BEING OF STUDENTS IN SELECTED SECONDARY SCHOOLS IN IBADAN METROPOLIS

Nwankpa G.E,* Uwana-Abasi, P.A. ** and Amao S. Clement **

*Dept. of Social Work, Faculty of Education, University of Ibadan
** Dept. of Sports Management Studies, National Institute for Sports, Surulere, Lagos

Abstract

The study examined the effects of physical and educational neglect on psychosocial well-being of students in selected secondary schools Ibadan metropolis. The study adopted a descriptive survey design and the sample size was three hundred secondary school students. The study adopted simple random sampling to select two secondary schools in the study area while self-structured questionnaire was used as research instrument for data collection while Pearson Product Moment Correlation was used to analyzed the data collected. The study revealed that there was positive significant relationship between physical neglect and psychosocial wellbeing of secondary school students in Ibadan metropolis (r = .636, n = 300, p < .05) and there was positive significant relationship between educational neglect and psychosocial well-being of secondary school students in Ibadan metropolis (r = .726, n = 300, p < .05). It was consequently concluded that parents should make efforts to stay together with their children to ensure that their welfare is properly catered for as well as classroom teachers and school counsellors should advice pupils' parents and guardians to avoid acts that will result in child neglects irrespective of their socio-economic status.

Introduction

Psychosocial well-being is a multidimensional construct consisting of psychological, social and subjective components which influence the overall functionality of individuals in achieving their true potentials as members of the society. Psychosocial well-being consists of self-acceptance, positive relationships with others, autonomy, environment mastery, a feeling of purpose and meaning in life, and personal growth and development. Stress, education, poverty, social exclusion, discrimination and violence are known to include as determinants of psychosocial well-being. Biu and Hary (2012) in a study stated that initial understanding of psychosocial well-being provided a depiction of the difference between positive and negative affect. Preliminary research was mainly concerned with the experiences of positive and negative affect, subjective well-being and life satisfaction that were formed around the Greek word 'eudemonia', which was translated as 'happiness'. Happiness was described as the equilibrium between positive and negative affect which individual displays at any given time.

Satisfaction with Life Scale on which a vast amount of research was conducted, used this initial subjective conception of well-being (Ebigbo 2008). The Satisfaction with Life Scale requires participants to indicate a cognitive rather than affective response in relation to global satisfaction with their quality of life.Olawale and Adeniyi (2011) argued that to be

psychologically well is more than just to be free of distress and mental problems and proposed a complex 6-dimensional model of psychological well-being. The first component, autonomy, is the ability to resist social pressures and to make and pursue one's own decisions. Purpose in life (the second dimension) is the belief that one's life is purposeful and meaningful. The third element of well-being is positive relationshipsand is about the ability to have warm, satisfying and trusting relationships with others. Personal growth (dimension four) refers to the individual's sense of continued growth and development as a person as well as openness to new experiences. The fifth component, environmental mastery, is associated with the capacity to effectively manage one's life and the surrounding world, while the sixth element, self-acceptance, is about being able to have a positive evaluation of oneself and one's past life. People with overall high scores on these 6 components are considered as having high psychological well-being. Moreover, an individual may have higher scores on some (compared with others) dimensions of psychological well-being.

Olorunfemi (2012) described social well-being as the appraisal of one's circumstance and functioning in society and identified five dimensions that are seen to cover this construct which include Social acceptance, Social contribution, Social actualization, Social coherence and Social integration. Social acceptance is the construal of society through the character and qualities of other individual as a generalized category (Olorunfemi, 2012), which connotes that the individual feels good about other individual and trusts such as being honest and diligent. This contributes to a general believe and a positive view towards society. Olorunfemi (2012) further described social contribution as the evaluation of one's social value. In this sense, the individual feels welcome and acceptable as an active member of society and have the understanding that he or she can contribute to the commonwealth of the society. This implies that the individual thinks that he/she is able to perform certain actions and can take social responsibility. Svensson, Tomison and Pocock (2015) opined that social well-being mainly focused on variables that are interpersonal relationships and citizenship. In a study by White and Wisdom (2003), it was discovered that interpersonal relationship is an association between two or more people that may range from fleeting to enduring, School is a social place and interacting with school friend or classmates are becoming increasingly important for children aged 13 to 16. Studies have found that close connection with positive friendship between students have contributed to greater academic achievement. Wisdom, Czaja and Dumont (2015), found that positive peer or friendship in school can promote better academic achievement that will imbibe the culture of behaviour that are expected in the society which contributes to the progress of the society.

