

METHODIST UNIVERSITY COLLEGE GHANA

DEPARTMENT OF PSYCHOLOGY

**DYSFUNCTIONAL FAMILY, SOCIAL SUPPORT AND PSYCHOLOGICAL WELL-
BEING OF ADOLESCENTS IN GREATER ACCRA**

BY

MARIAM AKWEI

10544222

**THIS THESIS IS SUBMITTED TO THE DEPARTMENT OF PSYCHOLOGY,
METHODIST UNIVERSITY COLLEGE GHANA. IN PARTIAL FULFILMENT OF THE
REQUIREMENT FOR THE AWARD OF MASTER OF PHILOSOPHY (MPHIL) DEGREE
IN GUIDANCE AND COUNSELLING PSYCHOLOGY**

DECEMBER, 2015

DECLARATION

This thesis is a study submitted to the Department of Psychology for the award Master of Philosophy (MPhil) in Counselling Psychology. I hereby declare that this research is conducted by Mariam Akwei under the supervision of Prof. Samuel Danquah and Mr. Gladstone Agbakpe. This work has never been submitted to any other institution by anyone for any award. All references cited in this work have been duly acknowledged and I take full responsibility for any shortcomings in relation to this work.

Mariam Akwei

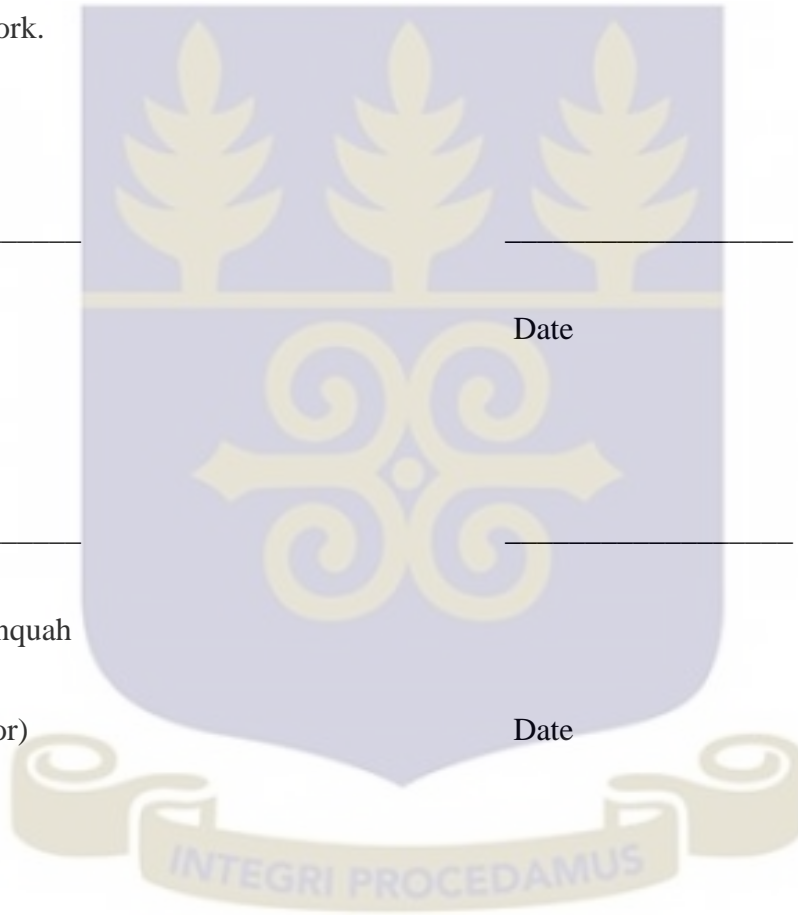
Date

Pro. Samuel. A. Danquah
(Principal Supervisor)

Date

Mr. Gladstone Agbakpe
(Co-Supervisor)

Date



DEDICATION

I dedicate this work to God Almighty, my husband Dennis Akwei and children (Ed, Emmanuel, Deborah and Praise), for the love and support given to make this work possible.



ACKNOWLEDGEMENTS

I wish to acknowledge God Almighty for making it possible for bringing me this far in life; and to Prof. Samuel Danquah my Principal Supervisor, Mr. Gladstone Agbakpe (2nd Supervisor) guiding me through my thesis, not forgetting Ms. Winifred Asare-Doku (alias Prof) for her immense support; Messrs Johnny Andoh, Michael Ansah-Nyarko, Pastor Prince Joe Anderson and the last but not the least Dennis Akwei who helped in the editing of this script.



TABLE OF CONTENTS

DECLARATION	ii
DEDICATION	iii
ACKNOWLEDGEMENTS	iv
TABLE OF CONTENTS	v
LIST OF TABLES	viii
LIST OF FIGURES	ix
LIST OF ABBREVIATIONS	x
ABSTRACT	xi
CHAPTER ONE	1
INTRODUCTION	1
Background to the study	1
Dysfunctional family and Psychological Well-Being	7
Social Support and Psychological well-being	13
Dysfunctional Family and Psychological Well-Being	16
Problem Statement	18
Purpose of Study	19
Objectives of Study	19
Significance of Study	20
CHAPTER TWO	23
LITERATURE REVIEW	23
Introduction	23
Theoretical framework	23
Social support (Sheldon Cohen, 1984)	23
Psychological well-being theory Ryff (1989)	24
The family system theory (Donahoo, 2003)	26
Review of Related Studies	28
Social support and psychological well-being	28
Dysfunctional families and adolescents psychological well-being	32

Moderation role of social support in the relationship between parental conflict and adolescent psychological wellbeing	41
Sex and Age differences on adolescent psychological wellbeing.....	44
Summary of related studies	50
Statement of hypotheses	51
THE THEORETICAL MODEL	52
Operational definitions.....	53
METHODOLOGY	54
Introduction.....	54
Research design.....	54
Target population	55
Sample size and sampling techniques	55
Measures.....	57
Multidimensional Scale of Perceived Social Support (MSPSS).....	57
Psychological well-being scale (PWB-42).....	58
Children’s Perception of Parental Conflict Scale	59
Data Collection Procedure	60
Ethical Consideration.....	60
Method of data analysis.....	62
CHAPTER FOUR.....	63
ANALYSIS OF RESULTS	63
Introduction.....	63
Preliminary Analysis	64
TESTING OF HYPOTHESES	66
Summary of Findings	72
OBSERVED CONCEPTUAL MODEL	73
CHAPTER FIVE	74
DISCUSSION, RECOMMENDATION AND CONCLUSION.....	74
Introduction.....	74
Discussion of main findings.....	74
Limitations of the study.....	89

Recommendation for practice	90
Recommendations for future research	93
CONCLUSION	94
REFERENCES	96
APPENDICES	117
APPENDIX 1.....	117
APPENDIX 2.....	120
APPENDIX 3.....	122



LIST OF TABLES

Table 1: Demographic data of sample for the study 63

Table 2: Means, Standard Deviations and Inter-correlations among Predictor and Criterion Variables..... 65

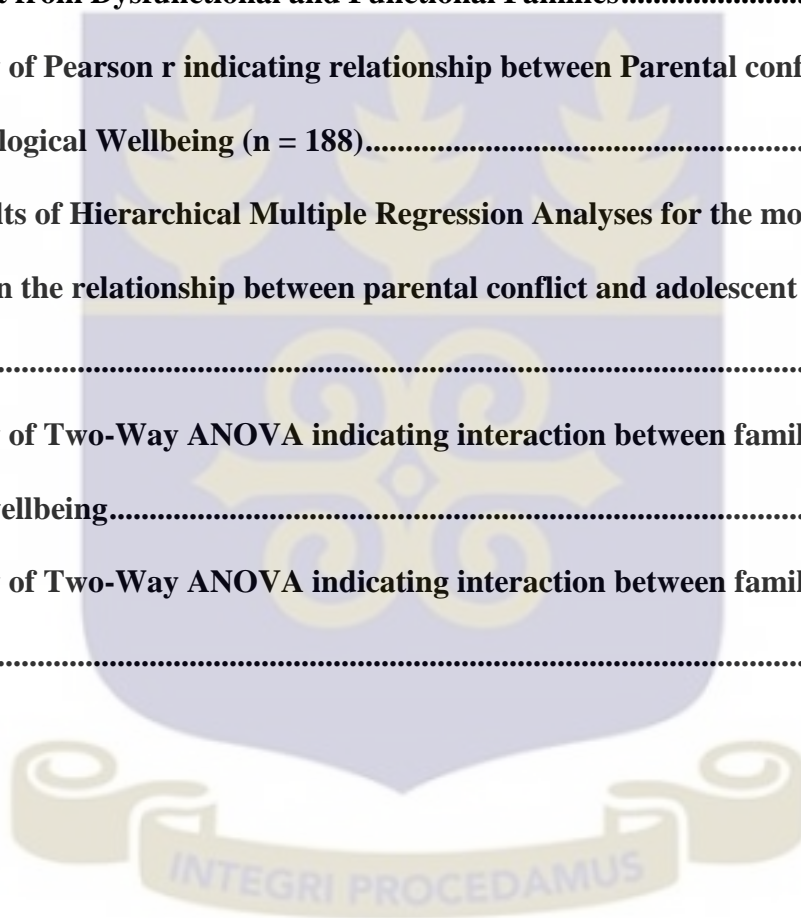
Table 3: Summary of Independent t-test indicating differences of Psychological wellbeing between adolescent from Dysfunctional and Functional Families..... 66

Table 4: Summary of Pearson r indicating relationship between Parental conflict and Adolescent Psychological Wellbeing (n = 188)..... 67

Table 5: The Results of Hierarchical Multiple Regression Analyses for the moderation effect of social support on the relationship between parental conflict and adolescent psychological wellbeing..... 69

Table 6: Summary of Two-Way ANOVA indicating interaction between family type and sex on psychological wellbeing..... 70

Table 7: Summary of Two-Way ANOVA indicating interaction between family type and sex on social support..... 71



LIST OF FIGURES

Fig. 1: The figure indicates the hypothesised relationship between the predictors (family type and parental conflict), the moderator (social support) and the criterion (adolescents' psychological wellbeing)..... 52

Figure 2: A summary of the observed relationships between independent, dependent and moderating variable. 73



LIST OF ABBREVIATIONS

WHO- World Health Organization



ABSTRACT

The incidence of dysfunctional family is not only a social problem in individual countries, but has become a global issue which can deprive many adolescents the opportunity to be psychologically fit and also excel in all areas of life even to the national productivity and progress. The central theme of this study was to investigate the impact of dysfunctional families on the psychological wellbeing of the adolescent with the moderation effect of social support. The study used a cross-sectional survey design to investigate the dynamics of dysfunctional family and social support and how they both influence adolescents' psychological wellbeing. Two hundred and one students were sampled from junior and senior high schools to participate in the survey. The data collected were analyzed quantitatively using descriptive statistics, correlational and ANOVA to explore patterns of association among variables. The result of the study revealed that Adolescents' from a functional family scored high on psychological wellbeing and there was a negative relationship between parental conflict and adolescent psychological wellbeing. It is therefore recommended that system support fora such as discussion groups and in-service training can be used to provide education for stakeholders with the information and tools they need to assist adolescents with communication of their emotional, physical, and psychological needs as well as their academic goals.

CHAPTER ONE

INTRODUCTION

This section introduces the variables and concepts that will be discussed in this research. Family systems, dysfunctional families and psychological wellbeing is explored in this section. An overview is given of concepts that will be discussed in various sections of this study.

Background to the study

“The Smith family consists of five members – Dave and Lisa, who are the parents, and Sarah (16), Michael (10), and Catherine (8), the children. Lisa is an alcoholic dependent who has been drinking heavily for the past decade. Dave is in the enabling spouse, and is constantly making sure that he and his children do everything in their power to keep Lisa happy, especially when she has been drinking. Sarah plays the hero role in her family, often having to take care of her brother and sister when her mother has been drinking. This is her most salient role, although she often uses humor around her friends and therefore fulfills the mascot/clown role as well. Michael plays the scapegoat role, often acting out and producing maladaptive behavior in order to get attention from his family. Lastly, Catherine is the lost child. She spends most of her time in her bedroom and rarely engages with the family” (Cochran, 2014).

In the anecdote above, the family is affected greatly by the behaviour of one parent which makes the family a dysfunctional family. This type of family is dysfunctional because it suffers from emotional, and physical symptoms which may likely affect their psychological wellbeing. Family systems theory argues that a family is more than just several individuals who live

together, but instead a group of personalities that make up a larger unity. Family may mean origin of someone and to others, it applies to the family they have biologically created; and for still others, it means the individuals with whom they have developed lasting bonds of intimacy through adoption, foster care, or other relationships. The family is the basic social unit of all cultures, and through time families have represented the most significant institution for nurturing, caring for, and socializing children. Analyzing the family systems theory will help us to identify how parental alcoholism affects the family in its entirety, and how alcoholism is perpetuated within a family system (Cochran, 2014). This means that the problem is not one that exists within a particular person, but within the family as a whole. For example, instead of claiming that Lisa is the problem in the Smith family, we need to step back and see how the family as a whole functions. Sometimes the family homeostasis becomes disrupted and this can lead to divorce or separation of families. Divorce or "broken" families are seen as deviant and a threat to the social order (Faust & McKibben 1999).

The family environment, therefore, can be a strong source of support for developing adolescents, providing close relationships, and modelling positive behaviours. The above anecdote also indicates that it can also be a problematic environment when those supports are lacking, or when negative adult behaviours like smoking and heavy drinking are present. Thus, where adolescent health is concerned, clearly the family matters, and parents matter (Aufseeser, Jekielek, & Brown, 2006).

Single parenting is as a result of death of one spouse, divorce or broken home and is on a rise and a major social problem in the world today, about 60% of children born are more likely to

live with single parent families because the rate of divorce is high and as such, it varies from country to country, from a low of 5% in Kuwait to a high of over 40% in Botswana and Barbados. Countries like Ghana, Rwanda, Cuba, and Kenya are more and about 25% households are headed by single parents who are mostly women (Kinnear 1999). Though not all single parenthood is as a result of divorce, marital dissolution is the largest single contributor to the adolescents living with one parent (Udansky & Wolf, 2008).

According to Potrykus and Fagan (2012), if family is a building block of societies, then marriage is then the center beam. Parents, therefore, play a significant role in the life of their children. Disruption or a dysfunction in the family is likely to affect the individuals' psychological well-being. The process of parental divorce, transfers into a crisis stage which results in adolescents experiencing a series of additional transitions in life, including a decline in living standards and a decrease in personal contact with the noncustodial parent (Sun, 2001). As a matter of fact, even the emotional environment which is mostly provided by the custodial parent also has its own effect on the psychological wellbeing of the adolescent child. Hilton and Desrochers (2002), conducted a study and they posited that parents' psychological state after divorce has a direct effect on their children psychological wellbeing. It was found out that the adolescents' had stronger relationship with both parents and a greater sense of psychological wellbeing when their custodial parents had made a successful emotional adjustment to the divorce especially those in mother's custody. Similarly, in a study by Atindanbila, Asare-Doku and Awuah-Peasah (2012) sampled 165 respondents and they found that the adolescents who had high level of self-esteem belonged to both parents than those who live with single parents. They also found that males had high self-esteem than females.

Conceivably, the wellbeing of the children or adolescents may further damage as they are forced to adjust to these stressful conditions (Amato, 2000). Students from two parent families are consistently outperforming their peers who happen to live in a single parent home. It appears that the four major areas affecting these children from single parent homes are stability, acceptance, adult attention, parental involvements. These are extreme areas of concern which is affecting the adolescents because single parents are most often the sole source of financial support and have less time for the family and all these conditions may lead to poor academic performance, low psychological well-being and many more (Debell, 2007).

Adolescence is described as a transitional period in which individual experience major physical, cognitive, and socio affective changes (Dumont & Provost, 1999) which is similar to Santrock (2004) who defines adolescence as a transitory period (12years- to- 18years) between childhood and adulthood and it involves biological, cognitive and socio-emotional changes. Lawson and Lawson (1992) have defined adolescence as a time characterized by rapid and intensive life changes and adaptations. This, therefore, lends itself to the possibility of many stressors accompanying the occurring transitions. These stressors are often the result of the profound physical, psychological and social developmental changes that take place during this time.

For many years adolescence has been associated with a time of major physical changes including the adolescent growth spurt, in which the size and shape of the body becomes markedly different while the differences between boys and girls become even further accentuated. For girls changes usually begin at about 10 years or even earlier. When the girl's body begins to mature, curves develop, the breasts begin to grow and hair sprouts in

the pubic area and under the arms. For boys onset may begin with a change in voice, with growth of hair on the face, followed by hair on the chest, body and pubic region.

If adolescents are ignorant of such developments, this may become a very stressful and uncertain time for them. There are marked psychological changes during the adolescent period. Perhaps the most significant change is the development of an integrated and internalized sense of identity (Edmonds & Wilcocks, 2000). In a sense this means drawing apart from older family members, developing more intense relationships with peers and taking on more important decisions. Their thinking usually becomes more abstract, conceptual and future orientated during this time.

According to Mussen, Canger, Kagan and Huston (1984) a young person's cognitive abilities continue to develop both quantitatively and qualitatively during the adolescent years. These cognitive changes play an important role in helping the adolescent to deal with the more complex demands that they are faced with. The adolescent is in a time of transition and unless individuals have the advice and social support that is so evidently needed during this crucial time, stressors may build up and affect their overall functioning. As a result, adolescence is often described in terms of increased emotional variability, moodiness and emotional outbursts. These emotions are of huge significance because they affect one's behaviour in relation to others (Routledge, 2007).

Adolescence is the most vulnerable age for development, when the child once entering in this stage requires intensive readjustment to school, social and family life (Singh, & Udainiya, 2009). Adolescents' psychological problems such as depression, anxiety, substance use and abuse, suicides and other deviant behaviors have been alarming issues these days posing a

setback to nations; and Ghana is of no exception. Research conducted indicated that about 71,000 adolescents die through suicide and about 40 times the number of adolescents attempt suicide and this has been a leading cause of death among adolescents in the world (WHO, 2011, 2014).

An adolescent is a person between 10 and 19 years of age (WHO, 2000-2004). According to Smetana, Campione-Bar and Metzgar (2006), it is a stage characterized by multiple changes that take place within the individual such as cognitive advances, puberty, and identity exploration and in the individual's context like peers, family and school. As a result of the several and rapid changes, these adolescents find it difficult to adjust in such a short period and it is not surprising that during this period adolescent's psychological problem such as depression and anxiety arises dramatically (Kessler, Avenivoli & Merikangas, 2001). The period of adolescence has also been described as a turning point by Crockett and Crouter (1995). This period changes a number of their life's domain due to their experiences. According to Crockett and Petersen (1999) adolescence is a period of cognitive, biological, physiological and psychological transition. Furthermore, they argued that adolescence is a period in which one's existing behavioral orientations have a chance of becoming enduring traits.

Among many of the challenges which occurs in adolescence is; suicide (Pompilli, et al., 2011), substance use and abuse problems, poor academic performance and other deviant behaviours (Johnson, O'Marley, Bechman & Schulenbeg, 2010). According to Burke, McIntosh and Gridley (2009), adolescents experience considerable initial pain and anger when their parents'

divorce, however they are better able to accurately assign responsibility for the divorce, to resolve loyalty conflicts, and to assess and cope with additional stresses such as economic changes and new family role definitions.

Dysfunctional family and Psychological Well-Being

According to Seifer, (2009) “Well-being is a dynamic concept that includes subjective, social, and psychological dimensions as well as health-related behaviour”. Two approaches for well-being; hedonic and eudaimonic has been defined by Ryan and Deci (2001). Hedonic well-being focuses on happiness and defines well-being in terms of pleasure attainment and pain avoidance, whereas eudaimonic well-being focuses on meaning and level of functioning in life and human potential Psychological well-being refers to how individuals self-evaluate and their ability to fulfill certain aspects of their lives, such as relationships, support, and work (Amato, 1994; Flouri & Buchanan, 2003).

Dzuka and Dalbert (2000) define psychological well-being as the overall satisfaction and happiness or the subjective report of one’s mental state of being healthy, satisfied or prosperous and broadly to reflect quality of life and mood states. Deci and Ryan (2008) have also defined psychological well-being as living life in a full and deeply satisfying manner.

