenges and take on responsibility (WHO, 2016) Adolescence is a period which comes under the broad perspective of children in the developmental psychology. Many literatures which talk about children are inclusive of adolescent. The terms children and adolescent are interlinked. Adolescence is marked by immense turmoil in emotional and behavioural spheres. WHO defines adolescence as the period of life between the ages of 10 to 19 years. The adolescent struggles to develop his individuality while still conforming to societal norms. Rapid urbanization and modernization have exposed them to change in society (Adegoke, 2003). The resultant breakdown in family structure, excessive or minimal control confuses the adolescent and makes him/her especially vulnerable to maladaptive patterns of thinking and behaviours.

Young children experience their world through their relationships with parents and other caregivers. When those relationships provide safe, stable, and nurturing environments, children are more likely to thrive physically and emotionally (Allen et al, 2003; Cohen & Wills, 2005; Brady et al, 2009). Consider what happens when those foundational relationships are unsafe, unstable or abusive, and it's not hard to imagine the long-term impact on a person's physical and emotional health. Assuring that all children experience safe, stable and nurturing environments is an important goal for public health. Adverse childhood experiences threaten healthy development in a child by undermining his or her sense of safety, security and being nurtured (Cohen & Wills, 2005). A groundbreaking study by Santrock (2014) found that trauma in childhood is associated with chronic diseases, depression and other mental illness in adulthood. The experiences that are associated with negative impacts on a person's health include abuse, neglect and having a parent who is incarcerated, or who has mental health or substance abuse issues.

This research is aimed at assessing the influence of family support practices on senior secondary school adolescents' socio-emotional wellbeing in Port Harcourt city, Rivers State.

### **Objectives of the study**

The general objective of this study is to assess the influence of Family support practices on senior secondary school adolescents' socio-emotional wellbeing in Port Harcourt city, Rivers State.

Specifically, the study:

1. found out older family members' involvement influences on secondary school adolescents' socio-emotional wellbeing in Port Harcourt City, Rivers State;

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2. examined marital stability influences on secondary school adolescents' socioemotional wellbeing in Port Harcourt City, Rivers State.

### **Materials and Methods**

#### **Study Design**

The study adopted the survey research design. The survey design implies the collection of data from a defined population to describe opinion, status, benefits, and views of the population (Akuezilo and Agu, 2003). It is unique for gathering information not available from other sources.

#### **Study Area**

The area of the study is Port Harcourt city which is the capital of Rivers State, and one of the largest cities in the Niger Delta region. It is made up of mainly two local government areas namely: Obio/Akpor and Port Harcourt Municipal, as well as outskirts of the city which include Oyigbo, Igbo Eche and some parts of Ikwerre. The area has an estimated population of about 2 million (World Bank Report, 2018). Port Harcourt is a cosmopolitan city. Majority of the inhabitants are settlers from other parts of Nigeria, mainly from the south-eastern parts of the country. Other tribes in the city include large Hausa communities, Yoruba and many others. As a metropolitan city, Port Harcourt is characterized by stiff competition for almost everything, including for socio-economic survival.

#### **Population of the Study**

The population for the study is comprised of 8,332 public secondary school students in the 58 public secondary schools in Port Harcourt City, Rivers State.

#### **Sampling and Sampling procedure**

##### **Sampling size**

The sample size of 550 participants was determined using Krejcie & Morgan (1970) table for sample size determination for a given population as presented on Table 1.0.

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**Table 1.0 Sample determination table**

<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	100000	384

Note.—*N* is population size. *S* is sample size.

Source: Krejcie & Morgan, 1970

**Sampling procedure**

The sample for this study was 550 senior secondary school students. In selecting the sample size, first, the simple random sampling technique was used to select twenty (20) secondary schools from the 58 secondary schools in Port Harcourt City, Rivers State. Using the ballot system with each school written on a paper, the first school 20 schools picked participated in the study. Subsequently, the non-proportionate stratified random sampling technique was used to select 550 senior secondary school students for the study (275 males and 275 females). In taking the sample, the students and the schools were stratified into twenty groups/strata. Hence, out of the 20 strata of groups, 275 males and 275 females were randomly selected from the population. These sampling methods were adopted because they are devoid of bias as every school had equal chance of participating in the study.