A positive psycho-social environment at school affects the mental health and wellbeing of young people and improves student learning. Emotional well-being is a predictor of effective social behaviour, a key component of well-being and academic competence. When students acquire skills for social and emotional learning and the ability to maintain positive relationships, their well-being is improved (Turner and Tanner, 2005). Student social and emotional well-being is improved in an environment where bullying, harassment, violence and physical punishment are discouraged. Having at least one intimate friend is strongly correlated with positive well-being and positive relations with peers in general are also a protective factor of well-being. Other characteristics of a positive psycho-social environment include a warm and friendly atmosphere that rewards learning, the promotion of cooperation, supportive, open communications, and equal opportunities for all students. Physical child neglect is the refusal of necessary health care, inadequate supervision, rejection of a child leading to expulsion from the home, and failure to adequately provide for the child's safety and physical and emotional needs (Perry, Colwell and Schick, 2009). It can also be defined as the parents or caregiver's inability to provide the child with basic necessities, for example, adequate food, clothing and shelter (U.S. Department of Health and Human Services, 2013). U.S. Department of Health and Human Services further explained that physical child neglect can severely impact on child's development by causing failure to thrive; malnutrition; serious illness; physical harm in the form of cuts, bruises, burns or other injuries due to the lack of supervision; and a lifetime low self-esteem. In this study, physical child neglect refers to the inability of parents or caregivers to provide for the child's safety as well as his or her physical and emotional needs. Physical child neglect, often in combination with emotional neglect, can severely impact on development by causing failure to thrive, malnutrition, untreated serious infectious diseases (e.g., pneumonia), physical harm in the form of cuts, bruises, and burns due to lack of supervision. Furthermore, the long term emotional, social and cognitive problems may be more serious and difficult to treat than the actual other physical problems such as cut, bruise (Perry, Colwell and Schick (2009). Failure or refusal to provide these necessities endangers the child's physical health, wellbeing, psychological growth and development.

Similarly, National Institutes of Health (2014) described physical child neglect to consist of the refusal of seeking necessary health care, child abandonment, which is the desertion of a child without arranging for reasonable care or supervision, inadequate supervision, the rejection of a child leading to expulsion from the home and failing to provide for the child's safety as well as his or her physical and emotional needs. Children can be deprived of their right to education, which is referred to as educational child neglect. Educational child neglect refers to caregiver's failure to provide appropriate educational opportunities for the child (Australian Institute of Family Studies, 2012). Price-Robertson, Bromfield and Richardson (2013) defined educational child neglect as failure of a parent to ensure that child's prompt and regular attendance in school or the keeping of a child out of school for impermissible reasons. Australian Institute Family Studies (2012) definition of educational neglect is adopted as the operational definition for the study. Stakeholders in the provision of education seem to have failed in their responsibilities. Taner and Gokler (2004) posited that educational child neglect involves the failure of a parent or caregiver to enroll a child of mandatory school age in school or provide appropriate home schooling or needed special educational training, thus allowing the child or youth to engage in chronic truancy. Educational child neglect can lead to the child failing to acquire basic life skills, dropping out of school or continually displaying disruptive behaviours, Educational child neglect can pose a serious threat to the child's emotional well-being, physical health or normal psychological growth and development, particularly when the child has special educational needs that are not met (U.S. Department of Health and Human Services, 2013).

Report from United States Embassy in Nigeria (2012) stated that the almajiri (itinerant children under Qur'anic instruction) constitutes the largest group of out-of-school children in Nigeria. Traditionally, boys are sent to Qur'anic teachers to receive an Islamic education, which includes vocational or apprenticeship training. Some are involved in street begging. The Federal Ministry of Education estimated that there were 9.5 million almajiri children in the northern part of the country in 2010. The number of almaiiri in urban areas is estimated to be rising. Some regions in Nigeria seem to be lacking educationally. Non-school attendance is highest among states in the Northeast and Northwest zones, this is evidence that 72 per cent of primary age children never attended school in Borno state (Report from United States Embassy in Nigeria, 2012). This compares with less than 3 per cent in most southern zones. An estimated ten million out of the 30 million school-aged children are not enrolled in school in Nigeria. The educational system suffers from deteriorating quality and insufficient investment to keep pace with the country's burgeoning school-age population. Based on the foregoing, the study was undertaken to investigate the effect of physical and educational neglect on psychosocial well-being of students in selected secondary schools in Ibadan metropolis.