According to Abbott et al. (2006) psychological well-being involves striving for perfection and realizing the true potential of the individual. It, is, therefore an aspect of personal well-being that includes individual perceptions of sustainable happiness, life satisfaction and the balance between positive and negative emotions.

Other numerous psychologists have also attempted to define and theorize psychological well-

being. They include Maslow, Rogers, Jung, Erikson, Buhler, Neugarten, Jahoda and Ryff, among many others. The construct of psychological well-being has been a focus of a growing body of research over recent years (Pavot & Diener, 1993). However, more recently two of the most compelling works seem to be of Ryff (1989) and Bar-On (1988, 1997, 2000). Bar-On (2000) defined his Model of Psychological Well-Being in terms of an array of traits and abilities related to emotional and social knowledge that influence our overall ability to effectively cope with environmental demands. The model includes the ability to be aware of, to understand, and to express oneself, the ability to be aware of, to understand and relate to others, the ability to deal with strong emotions and control one's impulses and the ability to adapt to change and to solve problems of a personal or social nature. The five main domains in this model are intrapersonal skills, interpersonal skills, adaptability, stress management, and general mood (Routledge, 2007).

Ryff's definition of psychological well-being (RPWB) include the following six components of psychological functioning: a positive attitude toward oneself and one's past life (self-acceptance), high quality, satisfying relationships with others (positive relations with others), a sense of self-determination, independence, and freedom from norms (autonomy), having life goals and a belief that one's life is meaningful (purpose in life), the ability to manage life and one's surroundings (environmental mastery), and being open to new experiences as well as having continued personal growth (personal growth).

Self-acceptance

This component explains the characteristics of someone who possesses a positive attitude toward him/herself. The individual acknowledges and accepts multiple aspects of themselves

including both good and bad qualities and feel positive about their past life. Thus, it refers to the degree positive attitudes one may have about themselves, therefore someone with high self-acceptance is pleased with who they are and accepting of multiple aspects of themselves, both good and bad.

In contrast, individuals with low self-acceptance are often self-critical, confused about their identity, and wish they were different in many respects. They are dissatisfied with who they are and are disappointed with what has occurred in their past life.

Positive relations with others

People with positive relations with others are warm, satisfying, trusting relationships with others, are concerned about the welfare of others; are capable of strong empathy, affection, and intimacy; and understand the give and take of human relationships. They, therefore, feel connected, respected, and well-loved. They can share aspects of themselves, experience intimacy, and usually feel secure in their relations. In contrast, individuals with poor relationships often feel unappreciated, disrespected, unloved, disconnected, hostile, rejected, or misunderstood. They tend to feel insecure and sometimes alone or distant from others. They find it difficult to be warm, open, and concerned about others. They are not willing to make compromises to sustain important ties with others.

Autonomy

Individuals with high levels of autonomy are independent, self-reliant, can think for themselves, do not have a strong need to conform, and don't worry too much about what others think about them. They are able to resist social pressures to think and act in certain ways, regulate behaviour from within and evaluate themselves by personal standards. In contrast,

individuals low in autonomy feel dependent on others, are constantly worried about the expectations, evaluations and opinions of others, are always looking to others for guidance, and feel strong pressures to conform to others' desires.

Purpose in life

People with purpose in life have goals in life and a sense of directedness. They feel there is meaning to your present and past life, hold beliefs that give life purpose and have aims and objectives for living. They work to make a difference in the world, and often feel connected to ideas or social movements larger than themselves (Ryff 1989). Such individuals have a sense that they know what their life is about and have a high sense of purpose. Those who have weak purpose in life lack a sense of meaning in life, have few goals or aims, lack a sense of direction and have no outlook or beliefs that give life meaning.

Environmental mastery

This is the degree to which one feels competent to meet the demands of any situation. Individuals high in environmental mastery feel they have the resources and capacities to cope, adjust and adapt to problems, and are not overwhelmed by stress (Ryff 1989). Those with a low level of environmental mastery may feel powerless to change aspects of their environment with which they are unsatisfied, feel they lack the resources to cope, and are frequently stressed or overwhelmed. They have difficulty managing everyday affairs; feel unable to change or improve surrounding contexts; are unaware of surrounding opportunities; and lack a sense of control over the external world (Ryff 1989).

Personal growth

Individuals with high levels of personal growth see themselves as changing in a positive direction, moving toward their potential, becoming more mature, increasing their self-knowledge, and learning new skills. There is a feeling of continued development, growing and expanding, are open to new experiences and have the sense of realizing your potential. Individuals low in personal growth feel no sense of change or development, often feel bored and uninterested in life, and lack a sense of improvement over time. There is normally a sense of personal stagnation, lack the sense of improvement or expansion over time, may feel bored and uninterested with life and feel unable to develop new attitudes or behaviours.

The absence of psychological wellbeing may then indicate the presence of psychological distress and this distress is mostly consisted of feelings of sadness, hopelessness, loneliness, abnormal eating and sleeping patterns, and irritability, which are symptoms that commonly occur when experiencing depression. Adolescents, therefore, with low psychological wellbeing tend to form less than desirable self-evaluations, which significantly affect their happiness and satisfaction (Cripps & Zyromski, 2009). A dysfunctional family is one that fails to meet the basic needs of one or more of its members. These basic needs may include security needs, safety needs, love and belonging, self-esteem, growth among others (Jamiolkowski, 1998). Families who are not able to provide these needs are termed dysfunctional families and can be any condition that interferes with healthy family functioning. These needs are important because for an individual to function effectively and contribute in the society. Mostly the structure of the family does not determine dysfunction. Family dysfunction comes in many

forms and these include emotional abuse, neglect, overprotection, sexual abuse, perfectionism, substance abuse, workaholic family among others. For example one or both parents have addictions or compulsions like drugs, alcohol, and promiscuity, gambling and overworking that have strong influences on other family members.

A dysfunctional family is also one in which the relationships between the parents and children are strained and unnatural. This is usually because one of the family members has a serious problem that impacts every other member of the family, and each member of the family feels constrained to adapt atypical roles within the family to allow the family as a whole to survive.

Family transitions including separation, divorce among others place children at an increased risk of negative outcomes, the evidence shows that relatively few children and adolescents experience enduring problems, and some children can actually benefit when it brings to an end a 'harmful' family situation where there was incessant parental conflict. It's been known that long-term effects in adults, who as children have experienced family breakdown, include problems with mental health and well-being (Mooney, Oliver, & Smith, 2009).

The decline of traditional nuclear families as defined by commonness of divorce, single-parent households, blended families, and cohabitation is most often considered a crisis situation. Growing up in a nonconventional household tends to reduce children's chances of having developmental outcomes on par with children from traditional nuclear families (Wu, Hou, & Schimmele, 2008). There is an abundance of evidence that children who experience a parental separation are, on average, worse off than their peers in intact families, on a number of measures of wellbeing (Mackay, 2005).

Social Support and Psychological well-being

Social support is defined as the existence or availability of people who let an individual know that they care about, value, and love them (Sarason, Levine & Basham, 1983). It can also be referred to as the process by which various forms of assistance is provided to others and is a member of a supportive social network. This support may come from different sources such as family, friends, teachers, community, or any social groups to which one is affiliated. Social support can, therefore, be said to be the key to many human accomplishments, including the successful management of stress.

Social support can be classified into various dimensions which include emotional support. This is the presence, warmth, and nurturance that provides the individual with a sense of value, esteem, acceptance, or affection. Tangible support is the offering of a material service, such as financial support, that provides concrete assistance to another person. Informational support is the provision of advice, guidance, or suggestion that enables individual problem-solving. Companionship support is the presence of another person who provides a sense of belonging and engagement (Boundless, 2015). These kinds of social support can be either perceived or received. Perceived social support is a subjective, personal experience or judgement that support will be offered when needed and such support will be effective. Received support is the objective, specific help that is offered in a time of need.

Social support is an element that can help individuals to reduce the amount of stress experienced as well as to help individual cope better in dealing with stressful situations

(Yasin & Dzulkifli, 2010). Durkheim has established a link between social support and psychological well-being is well and a lack of social support and lower perceived adequacy of social support have been linked to symptoms of depression (Symister & Friend, 2003). It is, therefore, conceptualized as a protective factor that buffers against distress and dysfunction (Richman, Rosenfeld, & Bowen, 1998). Social support has a strong influence on many aspects of mental health in adolescents, including psychological distress and psychological wellbeing. It is known to increase well-being and decrease stress level (Taylor et. al.2004) and people with low amounts of social support report higher instance of depression, anxiety, and mental disorders. Social support has a positive effect on adolescents' health and wellbeing (Berkman & Lochner, 2002). Social support is, therefore, so important that social isolation can lead to depression, anxiety, and other negative emotions.

According to Malecki, Demaray and Elliot (2000), social support is a perception of support from people in social network, which increases their functioning and may safeguard them from negative outcomes. Low perceived family support and family adjustment and high levels of family conflicts and stress have been linked to psychological problems, including depression and anxiety and substance use during adolescence (King, Molina & Chassin 2009). According to Tam and Lim (2008), for most individuals with a healthy social support network, major stressors in life can be more easily handled and this proper support network consists of a reinforcing family and friends who can help the affected individual to work through any problems, such as the death of a family member, loss of a job, major injury, or any number of other stressors that can contribute to psychological illnesses, such as depression. Lack of social support have been shown to be related to many psychological problems such as depression,

loneliness, and anxiety (Eskin, 2003). In a study by Yasin and Dzulkifli, (2010), they found that there were significant negative relationship between social support and psychological problems suggesting that the higher the social support, the lower the psychological problem.

The first form of social support that a child usually encounters comes from a primary caregiver. As a child grows older, social support is also derived from friends. Dysfunctional homes may, therefore, not provide the support the adolescent may need and may influence the individuals' psychological well-being. Family transitions can result in changes in social support from family members, which can influence spousal, parent-child and intra-sibling interaction (Amato & Anthony, 2014, Wallerstein et al., 2013). Tomcikova, Geckova, Orosova, van Dijk, and Reijneveld (2009) demonstrated that marital separation was associated with lower levels of social support appraisals from family and this lowers adolescent well-being. Therefore, it has been found that adolescents from families who have experienced marital separation and/or parental remarriage tend to experience less closeness and family support as a result of decreased parental monitoring, increased conflict between parents and other related problems.

During this stage, adolescents need social support from parents, teachers and significant others to encourage them adjust; but when compromised by the constant conflicts between parents, parental substance use and divorce or separation could result in adolescents low psychological wellbeing. Problematic children are not only from divorced families; but as a matter of fact, some are also from homes that are characterized by conflicts which is a feature of a dysfunctional family (David & Murphy 2004).

Interestingly, some populations find it difficult in getting this kind of social support. One such population is at-risk youth. At-risk youth can be plagued by academic difficulties, emotional distress, and behavioural issues that are exacerbated by personal and environmental hardships. Social support is not usually available for at-risk youth (Dumont & Provost, 1999).

Dysfunctional Family and Psychological Well-Being

Moneyworth (2009) explained that some degree of conflict within the family structure is normal and even expected, however when the conflict is continuous or heated this is where the line is crossed. Some characteristics of dysfunctional family include the alcoholic and chemically dependent family, the emotionally or psychologically disturbed family, the physically abusive or sexually abusive family and the rigidly dogmatic family.

David and Murphy (2004) further explained that these young ones are exposed to their parents' marital conflicts, violence and would most frequently have negative personality traits such as aggression and even negative attitude towards academic achievement. This increased risk of externalizing problems for children of divorce has also been found on indices of school misconduct, such as classroom misbehaviour and suspension from school. Researchers have documented that poor psychological well-being is attributable to various environmental stressors such as growing up in families dominated by conflicts between parents, authoritarian parenting styles, poverty, poor role models, illiteracy and culture (Kheswa, 2015).

Families are bedrocks for every society; when families fall apart, society falls into social and cultural decline. Dysfunctional family system are on high increase; posing health social and psychological issues for nations. This system does not only affect the adults involved but their

adolescent children and the society as a whole. Children of alcoholic parents are at elevated risk of experiencing family dysfunction and psychological problems (Grant 2000).

Stanescu and Romer (2011) examined family functioning and adolescents' psychological well-being in families with a traumatic brain injury (TBI) parent. A positive correlation was found between family dysfunction and psychological symptoms of children and adolescents. The implication of this, therefore, is that family dysfunction affects the psychological well-being of other family members.

According to Zinsmeister (2003), there is a scientific evidence that bounds that when families disintegrate, children often end up with intellectual, physical and emotional scars and this persist for life. He further emphasized that the drug crises, educational crises as well as the teenage pregnancies can all be traced to the broken homes making the normal developmental change that takes place in adolescents compromised. Although divorce is associated with an increased risk for a number of adjustment, achievement and relationship difficulties, resilience is the normative outcome for children, and most children who experience parental divorce adjust well and do not exhibit severe or enduring behavior problems (Amato, 2001).

This research will look at the impact of dysfunctional family system with particular focus on parental divorce, parental conflicts, or parental substance use, and the moderating role of perceive social supports on adolescents' psychological well-being.

Adolescents are important assets a nation can possess; without them a nation cannot grow. The future of the world depends on the adolescents of today; it is probably due to these major reasons that the welfare of adolescents is very important to the society and country at large. A

number of research work have been done on parental divorce and parental conflicts on adolescents' well-being. However, these three variables (parental substance use, divorce and conflicts) and how social support regulates adolescents' psychological well-being within the Greater Accra Region have not been studied in this manner (Amoakohene, 2013; Mainoo, 2008).

In light of this gap, the researcher is prompted to explore the associations between dysfunctional family systems and adolescents' psychological wellbeing with the moderation effect of social support in the Greater Accra.

Problem Statement

According to the World Health Organization (2006), there is a rapid growth of depression, anxiety, substance use and suicidal ideation among adolescents. The Anecdotal statistics by the Network for Anti – Suicide and Crisis Prevention, shows that 531 youngsters aged between 9 and 19 commit suicide yearly in Ghana (Kokutse, 2012), and as a result millions of lives have been ruined prematurely.

Ghana's population according to the Ghana Statistical Service (2013) is predominantly young; about twenty five million and out of which 22.9% of the population are adolescents from 10 to 19years; and most of these adolescents in the world including Ghana grow up in a variety of family structures; single parenting families, divorce, parental conflicts, substance use and abuse families. Invariably all these family structures affect the psychological wellbeing and health of these adolescents who are the future of every nation. These negative effects has a ripple effects in other aspects of the adolescent's lives. Also these types of dysfunctional

families may therefore not provide support for the adolescents and may also lead to psychological distress in the lives of these adolescents. However, there is a paucity of literature exploring the psychological wellbeing of Ghanaian adolescents from a psychosocial perspective, particularly regarding family structure and social support. Majority of what is known about the psychosocial context of adolescent psychological wellbeing is based on adolescent samples in western countries. It is worthy to note that there are wide international variations in almost all aspects of adolescent psychological wellbeing, with young people in sub-Saharan Africa. In view of this, the researcher aims at identifying the patterns of dysfunctional family systems among some adolescents living in the Greater Accra Region and to explore how it affects the psychological wellbeing of adolescents.

Purpose of Study

The purpose of this study, therefore, is to explore how dysfunctional families affect the psychological wellbeing of adolescents and the role of perceived social support in dysfunctional families and how it affects the psychological wellbeing Ghanaian adolescents. This seeks to examine whether social support are utilized in times of such dysfunction in families. The purpose of the study therefore is to determine whether parental conflicts, parental substance use, divorce (dysfunctional family) correlates with adolescents' psychological wellbeing and the moderation effect of social support.

Objectives of Study

- To determine the impact of dysfunctional family system on adolescents psychological wellbeing.

- To examine the correlation between parental conflict and adolescents psychological well-being.
- To examine moderation effect of social support on the relationship between parental conflict and adolescents psychological well-being.
- To examine the gender differences of the psychological wellbeing of adolescents from dysfunctional homes
- To explore the influence of age on adolescents psychological well being

Significance of Study

It is anticipated that the findings from this study will be of immense benefit to parents, stakeholders such as counselors, school administrators who are involved with adolescents to understand the prevalence and relationship between dysfunctional family system and adolescents' depression, anxiety, substance use, suicide attempts, poor academic performance and other deviant behaviours so as to be able to formulate policies that will be in the interest of the adolescent. This current research is important also because it has social policy implications. There is a constant discussion about the state of the family in this 21st century with the influx of various culture in Ghana. Based on the findings of the current research, new legislation may have to be introduced that will make divorce for example harder to obtain, and make the process of divorce more difficult in general. This legislation is based on the belief that traditional nuclear families are the best family structure for adolescents' well-being. Albeit changes in family structures are inevitable for the majority of parents and their children, therefore instead of forcing traditional values on families, legislation should address the

differential needs of families based on the family processes and socioeconomic characteristics within each family structure.

It will also inform school administrators to draw up counseling programs that will support adolescents from dysfunctional family homes and also, parents would be made aware of how their activities at home (substance use, conflicts, divorce) and so forth impact negatively on their adolescents' psychological wellbeing.

This research will help modify parents' behavior, for instance, parents who are engaged in constant conflicts and substances use, especially alcohol would be made aware of how their activities at home impact negatively on their adolescents' psychological wellbeing. Every parent would want his or her child to excel in all areas of life, and also be psychologically fit, so knowing the negative impact of their behavior on their children's life will help modify their behavior by minimizing those activities. It would also make it necessary for parents who are going through stress in marriage or divorce seek for help in order to minimize their stress level to prevent them displacing their angers on their adolescents but rather be responsible to commit to their children's wellbeing.

The outcome of this study will be an additional reference material to stakeholders in education to design strategies to help support students who experience parental divorce, parental conflicts and parental substance use. For instance, counselling centers will be strengthened by designing or drawing new counseling programs that will support or benefit adolescents from dysfunctional families. Some of these programs can also be tailored to the parents by educating them during the parent teacher association meetings on the need for the adolescent to be

psychologically well. The adolescents also, can be educated and equipped with some coping strategies to be able to withstand some of these challenges since they have no control over them, and the institution of peer counselling group will be of a great important by offering social support to their peers who are in that unfortunate situation.

Finally, it would also create awareness for other organizations and churches to consider the necessary measures to help mediate or support the adolescent and also intensify their pre and post marital counselling for couples.



CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter constitutes the review of both empirical and theoretical frame work of the topic under investigation. The empirical data will look at the work done by other people whilst the theoretical framework will also constitute the theory that will be used in the study.

Theoretical framework

A diversity of theoretical models has been proposed to help understand and guide research concerning the relationship that exists among parental conflict, family type and adolescents' psychological wellbeing. Among the many theories, the researcher reviewed social support, psychological wellbeing, and family system theories as theoretical underpinnings to the present study.

Social support (Sheldon Cohen, 1984)

Social support has been conceptualized in different ways in many studies. Albercht and Adelman (1987) have defined social support as communication that helps individuals through stressful life events. Weber and Patterson (1996) have also defined social support as a complex product of communication networks.

Social support is the perception and actuality that one is cared for, has assistance, thus the psychological and material available from other people. It is often differentiated in terms of three types of resources: instrumental, informational and emotional. Instrumental support involves the provision of material aid, financial assistance or help with daily tasks.

Informational support refers to the provision of relevant information intended to help the individual cope with current difficulties and typically take the form of advice or guidance in dealing with one's problems and emotional support involves the expression of empathy, love, caring, reassurance and trust which provides opportunities for emotional expression and venting (Cohen, Doyle, Turner, Alper, & Skoner, 2003).

Perceived social support in other words is an individual's perceptions of social support from people in their social network, which increases their functioning and may safeguard them from negative outcomes (Malecki, Demaray, & Elliott, 2000). There is the need to realize that not all adolescents from dysfunctional families develop problems; this is because according to a developmental psychopathology perspective (Cicchetti & Rogosch, 2002), the development of psychological problems depends on the dynamic interaction between the individual and individual's contexts (Sameroff, 2001). There is a notion by the central developmental psychopathology termed multifinality which states that diverse outcomes may result from the same starting point. For instance, if a group of children from dysfunctional homes (children of alcoholics, divorcees or parental conflicts) are followed through to adulthood some would eventually develop psychological problems such as alcoholism, depression anxiety and many more. However, other children may not develop any of these problems but into well-adjusted adults. It is, therefore, essential to examine a variable that may have a moderating effect on the relationship between family dysfunction and adolescents' psychological wellbeing.