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### **Data collection**

#### **Instrument for data collection**

The instrument for data collection was a questionnaire designed on a four-point scale of Strongly Agree (SA), Agree (A), Strongly Disagree (SD) and Disagree (D) with scores 4, 3, 2, 1 respectively. The questionnaire was divided into two sections: Section 'A' contained questions on demographic data while Section 'B' contained 65 questions developed from the research questions.

#### **Administration of the instrument**

The data for this study were collected using the direct contact approach with the help of three research assistants who were instructed on how to administer the instrument. The researchers administered the questionnaire on the students directly; in some cases, the questions were explained to them. In the end, 550 copies distributed were retrieved, giving 100% return on the instrument.

#### **Data analysis techniques**

Data obtained for this study were analyzed using mean scores. Since the 4-point rating scale was used for the instruments, the decision rule was based on the midpoint for the scale of 2.50. Therefore, only mean scores of 2.50 and above were agreed with, while mean scores below 2.50 were regarded as disagreed with. In testing the hypotheses, where the calculated t-value is less than the critical value, the variable and null hypothesis were accepted. On the other hand, where the calculated t-value is greater than the critical t-value, the null hypothesis was rejected indicating a significant influence/difference of the variables tested.

## **Results**

### **Marital stability influences on senior secondary school adolescents' socio-emotional wellbeing in Rivers State**

Table 2.0 shows the summary of mean and standard deviation of male and female senior secondary school students on marital stability influences adolescent socio-emotional wellbeing in Rivers State. Based on the total mean scores, the results revealed that the respondents (male and female students) agreed with the statements on 2, 4, 5, 6, 7, 9, 10 and 11 because they had total mean scores of  $\geq 2.50$ , while the respondents disagreed with statements on 1, 3 and 8 because they had mean scores lower than  $X 2.50$ . The results also showed that the highest

mean score was  $X 3.33$  (statement 10) while the lowest is  $X 1.81$  (statement 1). The total

mean scores ranged between  $X 1.82$  and  $3.30$ , while the total standard deviation ranged between  $.758$  and  $1.079$  respectively.

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**Table 2.0 Mean and Standard Deviation on of Male and Female Senior Secondary School Students on marital stability influences on senior secondary school adolescents' socio-emotional wellbeing in Rivers State**

Statements		Male n=275			Female n=275			TM	
		$\bar{X}$	SD	Decision	$\bar{X}$	SD	Decision		
TSD	Decision								
1. Parents promote socio-emotional wellbeing in adolescents if they avoid argument in the presence of children	1.83	.801	#	1.81	.797	#	1.82	.798	#
2. Avoid separation	1.034 *	2.89	1.075 *	2.92	.993	*	2.91		
3. Avoid divorce	2.46	1.078	#	2.28	1.066	#	2.37	1.075	#
4. Adolescents who do not witness parental conflicts are lesser risk of depression	2.72	1.101	*	2.80	1.058	*	2.76	1.079	*
5. Intact marriage promote positive support for adolescents	3.01	1.007	*	2.88	.969	*	2.94	.989	*
6. Adolescents in stable homes are less involved in substances abuse	1.093 *	2.52	1.134 *	2.49	1.051	*	2.51		
7. Adolescents in stable homes have lesser negative influence	1.048 *	2.91	.981	*	2.76	1.107	*	2.84	
8. A stable marriage prevents social violence in the child	2.48	1.075	#	2.47	1.023	#	2.48	1.048	#
9. Good family communication promotes confidence in the adolescents	2.80	1.051	*	2.84	1.022	*	2.82	1.036	*
10. A lovely couple encourages love in the adolescents	3.27	.751	*	3.33	.765	*	3.30	.758	

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11. An intact marriage helps adolescents share their  
problem with parents 3.05 .859 \* 3.12 .835 \* 3.09 .847 \*