Methodology

The research designed used in this study was descriptive survey design, implying that information were elicited from the respondents at a single point in time, with the use of questionnaire as instrument. The population for this study was 300 senior secondary school students in Ibadan metropolis as respondents. Simple random sampling technique was adopted in the selection of senior secondary students as respondents in Ibadan metropolis. The first stage involves the use of simple random sampling to select two secondary schools in the study area. The second stage involves the adoption of stratified sampling to select 150 students from the two schools. Students were stratified based on their class (SS3, SS2 and SS1). The third stage entails the use of systematic random sampling to select 50 students from each of the class (SS3, SS2 and SS1). The instrument used for data collection was a 20-item questionnaire, which was designed to measure the effect of physical and educational neglect on psychosocial well-being. The questionnaire was the Effect of Physical and Educational Neglect on Psychosocial Well-Being Questionnaire (EPENPWBQ), which consisted of three sections. Section A comprised 5 items that gathered information on personal data of the respondents, such as age, class, sex, and parents educational qualification. Section B consist 10 items that elicit information on physical neglect while Section C also consist items that elicit information on educational neglect. The instrument was administered by the researcher with the help of research assistants after the training session. The respondents were asked to tick the appropriate responses that best represents their opinions. Collection of the completed questionnaire was done on the sot in order to ensure a high rate of return and this enabled the respondents to also ask questions and obtained clarifications on items that were not clear.

Results

Table 1: Pearson Product Moment Correlation (PPMC) showing the relationship between physical neglect and psychosocial well-being of secondary school students in Ibadan metropolis

Variables	Mean	Std. Dev.	N	R	p value	Remark
Physical neglect	19.4043	4.2004				
Psychosocial wellbeing	25.6255	4.7954	300	.636*	.000	Sig.

Table 1 shows that there was a positive significant relationship between physical neglect and psychosocial wellbeing of secondary school students in Ibadan metropolis (r = .636, n= 300, p < .05). The null hypothesis is rejected.

Table 2: Pearson Product Moment Correlation (PPMC) showing the relationship between educational neglect and psychosocial well-being of secondary school students in Ibadan metropolis

Variables	Mean	Std. Dev.	N	R	p value	Remark
Educational neglect	17.3404	5.3807	300	.726*	.000	Sig.
Psychosocial well-being	25.6255	4.7954	300	.720	.000	olg.

Table 2 shows that there was a positive significant relationship between educational neglect and psychosocial well-being of secondary school students in Ibadan metropolis (r = .726, n = 300, p < .05). Hence, the null hypothesis is rejected.

Discussion of findings

The study found a significant positive relationship between physical neglect and psychosocial wellbeing of secondary school students in Ibadan metropolis. This implies that absence of physical neglect in the life of a child may promote better psychosocial health and wellbeing. This result is tandem with the findings of Kimberly, Denise, Wendy, Michelle, Thomas, Maiello, Villot, Dana & Alberto (2014) that childhood maltreatments were associated with poor physical health, psychosocial well-being and blood pressure outcomes. Similarly, Devi, Anand and Shekhar (2013) found that physical abuse neglect was a significant predictor of low self-concept among adolescents. It is therefore evident that physical neglect can severely impact on child's psychosocial wellbeing by causing failure to thrive, malnutrition, serious illness; physical harm in the form of cuts, bruises, burns or other injuries due to the lack of supervision; and a lifetime low self-esteem.

The study further found that there was a positive significant relationship between educational neglect and psychosocial well being of the sampled respondents. This implies that children who do not have access to school have higher propensity to be faced with

psychosocial problems compared with their counterparts who are in schools. More often than not, children experiencing educational neglect are usually from low socioeconomic families. In line with this finding, Hodges (2003) stated that children from low socio-economic status or impoverished settings are much more likely to be absent from school throughout their educational experiences. In the same vein, the finding is in line with the findings of Chen and Paterson (2006) that children from low educational background are likely to have higher psychosocial disorders. There is no doubt therefore that a child's failure to have access to school and educational opportunities may pose a serious threat to the child's emotional well-being or normal psychological growth and development.