Psychological well-being theory Ryff (1989)

A healthy mind is said to live in a healthy body. Wellbeing is important to many people and they strive always to maintain a good and healthy being. Psychological well-being appears to

be a relatively broad concept and for many years now, the term has been used interchangeably with the term “mental health”. Mental health was thus defined as “an absence of illness or disease”. Obviously the absence of something does not specify what must be present and thus the term remained somewhat obscure for years (Routledge, 2007). However, in 1948 the World Health Organisation (WHO) defined the term mental health as “*a complete state of physical, mental and social well-being*” and not merely the absence of disease. Where it is quite easy to assess physical health by taking health status measurements of the body, mental and social components of health are much more challenging to assess. This is possibly because mental health and psychological well-being are multidimensional constructs, having not only objective dimensions, but subjective dimensions too (Routledge, 2007).

Ryff’s (1989) model for psychological wellbeing is concerned about optimal psychological functioning. According to her, individuals’ life experiences and their interpretations of these experiences influence their well-being. She developed 6 dimensions of psychological well-being which are autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Self-acceptance is known to be having a positive attitude towards one’s life. Thus, one may have both positive and negative qualities however the person learns to accept him/her. Family values are entrenched in most families thus when there is a dysfunction in families, adolescents may find it difficult to accept themselves. Parker and Benson (2004, cited in Bulanda and Majumdar 2009) suggested that perceptions of closeness with parents are positively associated with adolescent self-esteem. Thus, it appears a positive standard of psychological well-being in adolescence includes both the development of an independent sense of identity and the maintenance of close relationships with parents.

Positive relations is concerned with the welfare of others, also refers to warm, satisfying, trusting relationships with others. Autonomy is the ability to resist social pressures to think and act in certain ways. It is the regulation of behavior from within. It is the evaluation of self by personal standards. The sense of mastery and competence in managing the environment is environmental mastery. It is how individuals make effective use of surrounding opportunities. It is the ability to choose or create contexts suitable to personal needs and values. Purpose in life refers to a person's goals and aims in life and a sense of directedness. It is the feeling that there is meaning to present and past life. It signifies that a person holds beliefs that give life its purpose. Personal growth is the feeling of continued development in a person's life. A person must see self as growing and expanding and it is the sense of realizing one's potential. In essence an individual from a dysfunctional home may not utilize all these areas of psychological well-being. It is, therefore, important to note that psychological wellbeing plays a significant role in the lives of adolescents and so it should be fostered, particularly in early interventions so as to improve adolescents' mental health.

The family system theory (Donahoo, 2003)

Bowen's (1978) theory suggested that individuals cannot be understood in isolation from one another, but rather as part of their family, as a family is an emotional unit. The family system theory postulates that everything that happens to a member of the family has an impact on every other person in the family. This implies that family members are bound together as a unit. This feeling of connectedness make individuals to be interdependent in the family, thus, a change in one person's functioning will lead to a change in the others. For example, if a

husband has depressive episodes and cannot pull himself together, the wife may need to take up more responsibilities to support the family. The change in roles may maintain the stability in the relationship, but it may also push the family towards a different equilibrium. This new equilibrium may lead to dysfunction as the wife may not be able to maintain this role in the long term.

This study also anchors on the theory of Family Deficit Model (Donahoo, 2003), which sees nuclear or two-parent family as the ideal family structure and single parent family as a deviant from the ideal family. Ideal family structure serves as a protective factor for the child. According to this model, single-parent families have a negative impact on the child in that it is bad for the child's upbringing and affects the child's psychological wellbeing. In a research conducted by Amato and Keith (1991), it was found out that children who were from divorced families have more difficulty in school, more behaviour problems, more negative self-concepts, more problems with peers, and more trouble getting along with their parents.

Bronfenbrenner (1979 cited in Prokopiou, Cline, & Abreu, 2012) talked about various systems that affects an individual's development as they interact with them. The microsystem is where people in the individual's immediate environment like family interact with the person and have great influence on the individual. Thus, a dysfunction in this system which is primary to the adolescent development will more likely affect their psychological wellbeing and have a greater impact on their lives.

The implication of this theory to the present study lies on the fact that adolescents psychological wellbeing is influenced by their family background and type of family they belong. Adolescents from single-parent homes, homes that are characterized with parental

conflicts, and parental substance use are likely to suffer deprivation of any form of support including social support which may have tremendous influence on their performance in future.

Review of Related Studies

This section contains past empirical studies reported on the focal variables and other variables that is related to the variables in the present study.

Social support and psychological well-being

Research that has examined stressors and adolescent's psychopathology have indicated that when adolescents perceive high levels of social support they tend to have fewer psychological problems and as such family support may provide a support enough to keep risk factors from overwhelming the adolescent (Malecki & Demaray, 2002). Again, in a different study that examined children from alcoholic parents during their adolescents' stage, it was found out to be that the adolescents were at a higher risk for delinquency if they experienced parental alcohol abuse and low perceived family support. Similar moderating effects have been found for family conflict and family cohesion (Barnes, Hoffman, Welte, Farrell, & Dintcheff, 2006).

The perception of the social support is the most important factor in determining the effect of a stressor on an individual; adolescents with higher perceived levels of social support have fewer adjustment problems (Malecki & Demaray, 2002; Calabiano et al, 2002; Taylor et al., 2004).

Social support, therefore, can serve as a form of buffer for adolescents in stressful situations because it is strong on many aspects of mental health in adolescents, including psychological distress, psychological wellbeing and resilience. Social support is known to increase wellbeing and decrease levels of stress (Taylor et al., 2004).

Family and significant others can serve as a form of support in times of crises to various individuals. Kerr, Preuss and King (2006) hypothesized that males will perceive less support than females in their research on gender specific associations with psychopathology. Based on this hypothesis a review the authors did were focused on such variables. Adolescents recruited were 220 who were psychiatrically hospitalized. Results showed that females perceived more social support in terms of emotional support than males. Results were interpreted based on stated aims and hypothesis of the research. Young people who lack support at home, in the form of an absence of emotional ties and positive interactions, are more likely to get off track in school, in the form of lower engagement, attachment, and achievement, even controlling for differences in family background, parents' and adolescents' attitudes about education, and prior academic behavior (Crosnoe & Elder, 2004).

There also appears to be a relationship between social support and anxiety, with anxious individuals reporting that they receive less social support than those who are less anxious, this is attributed to the fact that highly anxious individuals have more difficulty in establishing and maintaining a supportive relationship (Calsyn, Winter, & Burger, 2005). Those with higher levels of social support are also known to have lower levels of psychological distress and depression (Cornwell, 2003) and it was again suggested that social support is important in decreasing the likelihood of depression in adolescence.

Again, according to Joronen and Astedt- Kurki, (2005) adolescents, in a comfortable, safe home, loving atmosphere, open communication involving trust and free opinions, support from family members, familial involvement and a balance of family and external relations helped to foster their well – being.

In strained family relations, the adolescent and other family members may be negatively affected; in turn, low perceived family support and family adjustment and high levels of family conflicts and stress have been linked to psychological problems including depression, anxiety and substance use (King, Molina, & Chassin, 2009).

Tam and Lim (2008) sought to investigate the relationships between marital conflict, mental health and social support among couples in Malaysia. Part of the aim was to determine which type of perceived social support has a greater impact on an individual and his/her spouse's mental health. In total, a random sample of 399 participants from Selangor who were either married or cohabiting were used in this study. Questionnaire used for his study included Conflict Tactics Scale, The General Health Questionnaire and Multidimensional Scale of Perceived Social Support. Results according to the study showed that when couples had better social support, it led to a better psychological well-being which inadvertently led to better mental health status outcome. It also revealed that family support helped to improve parental conflict among participants. Their study did not include years of marriage as it becomes difficult to know the extent to which duration of marriage has on the couples' maturity; the level of ability to handle their marital conflicts might have also changed over time. Although the main points from their study was drawn out, there was no new perspective on marital conflict and social support.

Tam, Lee, Har and Pook (2011) hypothesized gender differences in perceived social support. Findings showed that there was no statistical gender differences between supports. Their results showed that adolescent girls who perceive family cohesion to be lower and who engage less often in family activities use substances (cigarettes, alcohol and drugs) more frequently.

Adolescent boys who receive less support from their parents and who spend less leisure time with their families abuse drugs more frequently.

In examining relationship between some family variables and cigarette, alcohol and drug abuse. A sample of 1258 boys and 1538 girls from all areas of Croatia participated in the study (Brajša-Žganec, Raboteg-Šarić & Tkalić, 2002). The results of this study showed that adolescent boys from functional homes perceive more social support from their parents and engage more in non-structured leisure time activities with the family than do adolescent boys from dysfunctional homes. The findings were same for female adolescents from functional and dysfunctional homes.

Another exploratory study, provided a glimpse of family functioning among 30 nonclinical Vietnamese families in the Pacific Northwest, and the influences of these families on adolescents' psychological well-being (Dountran, & Richey, 1997). Two family profiles emerged and these were supportive and less-than supportive families. In a supportive family a Vietnamese adolescent is likely to have positive relationships with both mother and father than in a less-than supportive family. Findings showed that a "less-than-supportive" family was characterized by excessive familial stress and problematic relationships with the adolescent child. In this family environment, parents perceive less cohesiveness in family relationships. Their study highlighted the importance of supportiveness in enhancing the psychological wellbeing of adolescents.

Dysfunctional families and adolescents psychological well-being

Family is an important predictor for adolescent's psychological wellbeing as divorced or separated families, substance use families as well as families characterized by parental conflicts affect them in the end. Kazarian (2005) examined family functioning and psychological wellbeing of students at a University. Hypotheses tested included family member's perception of general family functioning and its relation to psychological wellbeing. One hundred and eighty two undergraduates were selected for the study and were administered the psychological wellbeing scale among other tests. Among predictors tested, family functioning had the greatest impact on psychological wellbeing. Thus, a healthy family will lead to a good psychological wellbeing, however stepwise multiple regression done showed that poorer family functioning, thus a dysfunctional family system led to poor psychological wellbeing. Family functioning was the only predictor of psychological wellbeing in their study and because the study was correlational, it is therefore difficult to ascertain directionality. However it brings to bare that family pathology contributes to negative well-being and vice versa.

Research has shown that family functioning is very necessary in determining adolescents' psychological health. A link has been established between the two. In a study by Shek (1997), 429 Chinese adolescents were sampled to determine whether adolescents with higher levels of family functioning would have better mental health, better school adjustment and lower levels of problem behavior. They were administered the Self-Report Family Inventory, Hopelessness Scale, Life Satisfaction Scale, General Health questionnaire among others. There were no significant gender differences in the link between family functioning and psychological health.

The score for females was a little above the males. Results showed that better family functioning experienced lower levels of psychological problems. Thus higher psychological problems were found among people who had poor family functioning. An interpretation from the study is that family functioning exerts a direct and/or indirect impact on adolescent psychological well-being which has been shared by Kazarian (2005).

Similarly, in a study conducted by Renzaho, Mellor, McCabe and Powell (2013), the purpose of their study was to examine whether the level of family functioning predicts parental psychological distress and child behaviours. Data was drawn from Victorian Child Health and Wellbeing study and it employed a telephone interview survey to recruit participants for the study. Results showed that level of family functioning significantly predicted child emotional behaviour, child conduct problems, hyperactivity and peer relationship problems. They displayed more of these behaviours compared to a functional family or household. When they were compared to a healthy family functioning, results showed that they displayed less prosocial behaviour as compared to the healthy family. Authors used a large sample size which was 5000 participants and this indicated with previous research the effect of family functioning on childrens' wellbeing.

These behavioural problems they exhibited could be explained by the fact that the problems or conflict that is ensued between the parents is transferred to the child and the children carry the emotional burden of their parents' conflict and this emotional feeling they have is displayed in their behaviour throughout adolescents' stage. This could be an avenue to get attention to them as their parents are focused on themselves to the neglect of their adolescents.

Demo, David and Alan (1996) examined the influence of family structure and family relationships on adolescents wellbeing and this included academic problems, global wellbeing and adjustment problems due to single family structure, divorce or step families. The data was based on National Survey of Families and Households. They sampled 850 families of which the highest type of family was first marriages thus the parents had not married earlier but are in their first marriage followed by divorced families and step families. Analysis showed that adolescents in first marriages showed high level of wellbeing and high academic performance as compared to divorced families. It revealed that frequent disagreements and maternal aggression were associated with lower adjustment whereas maternal support and more regular interaction were related to higher adjustment. Further analysis showed that conflict between mothers and non-residential fathers was significantly related to lower global wellbeing of adolescents in divorced families. Family conflict seems to be the greatest predictor that affects adolescent's global wellbeing. This is mainly because the adolescents are found in between all these conflicts (aggression, inconsistent parenting, marital discord and many more) and they become torn between which parent side they should be on. Adolescents who appear to be difficult or poses problems are not only from divorced families; but as a matter of fact, some are also from homes that are characterized by conflicts (dysfunctional) (David & Murphy 2004). It was also agreed by Cummings and Davies (2010) that the destructive marital conflict does have an impact on their ward's externalizing problems. It was also reported by Shek (2000) in his similar findings among Chinese parents and children in Hong Kong that there are both a direct and indirect paths and linkages between parental marital quality and well-being and adolescent psychological well-being, particularly, self-esteem and hopelessness.

Anant and Raguram, (2005) study in India, reiterated that family environment, marital relationships are the key aspect of family functioning, affecting adjustment, even more so in the Indian culture where divorce is a social stigma, children are exposed to the consequences of marital conflicts and family dysfunction until they leave home for studies or marriage. In a similar study Shader (2001), also reported that family conflict is one of the risk factors for delinquency amongst male adolescents aged 12 to 14. These two research buttress the point that family conflict has adverse effects on adolescents.

A qualitative explorative research design was used to examine the African female adolescents' experience of parent-adolescent relationship and its influence on their wellbeing. A sample of 30 adolescents between ages of 13-18 participated in the study. Focus group sampling method was employed which consisted of 6 members per interview. Themes generated include negative feelings (trouble relationship with both parents, stressed relationship with fathers). Adolescents reported that the negative feelings they had was as a result of regular conflict and lack of communication with their parents.

According to them, they were in constant fight with their fathers which affected them negatively. The recurring sub-theme of the negative influence it had on their well-being included their eating patterns where they complain they are not able to eat well because the conflict had an emotional and physical exhausting effect on them. Thus, they find it hard to eat. It was reported that it also had an emotional turmoil on their lives. Some reports include "*I feel like am falling apart, it's breaking me up inside, it tears you down inside*". This did not only affect their life at home but affected their concentration levels in school. This will lead to poor

grades and adjustment at school. A large part of this is that, it affected their relationship with other people, the adolescents become mean to everybody, depressed, anxious since they have no outlet to displace these emotions. This is because they bottle up all the emotions they are feeling and it explodes as an outburst when they cannot take it anymore. Their sleep patterns are affected as they find it difficult to sleep. Some mentioned that they take pills to help them sleep and even smoke to help them sleep. The adolescent's wellbeing is heavily affected as they experience all these emotions (Koen, 2010). In this study, the sample size was very small because of the qualitative nature of the research. Thus, the sample size used cannot be generalized to the general population. In this current research, the researcher will employ a quantitative method with a large pool of participants to allow for generalizability.

Boudreault-Bouchard, Dion, Hains, Vandermeerschen, Laberge, and Perron, (2013) sampled 605 youth between the ages of 14-18 years for a longitudinal study to evaluate parental practices on their self-esteem and psychological distress. They hypothesized that psychological distress will decrease with higher parental support. Results showed that adolescents' psychological distress decreased as they received parental support and this also helped to increase their self-esteem. Social support thus serves as a buffer to protect adolescents from poor psychological health. This can materialize when the family is serving its purpose to help build the adolescents to help increase their psychological health.

In another longitudinal study conducted by Sun (2001), they sought to reexamine adolescent outcomes at pre- and post-disruption stages. Sun examined whether pre-disrupted families are more likely to have a dysfunctional family environment than are families that remain

subsequently intact and whether these dysfunctional family features account for deficits in adolescents' well-being during pre and post-disruption periods. Data used for this study came from two waves (1990 and 1992) of the National Education Longitudinal Study of 1988 (NELS), which was first conducted in 1988 based on a nationally representative sample of more than 24,000 eighth-grade students. Results clearly demonstrate that both male and female students from pre-disrupted families show signs of maladjustment in every area of their life being academic progress, psychological well-being, and behavior problems. The family thus needs not to disrupt entirely but on the verge of it leads to many emotional problems on the part of the adolescents. This emotional trauma is revealed through other areas of their life as aforementioned. It appears that their study was conducted based on already taken data from a longitudinal study, however characteristics that existed then may have changed now and for this current study participants will be recruited from various secondary schools to collect data.

Acquaye (2007) hypothesized that there will be a difference between the social adjustment of adolescent girls from broken homes and those from intact homes. Students were conveniently sampled from the Clarion Hostel to participate in the research. Analysis revealed that there was no significant difference between adjustment of students who had their fathers absent or present. Thus the p value was 1.97 which is greater than 0.05 making it statistically insignificant. Hence, adjustment is not dependent on presence or absence of father but maybe other factors that were not yet explored. The sample size may not have been large to warrant a difference or due to the fact that majority of the participants lived with their fathers more than those who didn't.

Clarke-Stewart & Hayward (1996 cited in Amoakohene, 2013) studied 187 children. Each family was interviewed once for some hours. The custodial parent and the child were interviewed separately, however for this current study, only the adolescents will participate in the research. Standardized tests and parental reports were used to measure the child's psychological well-being and perceived adjustment to the divorce. Results of the interviews showed that time spent with the non-custodial parent was important to the children. Their psychological well-being was affected by two aspects of contact with the non-custodial parent: spending holidays together and participating in a variety of everyday activities together.

Amato and Keith (1991) examined the results of 92 studies involving 13,000 children ranging from preschool to young adulthood to determine what the overall results indicated. The overall result of this analysis was that children from divorced families are on "average" somewhat worse off than children who have lived in intact families. These children have more difficulty in school, more behavior problems, more negative self-concepts, more problems with peers, and more trouble getting along with their parents.

Normal developmental changes that take place in the adolescent and within the family may be compromised in some families. For instance, adolescents of alcoholic parents are at an elevated risk of experiencing family dysfunction and psychological problems (Grant, 2000).

Alcoholic families are said to be characterized by relatively high levels of hostility and conflicts (Barnow, Schuckit, Lucht, John, & Freyberger, 2002) and low levels of family harmony (Zhou, King & Chassin, 2006). In addition, parents who use and abuse other substances have been found to be more likely to use inconsistent and lax discipline and infrequent parental monitoring in comparison to non-substance use parents (Sher, Grekin, &

Williams, 2005; Tildesley, & Andrews, 2008), and this could also influence adolescents psychological wellbeing.

Adolescents from such families have been found to experiment with alcohol and drugs at a younger age and are more likely to develop psychological problems than adolescents from nonalcoholic families (Chassin, Flora, & King, 2004;Walden, Iacono, & McGue, 2007)

In their present investigation, Xin, Chi and Yu (2009) studied the processes by which marital conflict as a negative life event related to adolescents' affective well-being (including positive and negative affect). They hypothesized that higher level of marital conflict to be associated with more negative cognitive appraisals, such as being threatened, low coping efficacy, and self-blame attribution, and that these cognitive appraisals would lead to more negative affect and less positive affect. A sample of 549 participants participated in the study from China. Findings showed that adolescents reporting perceptions of stress from marital conflict and more feelings of threat and self-blame attribution were significantly more likely to be experiencing negative effect and reduced positive effect. It can be demonstrated from their study that attention should be concerned with the impact of marital conflict on adolescents' affective well-being regarding their cognitive appraisals.

The current study seeks to find out whether social support and dysfunctional families affect the psychological wellbeing of adolescents.