Key:  $\bar{X}$ =mean; SD=standard deviation; \*=agree; #=disagree; TM=total mean; TSD=total standard deviation  
Decision Rule:  $\geq 2.50$ =agreed;  $< 2.50$ =disagree

Older family members’ involvement influences on senior secondary school adolescents’ socio-emotional wellbeing in Port Harcourt, Rivers State

Table 3.0 presents the summary of mean and standard deviation of male and female senior secondary school students on older family members’ involvement influences adolescent socioemotional wellbeing in Rivers State. Based on the total mean scores, the results revealed that the respondents (male and female students) agreed with all the statements on 1-11 because they

had total mean scores of  $\geq 2.50$ . The results also showed that the highest mean score was  $\bar{X}$  3.35 (statement 2) while the lowest is  $\bar{X}$  2.83 (statement 3). The total mean scores ranged between  $\bar{X}$  2.86 and 3.32, while the standard deviation ranged between 0.711 and 0.980 respectively.

Table 3.0 Mean and Standard Deviation on of Male and Female Senior Secondary School Students on older family members’ involvement influences on senior secondary school adolescents’ socio-emotional wellbeing

		Male n=275			Female n=275				
Statements		$\bar{X}$	SD	Decision	$\bar{X}$	SD	Decision	TM	
TSD	Decision								
1. The moral disposition of an older adult positively influences adolescents' behaviours									
		3.14	.818	*	3.20	.750	*	3.17	.785
	*								
2. A family member will positively influence the growing adolescents									
		3.28	.694	*	3.35	.747	*	3.32	.721
	*								
3. Adolescents learn emotional resilience through older adults in the home									
		2.89	.996	*	2.83	.949		2.86	.973
	*								
4. Elders in the family help to inculcate positive adolescents behaviours									
		3.20	.780	*	3.20	.789	*	3.20	.784
	*								
5. A deviant child will positively be influenced by the arrival of a									



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disciplined elder in the home	3.15	.824	*	3.17	.822	*	3.16	.822
*								
6. Adolescents learn to control anger when an older person intervenes	3.00	.934	*	2.90	1.024	*	2.95	.980
*								
7. Adolescents that depend on older members in the home avoid anti-social behaviors	2.98	.938	*	2.91	.939	*	2.94	.938
*								
8. Adolescents who receive love from older sibling avoid bullying	3.16	.749	*	3.04	.893	*	3.10	.826
*								
9. Adolescents learn to control television viewing from older siblings	3.15	.877	*	3.19	.808	*	3.17	.843
*								
10. Adolescents build self Esteem from older sibling who do not give up	3.23	.921	*	3.21	.790	*	3.22	.858
*								
11. Adolescents do not smoke if older siblings do not	3.00	1.004	*	3.05	.941	*	3.02	.972
*								

Key: X =mean; SD=standard deviation; \*=agree; #=disagree; TM=total mean; TSD=total standard deviation  
Decision Rule: ≥2.50=agreed; <2.50=disagree

Discussion Marital stability influences adolescent socio-emotional wellbeing

The results/findings from this study are supported by Igboeson (2010), who noted that marital stability evidenced in absence of divorce, separation, destructive spousal conflicts, partner abuse and battery, is a determinant of child social, emotional and psychological outcomes. Children and adolescents who spend time in these disruptive family circumstances exhibit lower average levels of well-being during their childhood and adulthood than do those who spend their entire childhood living in peaceful homes (Adegoke, 2003). Findings suggest that children tend to fare better in peacefully married families than in violent and quarrelsome families (Booth & Amato, 2001) and that exposure to family structure transitions explains a considerable portion of the adverse child outcomes associated with residence in a single- or social-parent family.