Conclusion

The results of the study have shown that parental neglects exert tremendous influence on psychological and social wellbeing of children in Nigeria. This means that concerted efforts should be directed towards ensuring overall wellbeing of children with the view to combat and reduce the enormous effects of physical and educational neglect of children in Nigeria. This invariably suggests that children's overall wellbeing, and most importantly their psychosocial wellbeing, is an essential dependent on the care and love of their parents or caregivers. Based on the findings of this study, the following recommendations are made:

- 1. Parents should make efforts to stay together with their children to ensure that their welfare is properly catered for.
- 2. Classroom teachers and school counsellors should advice pupils' parents and guardians to avoid acts that will result in child neglects irrespective of their socioeconomic status.
- 3. Government at both federal and state should lend logistic and manpower support to the secondary schools in the implementation of the Child Abuse and Neglect Preventive Measures in schools.

References

- Australian Institute of Family Studies (2012). What is child abuse and neglect. Commonwealth Australia. Accessed 5th/06/2014. of on http://www.aifs.gov.au/common/copyright.html
- Biu, A. A., & Harry, W. M. (2012). Prevelance of intestinal parasites in school aged pupils in Mafa Local Government Area of Borno State, Nigeria. Borno: Journal of Medical andApplied Biosciences, 9 (3), 2277-0054.
- Chen, E; and Paterson, Q. (2006). Neighbourhood, family and subjective socioeconomic status. How do they relate to adolescent health? HealthPsychology, 25,704 – 714
- Devi, R., Anand, S. & Shekhar, C. (2013). Abuse and neglect as predictors of self concept among below poverty line adolescents from India. International Journal of Psychology and Counselling, 5(6), 122-28.
- Hodges, A. (2003). Children's and women's rights in Nigeria: A wake up call, situation assessment and analysis, Lagos: National Planning commissionand UNICEF.
- Kimberly A. R., Denise T. W., Wendy A. W., Michelle A. R., Thomas W. R., Maiello, E., Villot, N., Dana J. M., & Alberto L. O. (2014). The relationship between adult health

- and childhood maltreatment, as moderated by anger and ethnic background. *Child abuse and neglect: theinternational journal*, 38(3), 445–456.
- Ebigbo, P. O. (2008). Psychological aspects of child abuse and neglect in Africa. In K. Peltzer (Eds). *Clinical Psychology in Africa*, (pp. 401 424) Frankfurk IM; Iko: Verlag.
- National Institute of Health. (2014). Descriptions of NICHD Career development projects related to child abuse, child maltreatment, and child violence. Accessed on 8/07/2014
 - fromhttp://www.nichd.nih.gov/news/resources/spotlight/upload/careerdevelopment child abuse.pdf
- Olawale, S. G. & Adeniyi, E. O. (2011). Comparative analysis of child abuse and neglect among junior secondary school students in Oyo State, Nigeria. *Oyo: European Journal ofHumanities and Social Sciences*, *11*(1). 311-324
- Olorunfemi, E. A. (2012). A comparative analysis of predictors of teenage pregnancy and its prevention in a rural town in Western Nigeria. BioMed Central Ltd. Sagamu, Nigeria: *International Journal for Equity in Health*. 11 (37). 52-79.
- Perry, B. D., Colwell, K. & Schick, S. (2009). *Child neglect: Encyclopedia of crime and punishment.* In D. Levinson, (Ed.) Sage Publications, Thousand Oaks, 92-196
- Price-Robertson, R., Bromfield L., & Richardson, N. (2013). What is child abuse and neglect.

 Australian: Australian Institute of Family Studies
- Svensson, J., Tomison, A. & Pocock, J. (2015). Child abuse and neglect in indigenous Australian communities. *Child Abuse Prevention Issues*, *19*, 1-67.
- Taner Y, & Gokler B 2004. Child neglect and abuse: Psychiatric sides (In Turkish). Hacettepe Medical Journal, 35: 82-86.
- Turney, D. & Tanner, K. (2005). Understanding and working with neglect. Research in Practice: Every Child Matters Research Briefings 10: 1-8.
- U.S. Department of Health and Human Services, Children's Bureau (2013). *Child maltreatment* 2012. Retrieved from http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2012 on 24/09/2014.
- White, H. R., & Widom, C. S. (2003). Intimate partner violence among abused and neglected children in young adulthood: The mediating effects of early aggression, antisocial personality, hostility and alcohol problems. *Aggressive Behavior*, 29(4), 332–345.
- Wisdom, C. S., Czaja, S. J., & DuMont, K. A. (2015). Intergenerational transmission of child abuse and neglect: Real or detection bias? *Science*, 347(3), 1480–1485.