The above studies clearly brought forth the relationship that exists between dysfunctional family and adolescent psychological wellbeing. That is, adolescents' living in families which are dysfunctional by structure and relational almost always have lowered level of psychological wellbeing. Despite the revealing and consistency in results, these scholars

narrowly operationalized dysfunctional family to be either marital conflict, disagreements or maternal aggression (e.g. Yin et al. 2009; Demo et al. 1996); and or parental substance abuse (e.g. Barnow, et al. 2002). Therefore, the present study expanded the conceptualization dysfunctional family by using three key indicators namely parental conflicts, parental substance use, and divorce or separation. The new definition of dysfunctional family therefore, help better understand the concept very well within the Ghanaian context and give a new way of defining dysfunctionality within families.

Fischer, Kittleson, Ogletree, Welshimer, Woehlke and Benschhoff, (2000) examined the relationship between college children of alcoholics and those from dysfunctional families, to determine whether those from dysfunctional families and those from alcoholic families are at a greater risk of stress than those from non- alcoholics families and non-dysfunctional families. They used 549 students who were clinical patients and a substantial proportion of the sample were classified as adult children from dysfunctional families and adult children from alcoholic families or both, with considerable overlap between the two groups. Both groups were found to be significantly predictors of stress; but adult children from dysfunctional families turned to be a better predictor than those from alcoholic families. Even though adult children from dysfunctional families turned to be a best predictor of stress, those from alcoholic families also exhibited difficulties with low self-esteem, excessive anxiety and stress.

In another research by Halls (1995) with non-clinical population, adult children of alcoholic families had lower wellness scores and significantly fewer coping resources than adult children from non- alcohol families. Again, Kashubek and Christensen (1992) also found out that adult

children of alcoholic families from the clinical population were more psychologically distressed than the adult children from alcoholic families from the non-clinical population. The studies did not include the age range of their population as it makes it difficult to know the ages of the participants; again, one group focused on only clinical population and the other on only college non clinical population as such producing mixed results. Although the main points from their study was drawn out, they failed to find consistent difference between adult children of alcoholic families and their counterparts from non-alcoholic families and the degree to which they are dysfunctional.

Moderation role of social support in the relationship between parental conflict and adolescent psychological wellbeing

Many past empirical studies have observed a connection between family structure and psychological wellbeing, which suggests that adolescents who live with their married biological parents are more likely to have access to emotional and financial support than youth raised in single-parent families and stepfamilies, leading to higher levels of well-being among children raised by married parents (Barrett & Turner, 2005; McLanahan & Sandefur, 1994).

Studies suggest that single parents must perform all parenting roles without providing emotional and social support for their children can be difficult hence rendering adolescent is such family to suffer from may psychological distresses such as poor academic performance, depression, emotional instability and many others (e.g. Chang & Fine, 2007; McLanahan & Sandefur, 1994). According to Miller & Davis (1997) children of divorced parents rated the support they received from home much lower than children of intact homes and these negative ratings become more pronounced by the time children are in high school and college. Children

in divorced families receive less emotional support, financial assistance, and practical help from their parents (Amato & Booth, 1997).

Similarly, it has been reported that, step parents are less likely to be involved in parenting tasks than biological/adoptive parents, which may increase stress for the biological parent because of added parenting responsibilities and may reduce support for youth hence leading to poorer psychological wellbeing of the adolescent (Hofferth & Anderson, 2003).

More so, it has been reported that living in a step family or single parent family may result in fewer resources for youth comparative to living in a married family, such as educational opportunities, because of financial pressures (McLanahan & Sandefur, 1994). In support of this finding, it was observed that changes in family structure may also influence adolescent psychological wellbeing. It was explained that children largely rely on parents and others for their wellbeing till they become more autonomous in adult life (Avison, 2010). Thus, any interruptions in this support due to the termination of a parental relationship as well as any conflict connected with this transition may be especially disastrous for adolescents and younger children. In addition, it was reported that transitioning into a new family environment can create stress among parents, adolescent and children (Ge, Natsuaki, & Conger, 2006; Hofferth & Anderson, 2003).

Steinberg, (2001) reported that parent to child relationship quality is more likely to influence psychological wellbeing among youth. In general, he realized that authoritative parenting (i.e. warm, supportive, and engaged with children) is related with less psychological problems. It is argued that parents are an important source of social support for their children; expressing

affection toward children and being engaged in children's lives help children to feel more secure and reduce the risk of experiencing emotional or behavioural problems (Thornton, 2001). In contrast, high levels of conflict within the family may reduce adolescent well-being by lowering the amount of support that youth receive from parents as well as potentially creating a more stressful family environment for youth (Thomson, Hanson, & McLanahan, 1994; Vandewater & Lansford, 1998). Overall, higher quality relationships between parents and youth may increase the likelihood that youth experience higher well-being throughout adolescence.

It was found that parental subjective mental health status was significantly correlated with adolescents' better physical and psychological wellbeing, moods and emotions, parent-child relationships, school environment and financial resources (Giannakopoulos, Dimitrakaki, Pedeli, Kolaitis, Rotsika, Ravens-Sieberer & Tountas, 2009). In the absence of parental conflict it was found that parental subjective physical health status was strongly associated with more positive adolescents' self-perception, which invariably means that in the absence of parental conflict, adolescents' psychological wellbeing improves.

Similarly, in a sample of 2918 adolescents aged 12 to 24 years, the relation between parental and friends' social support was studied, specifically with regard to emotional problems.

Results indicated that parental and friends' support seem to be relatively independent support systems, thus as parental support decreased friends' support increased (Helsen, Vollebergh & Meeus, 2000).

Sex and Age differences on adolescent psychological wellbeing

Cui (2003) examined the impact of marital conflict on adolescent adjustment problems. Based on his general interest, the study further explored several related research questions, such as what specific aspects of marital conflict lead to adolescent adjustment problems, whether changes in marital conflict predict changes in adolescent problems, what kinds of adolescent problems are exhibited, and by what processes the relation between marital conflict and adolescent adjustment problems operates. Using data from the Iowa Youth and Families Project the results from structural equation modelling and latent growth curve analyses demonstrated that two specific aspects of marital conflict i.e. overt marital conflict and conflict over child-rearing as well as general marital distress had negative influences on adolescent adjustment. Also, increases in general marital distress and overt marital conflict predicted increases in adolescent problems over time.

Furthermore, poor parenting behaviour mediated the relation between marital problems and adolescent poor well-being, externalizing problems, and internalizing problems; whereas adolescent feelings of insecurity mediated the relation between marital problems and adolescent poor emotional well-being and internalizing problems. More so, no moderating effect by poor parenting behaviour or adolescent feelings of insecurity was found; and the findings did not differ by adolescent gender.

Hess and Camara, (1979) reported that children's gender may be especially important in mediating the effects of family disruption, as most of the evidence suggests that adjustment problems are more severe and last for longer periods of time among boys.

Hetherington (1979) examined forty-eight middle class white preschool children from divorced families and a matched group of forty-eight non divorced families were studied at 2 months, 1 year and 2 years after divorce. In the first year following divorce disruptions were found in both play and social relations for boys and girls from divorced families. The researcher found out that the adverse effects had largely disappeared for girls by two years after divorce; however, the effects were more intense and enduring for boys. The play patterns of children from divorced families, in comparison to those of children in non-divorced families, were less socially and cognitively mature when measured shortly after divorce. Limitations and rigidity in fantasy play were particularly notable. In the year following divorce both boys and girls showed high rates of dependent help seeking behaviour and acting out, non-compliant behaviour. This again was more enduring in boys than girls. Even when the behaviour of boys from divorced families had improved they were viewed and responded to more negatively by peers and teachers than were children from non-divorced families or girls from divorced families.

Guidubaldi and Perry (1985) found that boys in divorced families manifested significantly more maladaptive symptoms and behaviour problems than boys in intact families. Girls differed only on the dimension of locus of control; girls in divorced households scored significantly higher than their counterparts in intact households.

Guidubaldi, Cleminshaw, and Perry (1985) did a similar study using data from the divorce adjustment project conducted by the National Association of School Psychologists and Kent State University, the study reported herein focused on physical and mental health status of children and parents. The nationwide sample included 341 children from divorced families and 358 from intact families randomly selected from first, third, and fifth grade classrooms by 144 school psychologists. Their results from ANOVA statistics indicated that health ratings for divorced-family children as well as their parents and siblings were lower than ratings for their counterparts in intact families. Their correlational and multiple regression results revealed a wide array of both concurrent and longitudinal relationships, illustrating interdependence among divorce, physical and mental health condition, stress indices, and academic and social competence criteria.

Perez (2012) aimed at examining gender differences in psychological well-being among a sample of Filipino college students. The aim of the study was to determine whether there is difference between the male and female college students in the spiritual, cognitive, social and affective components of psychological well-being. A total of 588 college students from various schools in the Philippines participated in this project. The participants completed eight scales measuring different aspects of psychological well-being. There were gender differences and specifically, difference was found in a number of dimensions of psychological well-being being spiritual component, social and one aspect of cognitive component which was autonomy. There was similarity between the genders and was demonstrated in terms of affective and cognitive components of psychological well-being. From the study carried out, it limits the

interpretation on the causal direction of the study variables. This is because there is no causal attribution of their psychological well-being.

In a much similar study by Roothman, Kirsten and Wissing (2003), they sought to determine whether men and women differ with regard to aspects of psychological well-being. A meta-analysis was performed on data from a trans-university project, involving a multicultural availability sample of 378. The participants each completed 13 scales that measure psychological well-being in affective, physical, cognitive, spiritual, self and social aspects. Findings showed that men scored higher on physical self-concept, automatic thoughts (positive), constructive thinking, cognitive flexibility, total self-concept, and fortitude. Women scored higher on the expression of affect, somatic symptoms, and religious well-being. No significant gender differences were found on sense of coherence, satisfaction with life, affect balance, emotional intelligence, self-efficacy, and the social components of self-concept and of fortitude. It can, therefore, be implied that men generally have a high psychological well-being than females. The findings may be as a result of the instruments used to measure the psychological well-being also the type of sample used could have influenced the results. The snowball techniques was used to recruit participants for the study and this may have affected the results.

Turunen (2013) also found in a study that the lower psychological wellbeing for children in single mother families could be explained by financial hardship. Also they found that children in single father families do not report lower well-being although the descriptive statistics

showed that children in single father and father stepmother families experience more strained relations with the adults in the household.

In another study, the purpose of that study was to predict psychological well-being from the lifestyle and the family power structure among adolescent girls in Tehran. One hundred and fifty subjects of Tehran regional and randomly were selected and results of the analysis showed that Lifestyle and family power structure can together predict psychological well-being significantly.

Fuller, Edwards, Vorakitphokatorn, and Sermsri (2004) using a wide variety of measures of psychological well-being obtained from a representative sample of married men and women in Bangkok, Thailand, they examined gender differences in psychological well-being. A random sample of blocks was selected, and then a random sample of 2,017 households within those blocks was selected. Interviews were conducted with either a husband or a wife in each household and a total of 1,399 wives and 618 husbands were interviewed. Bivariate analyses was carried out and analyses controlling for age, education, and family income confirmed the hypothesis that in Bangkok, as in many Western countries, married men have greater psychological well-being than do married women. They also found that social support has little effect on psychological well-being, but that social strain not only has a significant effect on well-being but also largely accounts for gender differences in well-being. Their sample for women was greater than that of men and this could have affected the findings of the study.

In a related gender differences study on psychological wellbeing, the authors aim was to examine gender differences in psychological well-being. A meta-analysis was performed on

data from a trans-university project, involving a multicultural availability sample of 378. The participants each completed 13 scales that measure psychological well-being in affective, physical, cognitive, spiritual, self and social aspects. They found significant gender differences with men scoring higher on physical self-concept, automatic thoughts (positive), constructive thinking, cognitive flexibility, total self-concept, and fortitude. Women scored higher on the expression of affect, somatic symptoms, and religious well-being. According to their findings, no significant gender differences were found on sense of coherence, satisfaction with life, affect balance, emotional intelligence, self-efficacy, and the social components of self-concept and of fortitude (Roothman, Kirsten & Wissing, 2003).

Social support even though reported to possess a buffering effect, this effect is not same for both genders. Social support is generally and on most occasions is perceived differently among males and females. This assumption was verified by Mahaffy (2004) who found that the self-esteem of the male adolescent is higher than female adolescent. Another study conducted by Colarossi (2001) to examine the gender differences in adolescents' support structure, frequency as well as satisfaction from parents, peers and other adults found similar evidences reported by Mahaffy (2004). Colarossi (2001) and Chun and MacDermid (1997) studies suggested that female adolescents as compared to male adolescents are more concerned with and orient more toward peers for social support and they are also more satisfied with the support gained from their peers. Besides, vast majority of them perceived women that is their mother provide them with more social supports compared to what they can obtain from men that is their father.

The findings obtained from the study of Dumont and Provost (1999) may provide an explanation that female adolescents are generally having better social networks and are more

open in socializing with their peers. This is because female adolescents are more involved in nurturing, communality, and affiliation. Hence, this enables them to establish new supports more easily from outside the family context. In disparity, Hirst and DuBois (1991) found that male adolescents perceived higher level social support than their female counterparts as the males' orientation is neither bias toward peers nor adults. Therefore, the males tend to have more balance numbers of peer and adult supports. Further analysis of the results of Hirst and DuBois show that in terms of frequency, supports obtained by the male adolescents from the adults are higher as compared to the supports obtained from their peers. However, the male adolescents are more satisfied with the friendship support than other sources of support.

In nutshell, gender differences in perceived social supports can be explained by gender role expectation where males would generally prefer to communicate with women in order to gain emotional support as compared to men. It is also found that father provides higher supports to his sons than his daughters (Caldwell & Peplau, 1982).

Summary of related studies

This chapter has defined psychological well-being and provided an in-depth review of existing literature with regards to psychological variables. Furthermore, the basics of social support, psychological well-being theory, the family system theory, the Family composition theory, the family process theory have been highlighted so as to establish the reasons for the theoretical basis of this study. The similar studies reviewed on the variables under investigation reported that, family system do have an influence on adolescents psychological wellbeing. The studies made it clear that, adolescents living in a dysfunctional family reports more negative problems such as depression, poor academic performance, anxiety, isolation and general psychological

distress. In addition, the studies reports that parental conflict leads to poor wellbeing among adolescents. However, other studies reported that the effect that parental conflict and broken home have on adolescents differ from each person. Further, it was reported that, social support shield adolescents from the negative effects that parental conflict and dysfunctional homes would have brought to the adolescent. The next chapter will focus on the specific methodology used in the study.

Statement of hypotheses

- i. Adolescents from dysfunctional family system are more likely to experience low psychological wellbeing than adolescents from functional homes.
- ii. There will be a significant negative correlation between parental conflict and adolescents' psychological well-being.
- iii. The relationship between parental conflict and psychological- wellbeing will be moderated by social support.
- iv. Female adolescents from dysfunctional family system are more likely to experience higher psychological wellbeing than the male counterparts.
- v. Adolescent females from dysfunctional homes are more likely to receive social support than the male adolescents.

THE THEORETICAL MODEL

The theoretical model developed for this research draws from the social support, family system, family composition and family process theories.

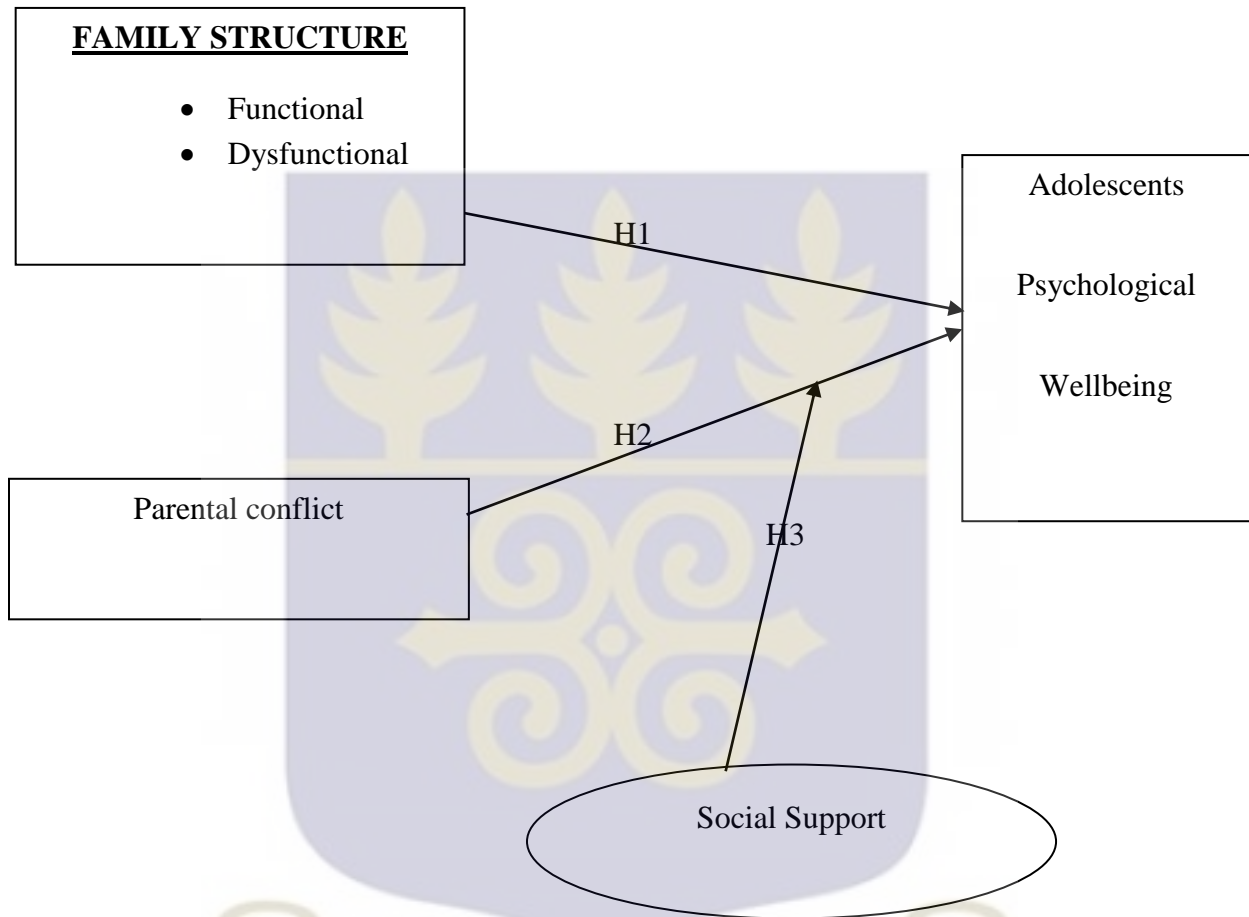


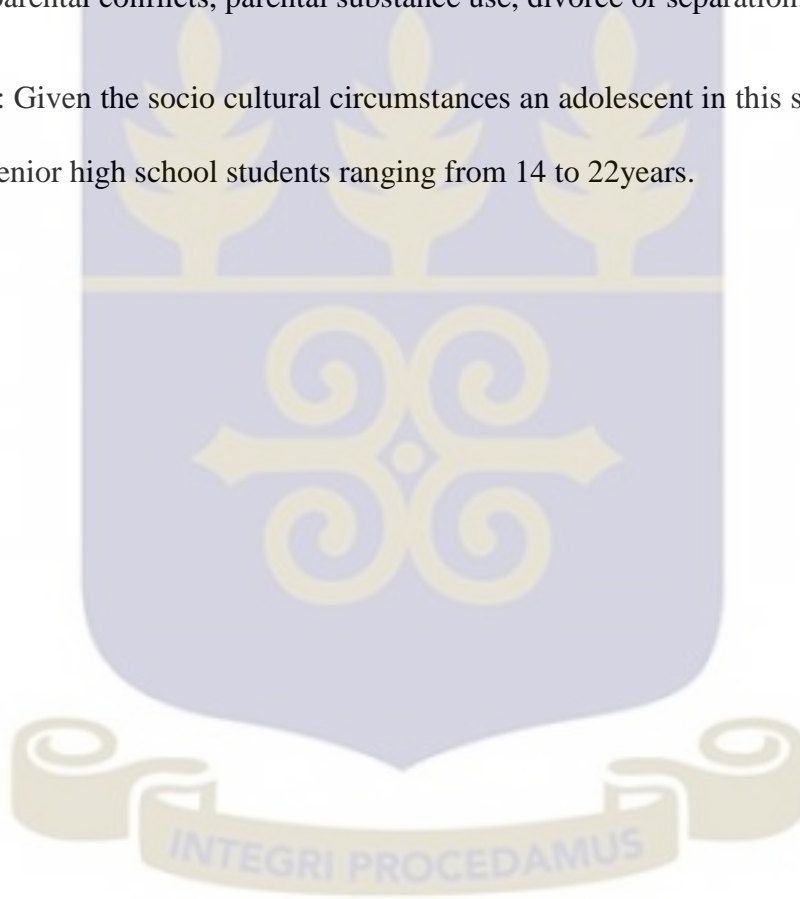
Fig. 1: The figure indicates the hypothesised relationship between the predictors (family type and parental conflict), the moderator (social support) and the criterion (adolescents' psychological wellbeing).