Also, the respondents disagreed with statements on 1, 3 and 8 because they had mean scores lower than X 2.50. The results are that: parents promote socio-emotional wellbeing in adolescents if they avoid argument in the presence of children ( X 1.82); avoid divorce ( X 2.37); and a stable marriage prevents social violence in the child



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( $X$  2.48). These results are in disagreement with Mandara (2006) who noted that children who live in intact homes and do not witness marital violence are more likely to exhibit negative socio-emotional outcomes later in life. Parents make direct and indirect investments in their children by providing material resources, engaging in caregiving activities, transferring knowledge, maintaining the home environment, and supplying other social and economic supports; as well as providing enabling and peaceful environments for children to thrive (Barker, 2007). Family structure's links to child and adolescent well-being are thought to operate through three primary mechanisms: the family's access to resources, the quality of parenting and the home environments to which children are exposed, and family stress and parental psychological well-being. On average, children who grow up in stable two-parent families benefit from greater economic resources, higher quality parenting, closer emotional ties to parents, and fewer stressful events than do children exposed to other family structures or to family structure transitions (Debra, 2016). Of course, social selection is also an important consideration in attempting to estimate family structure's associations with child and adolescent well-being.

### **Influence of older family members' involvement on adolescent socio-emotional wellbeing**

From the research question how older family members' involvement influences adolescent socio-emotional wellbeing in Rivers State, the results revealed that the respondents (male and female students) agreed with all the statements on 1-11 because they had total mean scores of  $\geq 2.50$  based on the total mean scores as follows: the moral disposition of an older adult positively influences adolescents' behaviours ( $X$  3.17); a family member will positively influence the growing adolescents ( $X$  3.32); adolescents learn emotional resilience through older adults in the home ( $X$  2.86); elders in the family help to inculcate positive adolescents behaviours ( $X$  3.20); a deviant child will positively be influenced by the arrival of a disciplined elder in the home ( $X$  3.16); adolescents learn to control anger when an older person intervenes ( $X$  2.95); adolescents that depend on older members in the home avoid anti-social behaviors ( $X$  2.94); adolescents who receive love from older sibling avoid bullying ( $X$  3.10); adolescents learn to control television viewing from older siblings ( $X$  3.17); adolescents build self Esteem from older sibling who do not give up ( $X$  3.22); adolescents do not smoke if older siblings do not ( $X$  3.02). The results correspond with the reports of Miller, Monson and Norton (2005) that child behaviours and psychological outcomes are greatly affected by the type of adult and other children around him. Amongst adolescents, internalized outcomes such as depression and suicide are usually influenced by family risk factors such as family psychopathology, parental depression, physical/sexual abuse, family conflict, having a deviant older sibling, and poor communication between youth and other adults in the home (Eberhart & Hammen, 2006). Children usually make role models from older adults around them. For example, the high moral attitude of an older relation or sibling may be mimicked by the younger persons. Positive and helpful interactions with an older person in the home can motivate an adolescent into positive or negative outcomes. The emotional climate in families with depressed relations is less cohesive, less emotionally expressive, more hostile, more critical, less accepting, more conflictual, and more disorganized than in families without depressed children (Hammen & Rudolph, 2003). Children who live with adults other than parents who are morally bankrupt and having high emotional instability are more likely to experience low self-esteem and exhibition of deviancy.

More so, factors increasing the odds of risky sexual behavior, leading to pregnancy and sexually transmitted diseases, are related to the proximity of others who are also engaging in risky sexual behaviors (Rounds, 2004). For example, family norms that accept early initiation of sexual intercourse and intercourse with multiple partners

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and older siblings who are sexually active (East, 2006; Widmer, 2007), both increase the odds of risky sexual behavior. Poor parent-youth relationships, communication, and parental monitoring are also family risk factors because adolescents in these circumstances run to the older adult to confide in them. Adolescents from families that have socio-emotionally imbalanced older members tend to initiate such attitudes such as sexual intercourse, gambling, risky dating, role play avoidance, and even school absenteeism later than those from families with high moral and disciplined older relations.

### **Conclusion and Recommendation**

The study revealed that marital instability and roles played by older family members have great impact on the social and emotional development of adolescents. Finding showed that intact homes help build confident adolescents. Also, older family members influence the younger ones and can help boost their self-confidence especially since the younger ones learn from them and are guided by them.

It is therefore recommended that families are sensitized on regular basis on the on the roles of older family members' in either promoting or undermining adolescent socio-emotional wellbeing. Also, marital instability and spousal conflicts especially to the notice of the children should be discouraged.

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