Operational definitions

Psychological wellbeing: Psychological wellbeing in this study refers to an individual's faring on autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, self- and acceptance.

Dysfunctional family: Dysfunctional family means a home where there is at least any one of these present: parental conflicts, parental substance use, divorce or separation.

An Adolescent: Given the socio cultural circumstances an adolescent in this study is defined as all junior and senior high school students ranging from 14 to 22years.



CHAPTER THREE

METHODOLOGY

Introduction

This chapter captures the procedure used in identifying the psychological wellbeing of adolescents from dysfunctional families and how perceived social support serves as a buffer in terms of their psychological well-being. It includes among others, the research design, the target population, sampling size and techniques. The procedure and instruments used for data collection will be explained, including information about the psychometric properties of the instruments. Ethical considerations will then be pointed out and the chapter will conclude with a brief explanation of the statistical procedures that were used.

Research design

The researcher used quantitative research design by employing survey method in the collection of data. Group administered questionnaire were used. Quantitative research produces numerical data and requires the use of standardized measures so that the varying perspective and experiences of people could be fit into predetermined response categories to which numbers were assigned.

According to Creswell (2014, p. 4), “quantitative research is an approach for testing objective theories by examining the relationship among variables. These variables in turn can be measured, typically on instruments so that numbered data can be analysed using statistical procedures.” Quantitative analyses can thus be generalized and easily replicated by other

researchers, hence, the essence of ensuring utmost validity and reliability of instruments used and data collected.

This method was used because of its usefulness in describing variables, and its flexibility; thus; it is relatively efficient to use when gathering large amounts of data. Group administered questionnaire have a high external validity, and as such, results could be used to generalize to the entire population.

Target population

The target population for the study was all adolescents from dysfunctional families in Ghana however; adolescents' boys and girls in junior and senior high secondary school in Greater Accra qualify to be participants in the study. They are the choice of population because the researcher wants to find out how the type of family affects the psychological wellbeing of the adolescents.

Sample size and sampling techniques

The sample frame comprised of both senior high and junior high schools in the Greater Accra Region, Ghana. Two hundred and one students respectively were sampled using Krejcie and Morgan (1970) table to determine the sample size. That is to say, out of 420 as a target population, in using the table to determine sample size as projected by Krejcie & Morgan (1970) researcher derived at Two hundred and one as the sample size.

The researcher anticipated a response rate of 90% and based on that distributed 233 to the participants in the school studied. Out of this number, 188 correctly filled questionnaires were used for the analysis. This number represent a response rate of 80.7% which was a little below

the researchers projection. From the rule of thumb, a response rate of 70% is good for analysis hence 80.7% is far greater and suitable for data analysis.

Out of this number, 94 of them were males and 94 females. 97 of them were Junior High School students and 91 were Senior High School student. One hundred and fifty students found themselves living in dysfunctional homes and 38 of them from a functional home. The average age of the participants is 16.16.

The sample in this study, again comprises of both males and females; different ethnic backgrounds; different socio-economic status and forms 1 and 2. Schools chosen were a representative of the population distribution of the area. Three classes in each of the four schools were randomly selected and any student who was willing and present on the days of questionnaire completion was requested to participate. Third year students were not present at school when the data was being collected.

In terms of statistical analysis, a statistical power according to Field (2004, p. 1) is “the ability of a test to detect an effect of a particular size (a value of 0.8 is a good level; and the preferred choice)”. “Statistical power, sample size, population’s effect size and alpha value are very essential components to look for when considering using this approach” (Cohen, 1992)

From Cohen’s Statistical Tables, the sample sizes necessary for .80 power at the .05 level of significance for Pearson r is 85, for Independent t Test is 64 and for four independent variables for regression analysis is 67. Using the .01 level of significance at .80 power, the sample size for Pearson r is 125, Independent t test is 95 and regression a total of 118 respondents needed.

To detect the Effect sizes for Pearson r , a coefficient of .10 is considered as small, .30 is deemed a medium effect whilst .50 is taken as large effect. For independent means, the effect sizes for small, medium and large are as follows; .20, .50 and .80 respectively. In terms of Multiple Regression Analyses .02 signifies small effect, .15 denotes medium effect and .35 shows large effect.

Considering the fact that it was practically impossible for the researcher to enumerate all senior high school students in Ghana due to time and financial constraints, four schools were purposively selected to participate in the study out of the cluster of schools in Accra. Additionally, the sampling unit tends to be accessible, easy to measure and cooperative. According to (Malhotra & Peterson, 2006) most respondents are selected because they happen to be in the right place and at the right time. Hence, the four schools selected were within the range of the researcher.

Measures

The following questionnaires were used in this research; Children's Perception of Parental Conflict Scale, Multidimensional Scale of Perceived Social Support and the Ryff's Psychological Well-being Scale. For the family structure or composition, this was based on the respondent's household which included original two-parent family or intact parent, single mother/father, among others.

Multidimensional Scale of Perceived Social Support (MSPSS)

Multidimensional Scale of Perceived Social Support, the (MSPSS) is a measure of the perceived availability of support and was developed by Zimet et al. It has 12 items assessing 3

sources of support: family, friends and significant others. Items are rated on a 7- point Likert – scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). The internal consistencies of the subscales and total scales are excellent (Cronbach’s alphas=.85-.91). In addition, the scales have demonstrated strong test- retest reliability over a 2 to three months interval ($r=.72- .85$) and validity has been established through the negative association of scores on the MPSS with scores on measures of depression (Zimet et al 1988).The MPSS again was found to have good internal reliability across subject groups. In addition, strong factorial validity was demonstrated confirming the 3 – subscale structure; family, friends and significant other (Zimet et al 1988). This scale was first of all piloted to establish its reliability within the current population. After the analysis the internal consistency using Cronbach alpha for 12 items social support scale within the current setting is .787 and significant at .05 alpha level.

Psychological well-being scale (PWB-42)

The Psychological well-being scale (PWB-42) is a well-established self-screening questionnaire designed by Carol Ryff and is a theoretically grounded instrument that focus specifically on measuring multiple facets of psychological wellbeing such as self- acceptance, the establishment of quality ties to other, a sense of autonomy in thought and action, the ability to manage complex environments to suit personal needs and values, the pursuit of meaningful goals and a sense of purpose in life as well as a continued growth and development as a person. It is a straight forward and relatively short survey that accesses the psychological components of wellbeing.

The inventory has different versions; (120 items, 84 items, 54 items, 42 items and 18 items respectively) with about half of the responses in a reverse score reflecting the six areas of psychological wellbeing, respondents indicate their agreement or disagreement on along a 6 point likert scale for each item (1 = strongly disagree, to 6 strongly agree). For each category, a high score indicate respondent has mastery on that area and a lower score shows a struggle in that area. Researcher administered the 42- item version of the Ryff's psychological well-being inventory, it has been tested and validated samples in the English speaking countries and reported to be valid and reliable with a Cronbach alpha ranging from 0.77 to 0.90 (Kafka and Kozma, 2002; Van Dierendonck, 2004) and (Pudrovska et.al, 2005). The psychological wellbeing scale in the current study was measured as composite variable, to establish its applicability within the current context, the 42 items was first and foremost administered to 20 students. After the analysis, the new Cronbach alpha for the composite scale within the current context is .775 and is significant at .05 alpha level

Children's Perception of Parental Conflict Scale

Children's perception of parental conflict scale was designed by Grych and Fincham (1990), intended to assess particular dimensions of marital conflicts proposed to have been leading to child and adolescents adjustment problems. This instrument obtains the perspective degree of conflicts to which they are exposed to and it is in three different versions; 90 items version, 70 item versions and 5 item versions assessing a three (3) sub scales; conflict properties, threat and self-blame being rated on a likert scale from True, Sort of True and False. The internal consistencies of the subscales and total scales are excellent. (Cronbach's alphas=.86) and a test retest reliability over (2) two weeks, $r = .96$.

For the purpose of this study, the scale was adopted or modified to (11) eleven items rating on a five point likert scale using a score ranging from (0-5) as Not At All , Not Often, Very Often, Most Often and Always. To establish its reliability within the current population, it was piloted and the Cronbach alpha for the 11 items conflict scale for the 20 participants is .832 and is significant at .05 alpha level.

Data Collection Procedure

Permission was obtained from the headmasters of the respective schools and arrangements were made for the collection of the data on some specific days. Teachers were appointed in these respective schools by their headmasters to accompany the researcher to the selected classes for formal introduction. Researcher briefly explained to participants what was expected of them and those who were willing were given the questionnaires to complete.

Fixed response questionnaires were administered to students and it was answered in the presence of the researcher. Adequate time was provided and also students were encouraged to do independent work. Where they needed clarifications, it was done and the completed questionnaires was put in and sealed.

Ethical Consideration

Approved ethical standards by the department of Psychology and adhered to all APA ethical standards was taken into consideration. Below is the detail ethical specific ethical considerations adhered to in the present study.

According to the APA's Ethics Code (2002), when obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists should inform participants about: (1) The

purpose of the research, expected duration, and procedures; (2) Their right to decline to participate and to withdraw from the research once participation has begun. On this participants were duly informed before they were allowed to take part of the study.

When assuring confidentiality as required in Standard 4, psychologist should assure participants about: (1) His or her ability of ensuring that confidentiality of keeping of participant information; (2) Discuss limits of confidentiality with participants; (3) Must minimize intrusions on participant privacy; (4) Before recording the voices or images of participant, the researcher must obtain permission from the person; (5) Must not disclose the information to anyone without the participant consent; (6) Should maintain, disseminate and disposal of confidential records properly. These privacy and confidentiality processes were accordingly followed in the data collection and analysis.

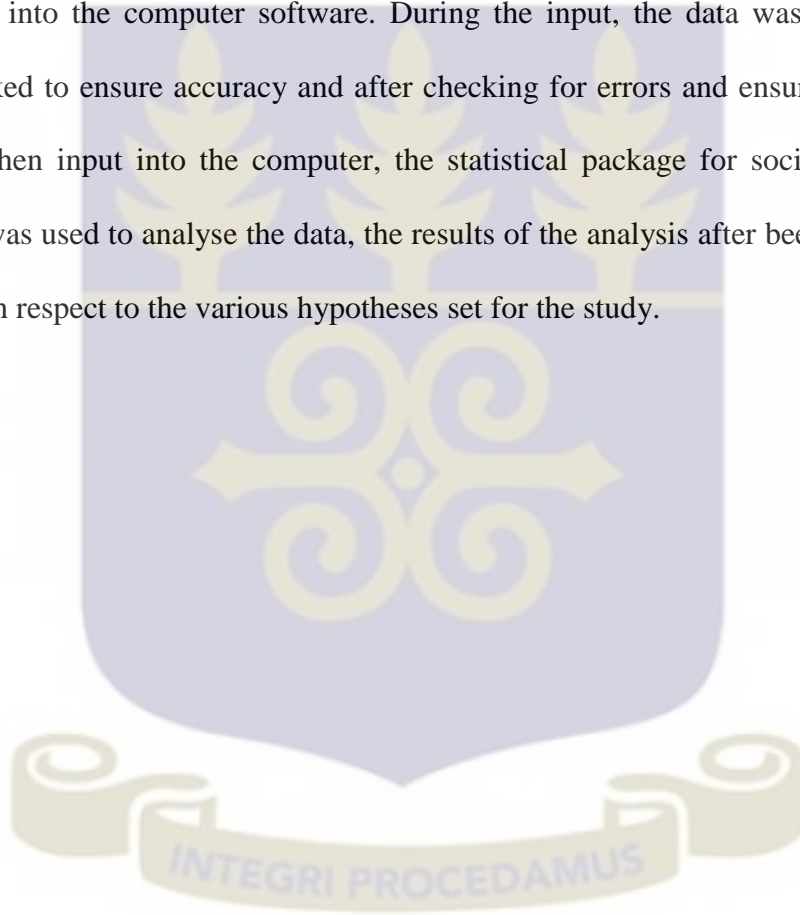
In assuring risk and benefits regarding participants' participation in research, the APA ethics code state the following:

(1) The foreseeable consequences of declining or withdrawing; (2) Reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (3) Any prospective research benefits; (4) Incentives for participation; and (5) Whom to contact for questions about the research and research participants' rights. It was explained to participants that there is no foreseeable risk, discomfort or adverse effect should they decline to participate in the study and that their participation was completely voluntary.

Method of data analysis

Data for the study was gathered over a Three weeks period. This enabled the questionnaire to be administered to all the participants' in the four schools selected.

After the data collection, the questionnaire were screened to separate the correctly answered ones from the uncompleted or defective ones. The questionnaire that passed the screening were coded and fed into the computer software. During the input, the data was consistently and carefully checked to ensure accuracy and after checking for errors and ensuring for accuracy, the data was then input into the computer, the statistical package for social science (SPSS version 22.0) was used to analyse the data, the results of the analysis after been generated were interpreted with respect to the various hypotheses set for the study.



CHAPTER FOUR

ANALYSIS OF RESULTS

Introduction

This chapter presents the summary results from the analysis of the data collected using the Statistical Package for Social Sciences (SPSS) version 22. The analyses are presented in three sections. The first section is the preliminary analysis and the second section tested the various hypotheses proposed. This chapter ends with the summary of the findings.

Table 1: Demographic data of sample for the study

Variable		Frequency	Percentage%
Gender	Males	98	52.7
	Females	88	47.3
Age	14-17	145	78
	18-21	41	22
Parent	Both parents	88	47.3
	Mother only	8	4.3
	Father only	4	2.2
	Guardian	35	18.8
Biological mother& step father		40	21.5
Biological father& step mother		11	5.9

The Table 1 represent the demographic characteristics of sample for the research. It is observed that a high proportion of the samples were living with both parents.

Preliminary Analysis

The preliminary analysis involved testing for normality reliability and computing descriptive statistics for the variables studied. Normality test for skewness and kurtosis revealed no problems. Examination of the residuals indicated no problems of linearity and homoscedacity. A check on collinearity also showed no problems with tolerance and Variance Inflation Factor (VIF). VIF were all less than 10 (Field, 2005) and tolerance statistics were all above .2 indicating that they were all normal and can be used for parametric analyses (Field, 2005). Descriptive statistics of the predictor and criterion variables, which is means and standard deviations, were computed. Inter-correlations among these variables were also computed using Pearson Product-Moment Correlation and the coefficients together with the means and standard deviations presented in Table 2. Reliability Bryman and Cramer (2005) have defined reliability of a measure as its consistency and often require the external and internal features of reliability. When using multiple item scales, the internal reliability of the scale is essential as internal reliability helps to determine whether every scale is measuring a particular idea and whether all the items contained in that scale are internally stable. Although this study employed measures used by previous research that have validated them, there was a need to ensure that the scales were reliable in our context. To make sure of this, a reliability analysis was performed on the items of the organizational trust, organizational justice and contextual performance scales. The Cronbach alpha coefficient obtained from the statistical

analyses was observed and compared. The internal reliability coefficients (Cronbach alpha values) of the whole scales were computed and are presented in brackets diagonal on Table 1.

Table 2: Means, Standard Deviations and Inter-correlations among Predictor and Criterion Variables.

Variable	Mean	SD	1	2	3
1. Conflict	12.79	8.516	(.711)		
2. Social Support	59.04	12.784	.035	(.780)	
3. Psych. Wellbeing	163.21	21.677	-.346**	-.077	(.703)

*** $p < .001$, ** $p < .01$, * $p < .05$, $N = 195$

Note: The figures in brackets are the alpha values.

The reliability coefficients of the study variables were assessed by computing the Cronbach's alpha. The analysis found all the values to be above the threshold of .70 reported as appropriate for psychometric analysis (Wells & Wollack, 2003). The reliability coefficients ranged from .703 to .780 (Table 1). In addition mean score for all participant on parental conflict is 12.79 and the standard deviation of 8.516, social support mean score of 59.04 and standard deviation of 12.784 and psychological wellbeing of 163.21 and a standard deviation of 21.677.

TESTING OF HYPOTHESES

The hypotheses were tested according to how they were stated. The test used for each hypothesis is stated and the summary results presented.

H1: Adolescents from dysfunctional family system are more likely to experience low psychological wellbeing than adolescents from functional homes

This hypothesis was tested using the independent t-test. This statistical test was used because the researcher examined group differences (i.e. adolescent from functional and dysfunctional families) on psychological wellbeing. Summary of finding is presented in table 3.

Table 3: Summary of Independent t-test indicating differences of Psychological wellbeing between adolescent from Dysfunctional and Functional Families

Measure	Dysfunctional (n = 150)	Functional (n = 38)	<i>df</i>	<i>t</i>	<i>P</i>
Psychological wellbeing	75.53 (28.70)	188.61 (20.22)	186	22.87*	.00

*p is significant @ .05 level of significance

From the table, it was identified that, there was a significant difference between adolescent from a dysfunctional family (n = 150, Mean = 75.53, SD = 28.70) and adolescent from a functional family (n = 38, Mean = 188.61, SD = 20.22) on psychological wellbeing [$t_{(186)} = 22.87, p = .00$]. The result indicates that, the psychological wellbeing of adolescent from a functional family was significantly higher than adolescent from a dysfunctional family.

Therefore, the hypothesis that ‘*Adolescents from dysfunctional family system are more likely to experience low psychological wellbeing than adolescents from functional homes*’ is supported by the data among the current sample of students.

H2: There will be a significant negative correlation between parental conflict and adolescent psychological well-being.

This hypothesis was tested using Pearson r statistical test. This test was appropriate because the researcher was interested in establishing relationship, strength and direction of the relationship between parental conflict and psychological wellbeing of adolescent.

Table 4: Summary of Pearson r indicating relationship between Parental conflict and Adolescent Psychological Wellbeing (n = 188)

	Psychological wellbeing	
	r	P
Parental conflict	-.35*	.00

* p is significant @ .05 alpha level

From Table 4, it was established that, a significant negative relationship exist between parental conflict at home and adolescent level of psychological wellbeing [$r_{(188)} = -.35, p < .05$]. This means that as parental conflict at home increases or goes up, the level of psychological wellbeing of the adolescent living with these parents’ decreases or deteriorate.

H3: The relationship between parental conflict and psychological well-being will be moderated by social support.

This was analysed with the hierarchical regression analyses. Following the procedures proposed by Baron and Kenny (1986), the dependent variable (psychological wellbeing) was regressed on parental conflict, social support and then on the interaction term. Specifically, parental conflict (the independent variable) was entered in the first block, social support (the moderator) in the second block and parental conflict X social support (the interaction term) in the third block. The basic requirement for testing for moderation effect that there should be a relationship between the predictor variable and the criterion variable (Holmbeck, 1997) was met as illustrated in Table 3. Summary of the results of the analysis can be found in Table 4. To test this hypothesis, the researcher used multiple regression statistical test.

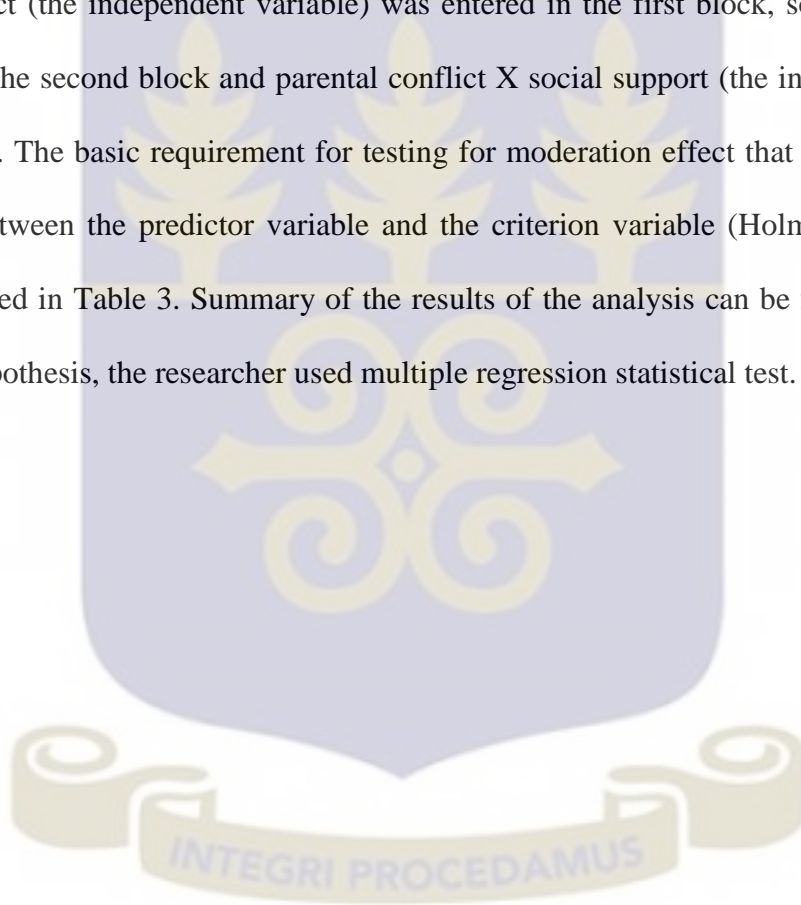


Table 5: The Results of Hierarchical Multiple Regression Analyses for the moderation effect of social support on the relationship between parental conflict and adolescent psychological wellbeing

Model		B	Std. Error	β
1	Constant	125.96	6.575	
	Conflict	-2.16	.428	-.35***
2	Constant	141.71	17.917	
	Conflict	-2.14	.429	-.34***
	Social Support	-.27	.285	-.07
3	Constant	142.12	18.011	
	Conflict	-2.14	.430	-.34***
	Social Support	-.28	.287	-.07
	Conflict*Social support	.01	.035	.02

$R^2 = .120, .124, \text{ and } .125$ for step 1, 2 and 3 respectively. $\Delta R^2 = .120, .004, \text{ and } .000$ for steps 1, 2 and 3, *** $p < .001$.

The analysis revealed that parental conflict had a significant influence on adolescent psychological wellbeing as shown on the first step ($\beta = -.35, p < .001$). The second step, however, indicated that social support did not explain a significant increase in variance of psychological wellbeing ($\Delta R^2 = .004, \beta = -.07, p = \text{ns}$). The third step also show that social support interacted with parental conflict (PC*SS) to predict adolescent psychological wellbeing ($\beta = .02, p > .05$) indicating that, social support failed to moderate parental conflict-adolescent psychological wellbeing relationship. The result in the Table 5 means that, higher levels of parental conflict affects adolescent by lowering their psychological wellbeing level.

This negative effect that parental conflict had on adolescent psychological wellbeing was marginally reduced by social support these adolescent had from some parents and other significant others like peers, teachers and many others. Therefore, the hypothesis that ‘*The relationship between parental conflict and psychological well-being will be moderated by social support*’ was not supported by the current data.

H4: Female adolescents from dysfunctional family system are more likely to experience higher psychological wellbeing than the male counterparts.

This hypothesis was tested using Two-Way Analysis of Variance. This was the appropriate test because the researcher examined how two independent variables with two levels each family and sex interact to establish different variances in psychological wellbeing. Summary of result is presented in Table 6.

Table 6: Summary of Two-Way ANOVA indicating interaction between family type and sex on psychological wellbeing

Variables	<i>Df</i>	<i>F</i>	<i>P</i>
Family	1	482.81*	.00
Sex	1	.17	.69
Family * Sex	1	.91	.34
Error	184		

In Table 6, the result indicated no significant interaction between family type and sex on psychological wellbeing [$F_{(1, 184)} = .91, p = .34$]. This means that the difference accounted in psychological wellbeing of adolescent by interacting family type with sex was due to chance or measurement error. Therefore the hypothesis that ‘*Female adolescents from dysfunctional family system are more likely to experience higher psychological wellbeing than the male counterparts*’ was not supported by the current data.

H5: Adolescent females from dysfunctional homes are more likely to receive social support than the male adolescents.

To test this hypothesis, the researcher employed 2-Way Analysis of Variance (ANOVA). This was the appropriate test because the researcher examined how two independent variables with two levels each thus family and sex interact to establish different variances in social support. Summary of result is presented in Table 7.

Table 7: Summary of Two-Way ANOVA indicating interaction between family type and sex on social support

Source	<i>Df</i>	<i>F</i>	<i>P</i>
Sex	1	.10	.75
Family	1	.62	.43
Sex * Family	1	.09	.76
Error	184		

In Table 7 above, the result indicated no significant interaction between family type and sex on social support [$F_{(1, 184)} = .09, p = .76$]. This means that the difference accounted in social support of adolescent by interacting family type with sex was due to chance. Therefore the hypothesis that '*Female adolescents from dysfunctional family system are more likely to experience higher psychological social support than the male counterparts*' was not supported by the current data.

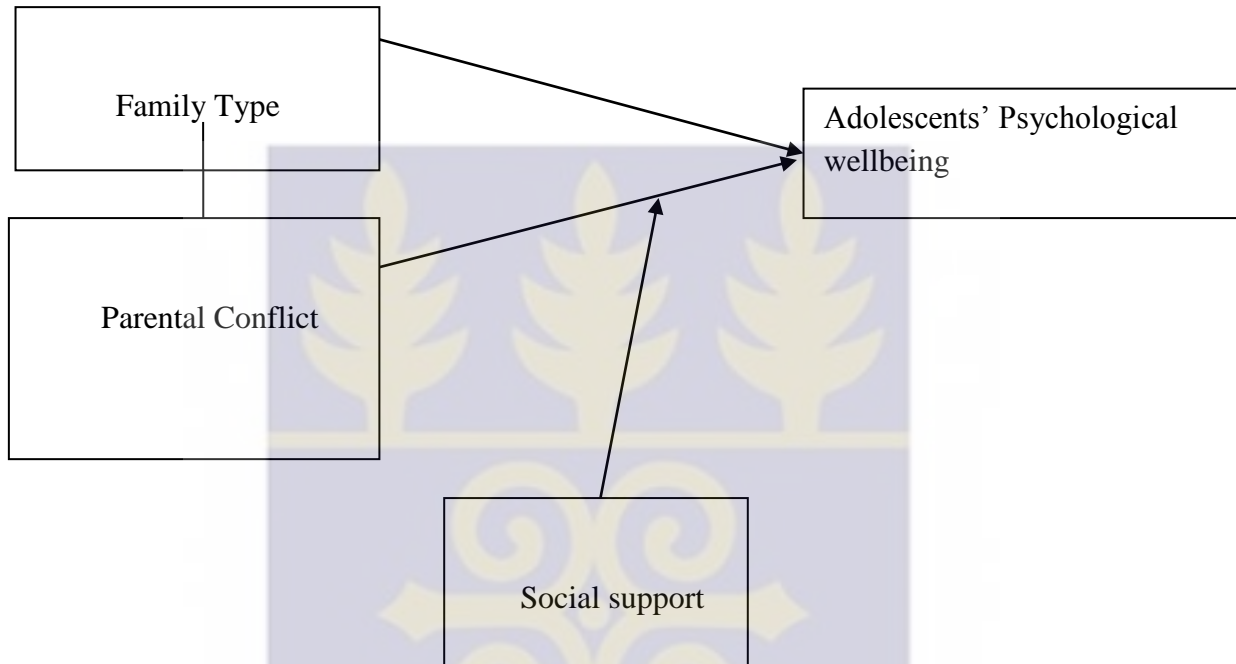
Summary of Findings

In summary, the result indicated that;

1. Adolescent from dysfunctional family had a lower psychological wellbeing than adolescent from a functional family.
2. Parental conflict negatively and significantly correlated with adolescent psychological wellbeing.
3. Social support marginally strengthened the relationship between parental conflict and psychological wellbeing of adolescents.
4. Females from dysfunctional family did not differ significant from their male counterpart in terms of psychological wellbeing.
5. Females from dysfunctional family did not differ significantly from their male counterpart in terms of social support.

Figure 2: A summary of the observed relationships between independent, dependent and moderating variable.

OBSERVED CONCEPTUAL MODEL



The Figure 2 explains that family type and parental conflict together affect adolescents' psychological wellbeing. Social support, however, moderates the relationship between parental conflict and adolescents' psychological wellbeing.

CHAPTER FIVE

DISCUSSION, RECOMMENDATION AND CONCLUSION

Introduction

The aim of the study was to determine whether parental conflicts, parental substance use, divorce (dysfunctional family) correlates with adolescents psychological well-being and the role social support plays in regulating psychological disorders. Specifically, the study explored the impact of dysfunctional family system on adolescents psychological wellbeing, examined the relationship between parental conflict and adolescent psychological well-being as well as the moderation role of social support on the relationship between parental conflict and adolescent psychological wellbeing. The study was also aimed at examining gender differences on psychological wellbeing of adolescents from dysfunctional homes and finally explored the influence of age and adolescents' psychological wellbeing. Using prior literature and theories, the results of each research question is discussed in this chapter. Directions for future research, recommendations for practice and limitations are also discussed in this chapter.

Discussion of main findings

From the demographic variables it showed that males were more than females and also most of the adolescents between the ages of 14-17 were more than adolescents between the ages of 18-21. Majority of the participants were living with both parents, with quite a number living with their biological mother and step-father. This statistics could have influenced the findings of the research with a significant difference between family types. It was also observed that only 4 participants were living with their father only.

The study sought to find out whether adolescents who are from a functional home will have a better psychological wellbeing than adolescents from a dysfunctional home among students in both Junior and Senior high school in the suburbs of Accra. The result from the independent t-test between subjects sample mean revealed a significant difference exist. Adolescents' from a functional family scored high on psychological wellbeing than adolescent from a dysfunctional home. This study, is consistent with the previous study by Shek (1997) which revealed that Chinese adolescents who found themselves living in higher levels of family functioning had a better mental health, better school adjustment and lower levels of problem behaviour compared to adolescents in a lower levels family functioning. Although the research was carried out in a different culture, it shows that a functional family does affect the psychological well-being of adolescents. It also agrees with the findings of (Renzaho, et al. 2013), who found that level of family functioning significantly predicted child emotional behaviour, child conduct problems, hyperactivity and peer relationship problems. In addition, their study revealed that adolescents from a dysfunctional family displayed more of these behaviours compared to a functional family or household. More so, when compared to a healthy family functioning, results showed that they displayed less prosocial behaviour as compared to the healthy family.

The current finding is in support with a past empirical longitudinal study by (Petts, 2014), whose results show that parental interaction and attending religious services with parent(s) in late childhood are associated with higher psychological wellbeing. In addition the researcher realised that conflict with parents and residing in a non-traditional family in late childhood was associated with lower wellbeing among youth. More so, he observed an evidence suggesting that attending religious services with parent(s) increases the positive influence of parental

interaction on psychological wellbeing, and overall levels of religious attendance over time was less likely to increase wellbeing among adolescents raised by single parents than for adolescents raised by married parents.

The findings of the study contradicts Hassan et al. (2012) who found no significant relationship between psychological well-being and family functioning. Thus, the family functioning did not correlate the psychological wellbeing. The study proved that the elements of parenting skills and family functioning significantly influence the psychological well-being of parents and children.

Demo et al. (1996) found that frequent disagreements and maternal aggression were associated with lower adjustment whereas maternal support and more regular interaction were related to higher adjustment. Also their analysis showed that conflict between mothers and non-residential fathers was significantly related to lower global wellbeing of adolescents in divorced families. Demo's finding confirms with the current finding where it was found that adolescents in dysfunctional homes experienced low psychological wellbeing. Related to this was found in the current study that conflict also affects the psychological wellbeing of adolescents as observed in Demo et al. (1996) study.

Demo and colleagues (1996) finding agreed with David and Murphy (2004), who observed family conflict to be the greatest predictor of adolescent's global wellbeing. To the authors, this observation was likely because the adolescents are found in between all these conflicts (aggression, inconsistent parenting, and marital discord) and they become torn between which parent side they should be on. Adolescents who appear to be difficult or poses problems are

not only from divorced families; but as a matter of fact, some are also from homes that are characterized by conflicts (dysfunctional). Other studies including Cummings and Davies (2010) stated that the destructive marital conflict does have an impact on their ward's externalizing problems; Shek (2000) also reported in his similar findings among Chinese parents and children in Hong Kong that there are both a direct and indirect paths and linkages between parental marital quality and well-being and adolescent psychological well-being, particularly, self-esteem and hopelessness.

This result implies that, a functional family where there is constructive conflict, no substance abuse, and where there is both biological parents protection, the psychological wellbeing of adolescent improves. This is true because these children see a happy life and hence acquire a higher sense of security. This, therefore, make them have sound mind and go about their daily activities with all the confident and joy.

In addition, the present result agrees with a number of studies designed to investigate how family structure stability predicts adjustment of elementary school children in the western countries. The authors in these studies reported that children who find themselves in families that have experienced two or more transitions in family structure exhibited more disruptive behaviours at school, with poorer emotional adjustment, lower grades and achievement scores compared to children who experienced no transitions in family structure (Kurdek, Fine, & Sinclair 1995; Martinez & Forgatch 2002). As evidence to these studies, Pong and Ju (2000) longitudinal study among middle school and high school students in their statistical analysis reported that adolescents' who experienced more than one transition in family structure had the higher school dropout records.

On the contrary, it was observed that adolescent from a dysfunctional family thus family with high parental conflict, substance abuse and also lives with either a single parent or with step parents had a poorer psychological wellbeing. This, therefore, implies that for adolescent to stay psychologically healthy the role of parents are very paramount and hence parents need to ensure that they provide homes that are free from conflict.

This finding could be explained using the family system theory which sees nuclear or two-parent family as the ideal family structure and single parent family as a deviant from the ideal family (Donahoo, 2003). The theory explains that single-parent families have a negative impact on the child in that it is bad for the child's upbringing and affects the child's psychological wellbeing.

It is also in line with the family composition theory which theorizes that two biological parents or intact families are the best family structure for adolescents and children. This is because the theory asserts that children who are not raised by both biological parents will in later life suffer lower levels of wellbeing than children raised by intact families (two biological parents).

Amato and Keith (1991), found that children who were from divorced families have more difficulty in school, more behaviour problems, more negative self-concepts, more problems with peers, and more trouble getting along with their parents. In support with the family system theory, Bronfenbrenner (1979) explained various systems that affects an individual's development as they interact with these systems. He argued that the microsystem is where people in the individual's immediate environment like family interact with the person and have

great influence on the individual. Hence, if this system which is primary to the adolescent development is dysfunctional affect the psychological wellbeing of the adolescent.

The current study also investigated the relationship between parental conflict and adolescent psychological wellbeing. The result from the Pearson r analysis indicated a significant negative relationship between parental conflict and adolescent psychological wellbeing. This means that as conflict among parents' increases at home, the greater the psychological wellbeing of such adolescent gets affected and lowered. According to the family process theory, if children have good family processes, such as high quality parent-child relationships in the family and low parental conflict, then their wellbeing will be high regardless of their family structure. The finding of the study can be explained by the family process theory. This is because as the theory suggest that adolescent who find themselves living in a dysfunctional family are more likely to report lowered psychological wellbeing than those who find themselves in a functional family as found in the current research.

This result of the current study is consistent with past empirical studies such as (Emery, 1988; Kline, Johnston, & Tschann, 1991; Long & Forehand, 1987), which found that divorce of parent is not the only factor that lead to decreased psychological wellbeing but rather the conflict associated with the divorce that lead to adolescent psychological distress. Emery, (1988) reported that parental conflict do have a significant association with the growth of an extensive variety of problems in adolescents, such as aggression, conduct disorders, and anxiety.

The findings of the current study is in line with Acock and Demo (1994), where they found that adolescents exposed to high levels of inter-parental conflict and parent-adolescent conflict will experience more adjustment problems and academic difficulties than their counterparts in families with less conflict. Their findings provide strong support for the family conflict hypothesis. For this current study there was a negative relationship between parental conflict and adolescent psychological wellbeing. This is probably because for many adolescents in divorced families and stepfamilies, conflict has been a routine part of their lives. Many adolescents suffer lingering effects from sustained pre-divorce marital discord (Grych & Fincham, 1990). Grych and Fincham, (1990) reported that due to the porous nature of families, many children and adolescents find themselves living among parents who are divorced or live in intact families noticeable by a high level of marital conflict do have a detrimental effect on the psychological wellbeing of adolescents and children. Other researchers came out with the finding that parental conflict do have a negative effect on adolescents adjustment, including internalizing problems such as (anxiety, depression, and withdrawal), poor emotional well-being, academic problems, and low social competency (Cummings & Davies, 1994; Grych & Fincham, 1990).

Anant and Raguram (2005) study in India, reiterated that family environment, marital relationships are the key aspect of family functioning, affecting adjustment, even more so in the Indian culture where divorce is a social stigma, children are exposed to the consequences of marital conflicts and family dysfunction until they leave home for studies or marriage. Shader (2001), also reported that family conflict is one of the risk factors for delinquency amongst male adolescents aged 12 to 14. The present study is consistent with both research where

family functioning affects the psychological well-being of adolescents. The current data corroborate mounting evidence that family conflict—manifested in diverse ways and persisting over stages of the life course—impairs adolescent well-being,

In Koen (2010) study, adolescents reported that the negative feelings they had was as a result of regular conflict and lack of communication with their parents. According to the adolescents, their mothers are in constant fight with their fathers which affected them negatively. Among the negative effects include eating patterns where they complain they are not able to eat well because the conflict had an emotional and physical exhaustive effect on them. They reiterated that, they usually find it hard to eat. Most of the respondents reported that the conflict had an emotional turmoil on their lives. Some reports include *“I feel like am falling apart, it’s breaking me up inside, it tears you down inside”*. The negative impact parental conflict on the adolescent wellbeing did not only affect their life at home but affected their academic work and concentration levels in school. They explained that their lack of concentration led them to have poor grades and adjustment at school. Most importantly, this negative feelings affected their relationship with other people, became mean to everybody, depressed, anxious since they have no outlet to displace these emotions. This is because they bottle up all the emotions they are feeling and it explodes as an outburst when they cannot take it anymore. Their sleep patterns got affected as they find it difficult to sleep. Some mentioned that they take pills to help them sleep and even smoke to help them sleep. The adolescent’s wellbeing is heavily affected as they experience all these emotions.

In addition the study also supports Sun (2001) empirical investigation. The author realised that, adolescents' students from pre-disrupted families show signs of maladjustment in every area of their life being academic progress, psychological wellbeing, and behaviour problems.

The current results and past empirical investigation clearly indicates that, harmonious living among the parent at home is very vital for adolescent soundness and wellbeing. The result explains that parental conflicts put strain and stress on the cognition, emotion and the behaviour of adolescents. That is, as parental conflict increases at home, the more lowered the psychological wellbeing of adolescents who are victims under this conflicts. Bronfenbrenner (1979) systems theory explained, the interaction that occurs at any of the system will determine whether adolescent will be functional or dysfunctional. In the current finding, it was reported that parental conflict lowers the psychological wellbeing of adolescents. Parents by the system theory are located in the microsystem and this system do have a constant and greater impact on the adolescent wellbeing hence any dysfunctionality in interaction is detrimental to the adolescent.

The study examined the moderating effect of social support on the relationship between parental conflict and adolescent psychological wellbeing. Results from the hierarchical multiple regression analysis indicated that, the significant negative relationship between parental conflict and adolescent psychological wellbeing became positive and not significant. This means that social support help reduce the negative impact that parental conflict have on the psychological wellbeing of the adolescents. That is social support from significant others

help buffer the wellbeing of adolescents in the presence of parental conflicts. This current study supported the previous study by Boudreault-Bouchard, et al. (2013), which reported that adolescents' psychological distress decreased as they received parental support and this also helped to increase their self-esteem. Social support thus serves as a buffer to protect adolescents from poor psychological health. This can materialize when the family is serving its purpose to help build the adolescents to help increase their psychological health.

Many past empirical studies (Barrett & Turner, (2005); McLanahan & Sandefur, 1994) have observed a connection between family structure and psychological wellbeing. This suggests that adolescents who live with their married biological parents are more likely to have access to emotional and financial support than youth raised in single-parent families and stepfamilies, leading to higher levels of well-being among children raised by married parents.

Studies such as (McLanahan & Sandefur, 1994) suggests that single parents must perform all parenting roles without the support of another resident parent; balancing the roles of being a financial provider as well as providing emotional and social support for their children can be difficult hence rendering adolescent in such family to suffer from many psychological distresses such as poor academic performance, depression, emotional instability and many others. However, if adolescents from such environment gain support from their peers at school, church, teachers and other people in the community, it help to reduce the negative impact of parental conflict which was evident in the present finding.

In addition, it has been reported that, step parents are less likely to be involved in parenting tasks than biological/adoptive parents, which may increase stress for the biological parent

because of added parenting responsibilities and may reduce support for youth hence leading to poorer psychological wellbeing of the adolescent. However, supports gain outside the family help buffer adolescent from negative psychological health (Hofferth & Anderson, 2003).

More so, McLanahan and Sandefur, (1994) reported that living in a step family or single parent family may result in fewer resources for youth comparative to living in a married family, such as educational opportunities, because of financial pressures but their wellbeing becomes better when they receive social supports from other people. In support of this finding, it was observed that changes in family structure may also influence adolescent psychological wellbeing. It was explained that children largely rely on parents and others for their wellbeing till they become more autonomous in adult life (Avison, 2010). Thus, any interruptions in this support due to the termination of a parental relationship as well as any conflict connected with this transition may be especially disastrous for adolescents and younger children. In addition, it was reported that transitioning into a new family environment can create stress among parents, adolescent and children (Ge, Natsuaki, & Conger, 2006; Hofferth & Anderson, 2003). Furthermore, Steinberg, (2001) reported that parent to child relationship quality is more likely to influence of psychological wellbeing among youth. In general, he realized that authoritative parenting that is, (warm, supportive, and engaged with children) is related with less psychological problems.

However, reports show that parents are an important source of social support for their children; expressing affection toward children and being engaged in children's lives help children to feel more secure and reduce the risk of experiencing emotional or behavioural problems (Thornton, 2001). Higher quality relationships between parents and youth and their peers at school may

increase the likelihood that youth experience higher wellbeing throughout their adolescence life.

Malecki, et al. (2000) explained that when adolescents' receive social support from people within their social network or web, it increases their functioning and may safeguard them from negative outcomes. From the current reports, this explanation hold true as it was observed that social support received by the adolescents' sample tested help reduce the negative impact of parental conflict on their psychological wellbeing. In support of this explanation, a study examined children from alcoholic parents during their adolescents' stage and the outcome was that, adolescents were found to be at a higher risk for delinquency if they experienced parental alcohol abuse and low perceived family support than when they receive higher and effective social support. Similar moderating effects have been found for family conflict and family cohesion (Barnes, et al., 2006).

More so, past empirical findings indicates that social support is the most important factor in determining the effect of a stressor on an individual hence adolescents with higher levels of social support have fewer adjustment problems (Malecki & Demaray, 2002; Taylor et al. 2004).

Social support, therefore, can serve as a form of buffer for adolescents in stressful situations because it is strong on many aspects of mental health in adolescents, including psychological distress, psychological wellbeing and resilience. Social support is known to increase wellbeing and decrease levels of stress (Taylor et al., 2004).

Furthermore, Kerr, et al. (2006) hypothesized that males will perceive less support than females in their research on gender specific associations with psychopathology. The authors

reported that females perceived more social support in terms of emotional support than males. In an earlier study by Crosnoe and Elder, (2004), the researchers reported that young people who lack support at home, in the form of an absence of emotional ties and positive interactions, are more likely to get off track in school, in the form of lower engagement, attachment, and achievement, even controlling for differences in family background, parents' and adolescents' attitudes about education, and prior academic behaviour.

Again reports from empirical investigation shows a relationship between social support and anxiety, with anxious individuals reporting that they receive less social support than those who are less anxious, this is attributed to the fact that highly anxious individuals have more difficulty in establishing and maintaining a supportive relationships (Calsyn, et al. 2005). Cornwell, (2003) reported that individuals with higher levels of social support are also known to have lower levels of psychological distress and depression. In addition the researcher suggested that social support is important in decreasing the likelihood of depression in adolescences.

Social support based on the current finding and past empirical reports shows that, it is an important social tool in dealing with excesses that dysfunctional families and parental conflict creates. More so, in terms of social supports efficacy in dealing with negative psychological distress, results shows some consistency and hence ardent attention need to be paid to nature and content of supports of adolescents.

The present study as part of the objectives examined adolescents' gender differences on psychological wellbeing and social support. The result from the two way ANOVA statistical test showed no significant gender differences on psychological wellbeing in terms of

adolescents from a dysfunctional family. In addition, no significant gender differences was realised on social support. The result indicates that, both male and female from dysfunctional families were equally affected in terms of their psychological wellbeing. This means that the detrimental effect of dysfunctional family on the psychological wellbeing of adolescents has nothing to do with gender for this particular study. The implication of this is that, the effect of dysfunctional family is same for both males and females. This finding is in disparity of the argument raised by Cicchetti and Rogosch (2002) by saying that not all adolescents from dysfunctional families develop problems. However, the finding may be in agreement with Sameroff, (2001) assertion that, the development of psychological problems depends on the dynamic interaction between the individual and individual's contexts. In the context of the adolescents studied, it appears that dysfunctional family do have equal effects on both genders. This mean that it did not affect one gender more than the other.

In general these adolescents receive good social support and hence manifested in the third outcome where the significant negative effects that parental conflict has on adolescent psychological wellbeing was brought down to positive.

Further past empirical study on social support, indicated on most occasions, is perceived differently among males and females. For example, Mahaffy's (2004) study reported higher self-esteem for male adolescent is than female adolescent. This finding was supported by an earlier study conducted by Colarossi (2001). The study examined gender differences in adolescents' support structure, frequency as well as satisfaction from parents, peers and other adults found similar evidences reported by Mahaffy (2004). Further Colarossi (2001) and Chun and MacDermid (1997) studies suggested that female adolescents as compared to male

adolescents are more concerned with and orient more toward peers for social support and they are also more satisfied with the support gained from their peers. Besides, vast majority of them perceived women that is their mother provide them with more social supports compared to what they can obtain from men that is their father.

The findings obtained from the study of Dumont and Provost (1999), provided an explanation that female adolescents are generally having better social networks and are more open in socializing with their peers. This is because female adolescents are more involved in nurturing, communality, and affiliation. Hence, this enables them to establish new supports more easily from outside the family context. In disparity, Hirsch and DuBois (1991) found that male adolescents perceived higher level social support than their female counterparts as the males' orientation is neither bias toward peers nor adults. Therefore, the males tend to have more balance numbers of peer and adult supports. Further analysis of the results of Hirst and DuBois showed that in terms of frequency, supports obtained by the male adolescents from the adults are higher as compared to the supports obtained from their peers. However, the male adolescents are more satisfied with the friendship support than other sources of support. Further gender differences in perceived social supports can be explained by gender role expectation where males would generally prefer to communicate with women in order to gain emotional support as compared to women.

Perez (2012) found gender differences on a number of dimensions of psychological well-being which is consistent with the current study. The difference between the two studies is that for Perez's study, author was not comparing gender differences of participants based on family type.

The current study does not support Roothman, Kirsten and Wissing (2003) finding that men had a greater psychological wellbeing than women. The difference, however, found could be attributed to any other cause and not necessarily based on the individual's family structure and composition.

Examining the current finding against past empirical reports in terms of gender differences on social support and psychological wellbeing among adolescents, there appears to be some level of inconsistency in literature. However, one variable that may be attributed to as contributing to the varying differences in results is culture. Ghana, an African country generally labelled as collective culture provides to their adolescents and other members in society support that helps them to leave peacefully. This positive aspect of the culture may probably accounted for the no significant differences in social support and psychological wellbeing even in the phase of parental conflict and dysfunctional family structure.

Limitations of the study

The current study like any other study was limited in some ways. The use of self-reports method to collect data on the variables of study makes the study limited in some extent. This is due to the fact that the relationship that exists amongst the study variables may have been influenced by common method variance. That is any variance that is attributed to the measuring of multiple constructs using the same method (Podsakoff, MacKenzie, Lee & Podsakoff, 2003). All data concerning this research were collected using self-report Likert-type questionnaires as such there is a likelihood that the relationships that were found between the variables that were studied (family type, parental conflict, social support and psychological wellbeing) were in one way or the other way affected by the common measurement methods.

Second, the social skills, social support appraisals and the psychological well-being were evaluated from the perspective of adolescents. The results might have been different if other informants, such as parents and teachers, were consulted.

A larger sample size and more schools coverage would be appropriate to establish the relationship between the variables in future studies as this would lead to more accurate information that would represent a better view of the larger society. Thirdly, the scales that were used in the study were developed in the Western countries and as such they may not be able to reveal the full meaning of the variables in the Ghanaian setting irrespective of the fact that their coefficient alphas were all above .70 in this study. There is the need to improve and further validate measures for future researches so as to depict the real essence of these variables among Ghanaian adolescents' sample and forestall any misleading projections indicated by the Western scales.

Also all final year participants have limited framework within which to submit their final paper to the academic office of Methodist University College. Which means the limited time frame within which this study must be completed for submission would make it very difficult to carry out a study of this nature in virtually every region and district in Ghana and hence limited to the four schools selected for the study.

Recommendation for practice

Adolescents today are the future leaders tomorrow. One way of them becoming good leaders and effective in nature is good and sound psychological wellbeing. Broken homes or dysfunctional families are inevitable due to certain choices of individuals in society hence may

render some of these future leaders psychologically traumatised. Base on this nuances, school teachers and educational psychologists should come out with training and counselling sessions that ensures that these individuals are located and the needed support is given. Teachers should be more personal and friendly to their students so as to unearth these problems.

Basic and senior high school counsellors can use information from this empirical investigation to create interventions in the school, community, and home that meet numerous national social policy standards. The schools can create time period for guidance and counselling where school counsellors and teachers alike have friendly and open chats with students in the classroom. This in a way helps them to observe the reaction of each students. Some may be bold to share their experiences whilst others may feel shy and will not talk probably because they may be introvert in nature. Such students can be followed up asking them to see the school counsellor privately to talk over his or her problem. Aside this, practical interventions can be fused into religious and moral education curriculum, where such classes can be in the form of role play where the teacher create a scene of family which is functional and dysfunctional in nature. After the play then the teacher will take them through therapeutic and counselling session. At the long round, adolescents who fall victim of such treatments and had the opportunity to take part in the role play and the counselling session will be healed and others will also be motivated to join. That is education stakeholders can also learn and model behaviours to demonstrate caring and support for these adolescents.

Further, stakeholders in education, women, children and gender can learn about the different negative treatments that adolescent students go through as a result of parental conflict and

dysfunctional family in their home environments, implications of these treatments, and strategies to buffer the effects of the adolescent behaviours associated with parental conflict and dysfunctional family.

Open services such as independent and group counselling interventions can be used when students need support from teachers, staff, family, and peers to deal with situations such as single parenting, broken or changing family roles. Individual counselling provides pupils and students with a role model or mentor and a friend/confidante who may not be present in their home lives. This research report emphasizes the need for guidance and support by an adult character because it was realised that social support was effective in reducing the negative impact of parental conflict on adolescents' psychological wellbeing. In this instance, the school counsellor, matrons, catechist of the school and other religious leaders may be that individual who can work with the student to increase communication at home.

School authorities can design a group counselling session for students who do experience and find him or herself in hostile home environment. This intervention may promote the use of effective communication and will allow the adolescents to learn how to identify problems, examine the problem, and determine causes and consequences of their actions in the group.

Additionally, system support forums such as discussion groups and in-service training can be used to provide education stakeholders with the information and tools they need to assist adolescents with communication of their emotional, physical, and psychological needs as well as their academic goals.

Comprehending the impact of parental conflicts and dysfunctional family structure gives administration, faculty, staff, parents, and community members' deeper insight into adolescents' perceptions of life events. Therefore, implementing parent days and parent discussion groups enhances parental involvement and also emphasizes the value adolescents place on their relationships with their parents. In such programmes sensitive topics such as divorce, parental substance abuse, infidelity, conflict and domestic violence can also be discussed to increase knowledge and change home and school practices. Community members can also be included through an "adopt an adolescent" program increasing the opportunity to bond with a caring adult for students at-risk due to family circumstances.

Thus, the society of a country with younger populations should adopt the concept that a happy family is a special asset that must be achieved and maintained in order to obtain success for the future generation. The implication of this study is to assist governmental and non-governmental agencies to assess the elements of family relationships that functions to attain a prosperous family. This study can be used as a reference for researchers in familial studies, and for the development of family well-being module that works to obtain the internal well-being of the family.

Recommendations for future research

First and foremost, it would also be interesting to conduct this study between urban and rural areas as adolescents from the two different environments may lead to different findings. The range of the age could be widened to cover a larger scope of different outcomes from different stages of adolescence.

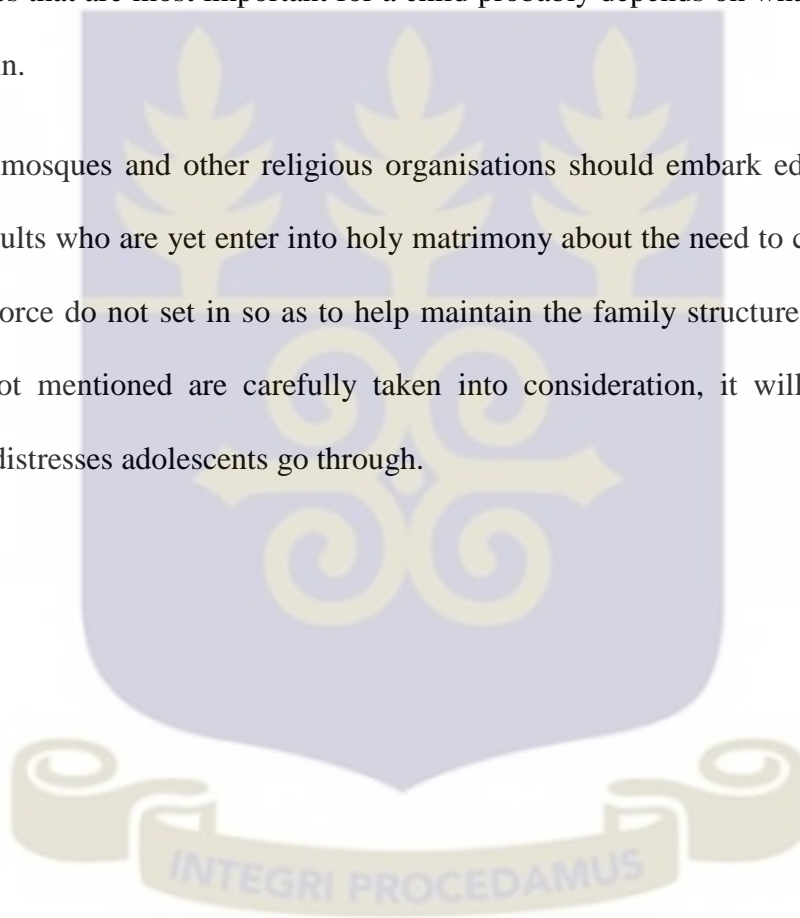
Finally, future researchers should try to identify the differential needs of children within each family structure, by determining the unique socioeconomic advantages or disadvantages, individual characteristics, and family processes within each family structure and how it influences the psychological wellbeing of adolescents.

CONCLUSION

Dysfunctional families in any form is a threat to the psychological wellbeing of adolescents as espoused in the current study. The divorce crisis, however, also may stimulate family growth and development in ways that are not available in the two-parent family system. Single-parent families are neither superior nor inferior to intact families, they are simply different. These differences can become sources of strength, rather than symbols of failure as dysfunctional families are sometimes inevitable. The current study examined the influence of family type, and parental conflict on adolescent psychological wellbeing. In addition, the moderating effect of social support on parental conflict and psychological wellbeing was examined. The result of the study indicated that adolescents from dysfunctional family reported lower psychological wellbeing than adolescent from a functional family. In addition, parental conflict had a negative influence on adolescent psychological wellbeing. More so the negative relationship between parental conflict and psychological wellbeing was reduced when social support was presents. However, gender differences in terms of psychological wellbeing of adolescent from a dysfunctional family did not differ significantly. In addition, both male and female adolescents did not differ significantly in terms of receiving of social support. In light of these findings, social policy from Ministry of Women, Children and Gender, Commission on Human Resource and Administrative Justice (CHRAJ) should not be directed toward preserving only

the traditional nuclear family under the idea that the nuclear family is the best family structure for children's wellbeing. Rather social policies should help families make transitions from one structure to the next, with a concentration on helping parents develop and maintain good relations with their children. In addition, education and counselling should be provided to all parents about family processes that are most important for their children's development. The family processes that are most important for a child probably depends on what family structure the child lives in.

The churches, mosques and other religious organisations should embark educational fairs to teach young adults who are yet enter into holy matrimony about the need to choose wisely and ensure that divorce do not set in so as to help maintain the family structure. When these and other things not mentioned are carefully taken into consideration, it will help curb these psychological distresses adolescents go through.



REFERENCES

- Abbott, R. A., Ploubidis, G. B., Huppert, F. A., Kuh, D., Wadsworth, M. E., & Croudace, T. J. (2006). Psychometric evaluation and predictive validity of Ryff's psychological well-being items in a UK birth cohort sample of women. *Health and quality of life outcomes*, 4(1), 1.
- Acock, A. C., & Demo, D. H. (1994). *Family diversity and well-being*. Thousand Oaks, CA: Sage.
- Acquaye, H. E. (2011). The effects of broken home and absentee fathers on the adjustment of the adolescent girl in Clarion hostel, Cape Coast.
- Albrecht, T. L., & Adelman, M. B. (1987). *Communicating social support*. Sage Publications, Inc
- Amato, P. R. (1987). Family processes in one-parent, stepparent, and intact families: The child's point of view. *Journal of Marriage and the Family*, 327-337.
- Amato, P. R. (2000). The consequences of divorce for adults and children. *Journal of marriage and family*, 62(4), 1269-1287.
- Amato, P. R. (2001). Children of divorce in the 1990s: an update of the Amato and Keith (1991) meta-analysis. *Journal of family psychology*, 15(3), 355.
- Amato, P. R. (2001). Children of divorce in the 1990s: an update of the Amato and Keith (1991) meta-analysis. *Journal of family psychology*, 15(3), 355.

Amato, P. R., & Anthony, C. J. (2014). Estimating the effects of parental divorce and death with fixed effects models. *Journal of Marriage and Family*, 76(2), 370-386.

American Psychological Association Ethical Codes (2002). Retrieved from <http://www.apa.org/ethics/code/index.aspx>

Amoakohene, A. (2013). *Relationship between Single Parenting and Academic Performance Of adolescents In Senior High Schools: A Case Study of Afigya Sekyere District in Ashanti Region* (Doctoral dissertation).

Amoakohene, A. (2013). *Relationship between Single Parenting and Academic Performance Of adolescents In Senior High Schools: A Case Study of Afigya Sekyere District in Ashanti Region* (Doctoral dissertation).

Anant, S., & Raguram, A. (2005). Marital conflict among parents: Implications for family therapy with adolescent conduct disorder. *Contemporary Family Therapy*, 27(4), 473-482.

Atindanbila, S., Asare-Doku, W., & Awuah-Peasah, D. (2012). The Effects of Parenting on the Self-Esteem of Adolescents: A study at Labadi Presbyterian Secondary School (Ghana). *Research on Humanities and Social Sciences*, 2(11), 13-18.

Barnes, G. M., Hoffman, J. H., Welte, J. W., Farrell, M. P., & Dintcheff, B. A. (2006). Effects of parental monitoring and peer deviance on substance use and delinquency. *Journal of Marriage and Family*, 68(4), 1084-1104.

Barnow, S., Schuckit, M. A., Lucht, M., John, U., & Freyberger, H. J. (2002). The importance of a positive family history of alcoholism, parental rejection and emotional warmth, behavioral problems and peer substance use for alcohol problems in teenagers: a path analysis. *Journal of studies on alcohol*, *63*(3), 305-315.

Bar-On, R. (2006). The Bar-On model of emotional-social intelligence (ESI)

1. *Psicothema*, *18* (Suplemento), 13-25.

Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of personality and social psychology*, *51*(6), 1173.

Barrett, A. E., & Turner, R. J. (2005). Family structure and mental health: The mediating effects of socioeconomic status, family process, and social stress. *Journal of Health and Social Behavior*, *46*(2), 156-169.

Bender, D., & Lösel, F. (1997). Protective and risk effects of peer relations and social support on antisocial behaviour in adolescents from multi-problem milieus. *Journal of adolescence*, *20*(6), 661-678.

Berkman, L. F., & Lochner, K. A. (2002). Social determinants of health: Meeting at the crossroads. *Health Affairs*, *21*(2), 291-293.

Boudreault-Bouchard, A. M., Dion, J., Hains, J., Vandermeerschen, J., Laberge, L., & Perron, M. (2013). Impact of parental emotional support and coercive control on adolescents' self-esteem and psychological distress: Results of a four-year longitudinal study. *Journal of adolescence*, *36*(4), 695-704.

- Bowen, M. (1978). *Family therapy in clinical practice*. New York: Aronson.
- Brajša-Žganec, A., Raboteg-Šarić, Z., & Tkalić, R. G. (2002). Gender differences in the relationship between some family characteristics and adolescent substance abuse. *Društvena istraživanja*, 58(2-3), 335-352.
- Bronfenbrenner, U. (1979). Contexts of child rearing: Problems and prospects. *American psychologist*, 34(10), 844.
- Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, MA: Harvard University Press.
- Bryman, A., & Cramer, D. (2005). *Quantitative data analysis with SPSS 12 and 13: a guide for social scientists*. Psychology Press.
- Bulanda, R. E., & Majumdar, D. (2009). Perceived parent–child relations and adolescent self-esteem. *Journal of Child and Family Studies*, 18(2), 203-212.
- Burke, S., McIntosh, J., & Gridley, H. (2009). *Parenting after separation: A literature review prepared for the Australian Psychological Society*. Australian Psychological Society.
- Caldwell, M. A., & Peplau, L. A. (1982). Sex differences in same-sex friendship. *Sex Roles*, 8(7), 721-732.
- Calsyn, R. J., Winter, J. P., & Burger, G. K. (2005). The relationship between social anxiety and social support in adolescents: A test of competing causal models. *Adolescence*, 40(157), 103–113.

- Caltabiano, M. L., & Ghafari, N. (2011). The effect of social comparison processes, athletic prototypes, perceived behavioural control and perceived threat on physical activity. *International Journal of Health Promotion and Education*, 49(2), 44-52.
- Chang, Y., & Fine, M. A. (2007). Modeling parenting stress trajectories among low-income young mothers across the child's second and third years: Factors accounting for stability and change. *Journal of Family Psychology*, 21, 584–59
- Chassin, L., Flora, D. B., & King, K. M. (2004). Trajectories of alcohol and drug use and dependence from adolescence to adulthood: the effects of familial alcoholism and personality. *Journal of abnormal psychology*, 113(4), 483.
- Chun, Y. J., & MacDermid, S. M. (1997). Perceptions of family differentiation, individuation, and self-esteem among Korean adolescents. *Journal of Marriage and the Family*, 451-462.
- Cicchetti, D., & Rogosch, F. A. (2002). A developmental psychopathology perspective on adolescence. *Journal of consulting and clinical psychology*, 70(1), 6.
- Cicchetti, D., & Rogosch, F. A. (2002). A developmental psychopathology perspective on adolescence. *Journal of consulting and clinical psychology*, 70(1), 6.
- Cochran, L. A. (2014). Children of Alcoholics: How Patterns and Perceptions of the Past Affect the Future.
- Cohen, J. (1992). Quantitative Methods in Psychology: A Power Primer. *Psychological Bulletin*, 112(1), 155-159.

- Cohen, Sheldon, William J. Doyle, Ronald B. Turner, Cuneyt M. Alper, and David P. Skoner. (2003). "Emotional style and susceptibility to the common cold." *Psychosomatic medicine* 65, (4), 652-657.
- Colarossi, L. G. (2001). Adolescent gender differences in social support: Structure, function, and provider type. *Social Work Research*, 25(4), 233-241
- Coleman, J. S. (1988). Social capital in the creation of human capital. *American journal of sociology*, S95-S120.
- Cornwell, B. (2003). The dynamic properties of social support: Decay, growth, and staticity, and their effects on adolescent depression. *Social forces*, 81(3), 953-978.
- Creswell, J. W. (2014). *A concise introduction to mixed methods research*. SAGE Publications.
- Cripps, K., & Zyromski, B. (2009). Adolescents' psychological well-being and perceived parental involvement: Implications for parental involvement in middle schools. *RMLE Online*, 33(4), 1-13.
- Crockett, L.J., & Crouter, A.C. (1995). Pathways through adolescence: an overview. In Crockett, L.J. & Crouter, A.C. (Eds.). *Pathways through adolescence: an individual development in relation to social contexts*, 1-12. New Jersey: Laurence Erlbaum Associates.
- Crockett, L.J., and Petersen, A.C. (1999). *Adolescent development: health risks for promotion. Promoting the health of adolescents: new direction for the twenty-first century*, 13-37. Oxford University Press: New York.

- Crosnoe, R., & Elder, G. H. (2004). Family dynamics, supportive relationships, and educational resilience during adolescence. *Journal of Family Issues*, 25(5), 571-602.
- Cui, M. (2003). The impact of marital conflict on adolescent adjustment.
- David, H., Demo, D. H., & Acock, A. C. (1996). Family structure, family process, and adolescent well-being. *Journal of Research on Adolescence*, 6, 457-488.
- David, H., Demo, D. H., & Acock, A. C. (1996). Family structure, family process, and adolescent well-being. *Journal of Research on Adolescence*, 6, 457-488.
- David, H., Demo, D. H., & Acock, A. C. (1996). Family structure, family process, and adolescent well-being. *Journal of Research on Adolescence*, 6, 457-488.
- David, K. M., & Murphy, B. C. (2004). Interparental Conflict and Late Adolescents; Sensitization to Conflict: The Moderating Effects of Emotional Functioning and Gender. *Journal of Youth and Adolescence*, 33(3), 187-200.
- Deci, E. L., & Ryan, R. M. (2008). Self-determination theory: A macrotheory of human motivation, development, and health. *Canadian psychology/Psychologie canadienne*, 49(3), 182.
- Demaray, M. K., & Malecki, C. K. (2002). The relationship between perceived social support and maladjustment for students at risk. *Psychology in the Schools*, 39(3), 305-316.
- Demaray, M. K., & Malecki, C. K. (2002). The relationship between perceived social support and maladjustment for students at risk. *Psychology in the Schools*, 39(3), 305-316.

- Demo, D. H., & Acock, A. C. (1988). The impact of divorce on children. *Journal of Marriage and the Family*, 619-648.
- Donahoo, S. (2003): Single Parenting and Children's Academic Achievement. Retrieved from <http://npin.org/pnews/2003/pnew303/int303a.html>.
- Doungtran, Q., & Richey, C. A. (1997). Family functioning and psychological well-being in Vietnamese adolescents. *J. Soc. & Soc. Welfare*, 24, 41.
- Dumont, M., & Provost, M. A. (1999). Resilience in adolescents: Protective role of social support, coping strategies, self-esteem, and social activities on experience of stress and depression. *Journal of youth and adolescence*, 28(3), 343-363.
- Durkheim, E. (1951). *Suicide*. New York, NY: Free Press.
- Džuka, J., & Dalbert, C. (2000). Well-being as a psychological indicator of health in old age: A research agenda. *Studia psychologica*, 42(1-2), 61-70.
- Edmonds, L. & Wilcocks, L. (2000). *Teen drug scene: a guide for parents and schools*. Wendywood: Little Oak Press.
- Emery, R. E. (1988). *Marriage, divorce, and children's adjustment*. Newbury Park, CA: Sage.
- Eskin, M. (2003). Self-reported assertiveness in Swedish and Turkish adolescents: A cross-cultural comparison. *Scandinavian Journal of Psychology*, 44, 7-12.
- Faust, K. A., & McKibben, J. N. (1999). Marital Dissolution. In *Handbook of Marriage and the Family*, 475-499.
- Faust, K. A., & McKibben, J. N. (1999). Marital Dissolution. In *Handbook of Marriage and the Family* (pp. 475-499). Springer US.

- Field, A. (2000). *Discovering Statistics using SPSS for Windows*. London – Thousand Oaks – New Delhi: Sage publications.
- Field, A. (2005). Regression. *Discovering statistics using SPSS*, 2, 143-217.
- Flouri, E., & Buchanan, A. (2003). The role of father involvement in children's later mental health. *Journal of adolescence*, 26(1), 63-78.
- Frauenglass, S., Routh, D. K., Pantin, H. M., & Mason, C. A. (1997). Family support decreases influence of deviant peers on Hispanic adolescents' substance use. *Journal of Clinical Child Psychology*, 26(1), 15-23.
- Fuller, T. D., Edwards, J. N., Vorakitphokatorn, S., & Sermsri, S. (2004). Gender differences in the psychological well-being of married men and women: an asian case. *the sociological quarterly*, 45(2), 355-378.
- Furstenberg, F. F., & Spanier, G. B. (1984). Recycling the family: Remarriage after divorce.
- Garnefski, N., & Diekstra, R. F. (1996). Perceived social support from family, school, and peers: Relationship with emotional and behavioural problems among adolescents. *Journal of the American academy of Child & adolescent Psychiatry*, 35(12), 1657-1664.
- Ge, X., Natsuaki, M. N., & Conger, R. D. (2006). Trajectories of depressive symptoms and stressful life events among male and female adolescents in divorced and nondivorced families. *Development and psychopathology*, 18(01), 253-273.
- Grych, J. H., & Fincham, F. D. (1990). Marital conflict and children's adjustment: a cognitive-contextual framework. *Psychological bulletin*, 108(2), 267.

- Guidubaldi, J., & Perry, J. D. (1985). Divorce and mental health sequelae for children: A two-year follow-up of a nationwide sample. *Journal of the American Academy of Child Psychiatry, 24*(5), 531-537.
- Guidubaldi, J., Cleminshaw, H., & Perry, J. (1985). The relationship of parental divorce to health status of parents and children. *Special Services in the Schools, 1*(3), 73-87.
- Guidubaldi, J., Cleminshaw, H., & Perry, J. (1985). The relationship of parental divorce to health status of parents and children. *Special Services in the Schools, 1*(3), 73-87.
- Hassan, A., Yusooff, F., & Alavri, K. (2012). The Relationship between Parental Skill and Family Functioning to the Psychological Well-Being of Parents and Children. In *International Conference on Humanity, History and Society, Singapore*.
- Hess, R. D., & Camara, K. A. (1979). Post-divorce family relationships as mediating factors in the consequences of divorce for children. *Journal of Social Issues, 35*(4), 79-96.
- Hetherington, E. M. (1979). Divorce: a child's perspective. *American psychologist, 34*(10), 851.
- Hetherington, E. M. (1989). Coping with family transitions: Winners, losers, and survivors. *Child development, 1*-14.
- Hilton, J. M., & Desrochers, S. (2002). Children's behavior problems in single-parent and married-parent families: Development of a predictive model. *Journal of divorce & remarriage, 37*(1-2), 13-36.
- Hirsch, B., & DuBois, D. (1991). Self-esteem in early adolescence: The identification and prediction of contrasting longitudinal trajectories. *Journal of Youth and Adolescence, 20*, 53-72.

- Hofferth, S. L., & Anderson, K. G. (2003). Are all dads equal? Biology versus marriage as a basis for paternal investment. *Journal of Marriage and Family*, 65(1), 213-232.
- Holmbeck, G. N. (1997). Toward terminological, conceptual, and statistical clarity in the study of mediators and moderators: examples from the child-clinical and pediatric psychology literatures. *Journal of consulting and clinical psychology*, 65(4), 599.
- Jamiolkowski, R. M. (1998). *Coping in a dysfunctional family*. The Rosen Publishing Group.
- Johnston, L. D., O'malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2011). Monitoring the Future National Survey Results on Drug Use, 1975-2010. Volume II, College Students & Adults Ages 19-50. *Institute for Social Research*.
- Joronen, K., & Åstedt-Kurki, P. (2005). Adolescents' experiences of familial involvement in their peer relations and school attendance. *Primary Health Care Research and Development*, 6(03), 190-198.
- Kafka, G. J., & Kozma, A. (2002). The construct validity of Ryff's scales of psychological well-being (SPWB) and their relationship to measures of subjective well-being. *Social Indicators Research*, 57(2), 171-190.
- Kerr, D. C., Preuss, L. J., & King, C. A. (2006). Suicidal adolescents' social support from family and peers: Gender-specific associations with psychopathology. *Journal of abnormal child psychology*, 34(1), 99-110.
- Kessler, R. C., Avenevoli, S., & Merikangas, K. R. (2001). Mood disorders in children and adolescents: an epidemiologic perspective. *Biological psychiatry*, 49(12), 1002-1014.

- Kheswa, J. G. (2015). Psychological Well-being, Alcohol Abuse and Sexual Behaviour among African Adolescent Males in South Africa.
- King, K. M., Meehan, B. T., Trim, R. S., & Chassin, L. (2006). Marker or mediator? The effects of adolescent substance use on young adult educational attainment. *Addiction, 101*(12), 1730-1740.
- King, K. M., Molina, B. S., & Chassin, L. (2009). Prospective relations between growth in drinking and familial stressors across adolescence. *Journal of abnormal psychology, 118*(3), 610.
- Kinrear, K. L. (1999). *Single parents: A reference handbook*. Abc-Clio Inc.
- Kline, M., Johnston, J. R., & Tschann, J. M. (1991). The long shadow of marital conflict: A model of children's postdivorce adjustment. *Journal of Marriage and the Family, 297*-309.
- Kokutse, F. (2012). Ghana youth suicide rate rises amidst taboos. Retrieved from <https://wazaonline.com/en/article/ghana-youth-suicide-rate-rises-amidst-taboos> .
- Kouros, C. D., Cummings, E. M., & Davies, P. T. (2010). Early trajectories of interparental conflict and externalizing problems as predictors of social competence in preadolescence. *Development and psychopathology, 22*(03), 527-537.
- Krejcie, R. V., & Morgan, D. W. (1970). Determining sample size for research activities. *Educ Psychol Meas.*

- Kurdek, L. A., Fine, M. A., & Sinclair, R. J. (1995). School adjustment in sixth graders: Parenting transitions, family climate, and peer norm effects. *Child development*, 66(2), 430-445.
- Licitra-Kleckler, D. M., & Waas, G. A. (1993). Perceived Social Support among High-Stress Adolescents The Role of Peers and Family. *Journal of Adolescent Research*, 8(4), 381-402.
- Lifrak, P. D., McKay, J. R., Rostain, A., Alterman, A. I., & O'BRIEN, C. P. (1997). Relationship of perceived competencies, perceived social support, and gender to substance use in young adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 36(7), 933-940.
- Long, N., Forehand, R., Fauber, R., & Brody, G. H. (1987). Self-perceived and independently observed competence of young adolescents as a function of parental marital conflict and recent divorce. *Journal of Abnormal Child Psychology*, 15(1), 15-27.
- Mackay, R. (2005). The impact of family structure and family change on child outcomes: A personal reading of the research literature. *Social Policy Journal of New Zealand*, 24(4), 111-133.
- Mahaffy, K. A. (2004). Girls' Low Self-Esteem How Is It Related to Later Socioeconomic Achievements?. *Gender & Society*, 18(3), 309-327.
- Mainoo, G. O. (2008). *A Study of Factors Affecting Adolescent Perceptions of Psychosocial Adjustment after Parental Divorce in Ghana* (Doctoral dissertation, National University of Singapore).

Malecki, C. K., & Demaray, M. K. (2003). What Type of Support Do They Need?

Investigating Student Adjustment as Related to Emotional, Informational, Appraisal, and Instrumental Support. *School psychology quarterly*, 18(3), 231.

Malecki, C. K., Demaray, M. K., Elliott, S. N., & Nolten, P. W. (2000). *The child and adolescent social support scale*. DeKalb, IL: Northern Illinois University.

Malhotra, N. K. (2006). Questionnaire design and scale development. *The handbook of marketing research: Uses, misuses, and future advances*, 83-94.

Martinez Jr, C. R., & Forgatch, M. S. (2002). Adjusting to change: linking family structure transitions with parenting and boys' adjustment. *Journal of Family Psychology*, 16(2), 107.

McLanahan, S., & Sandefur, G. (1994). *Growing Up with a Single Parent. What Hurts, What Helps*. Harvard University Press, 79 Garden Street, Cambridge, MA 02138.

McLanahan, S., & Sandefur, G. (1994). *Growing Up with a Single Parent. What Hurts, What Helps*. Harvard University Press, 79 Garden Street, Cambridge, MA 02138.

Musick, K., & Bumpass, L. (1999). How do prior experiences in the family affect transitions to adulthood. *Transitions to adulthood in a changing economy: No work, no family, no future*, 69-102.

Musick, K., & Meier, A. (2010). Are both parents always better than one? Parental conflict and young adult well-being. *Social Science Research*, 39(5), 814-830.

Mussen, P.H., Conger, J.J., Kagan, J., & Huston, A.C. (1984). *Child development and personality*. New York: Harper and Row Publishers.

- Parker, J. S., & Benson, M. J. (2004). Parent-adolescent relations and adolescent functioning: Self-esteem, substance abuse, and delinquency. *Adolescence*, 39(155), 519.
- Pavot, W., & Diener, E. (1993). Review of the satisfaction with life scale. *Psychological assessment*, 5(2), 164.
- Perez, J. A. (2012). Gender Difference in Psychological Well-being among Filipino College Student Samples. *International Journal of Humanities and Social Science*, 2 (13).
- Petts, R. J. (2016). Religious homogamy, race/ethnicity, and parents' relationship stability. *Sociological Focus*, 49(3), 163-179.
- Piko, B. (2000). Perceived social support from parents and peers: which is the stronger predictor of adolescent substance use?. *Substance use & misuse*, 35(4), 617-630.
- Podsakoff, P. M., MacKenzie, S. B., Lee, J. Y., & Podsakoff, N. P. (2003). Common method biases in behavioral research: a critical review of the literature and recommended remedies. *Journal of applied psychology*, 88(5), 879.
- Pompili, M., Serafini, G., Innamorati, M., Lester, D., Shrivastava, A., Girardi, P., & Nordentoft, M. (2011). Suicide risk in first episode psychosis: a selective review of the current literature. *Schizophrenia research*, 129(1), 1-11.
- Potrykus, H., & Fagan, P. (2012). The Divorce Revolution Perpetually Reduces US Economic Growth: Divorce Removes a Fourth of Head-of-Household Productivity Growth. *Washington: MARRI-The Marriage and Religion Research Institute. March, 8.*
- Prokopiou, E., Cline, T., & de Abreu, G. (2012). Rethinking Ethnic Minority Young People's Participation in Multiple Sociocultural Contexts and Its Impact on Their Cultural

- Identities. In *Learning, Social Interaction and Diversity—Exploring Identities in School Practices* (pp. 35-52). Sense Publishers.
- Pudrovska, T., Schieman, S., Pearlin, L. I., & Nguyen, K. (2005). The sense of mastery as a mediator and moderator in the association between economic hardship and health in late life. *Journal of Aging and Health, 17*(5), 634-660.
- Renzaho, A., Mellor, D., McCabe, M., & Powell, M. (2013). Family functioning, parental psychological distress and child behaviours: Evidence from the Victorian child health and wellbeing study. *Australian psychologist, 48*(3), 217-225.
- Richman, J. M., Rosenfeld, L. B., & Bowen, G. L. (1998). Social support for adolescents at risk of school failure. *Social work, 43*(4), 309-323.
- Roothman, B., Kirsten, D. K., & Wissing, M. P. (2003). Gender differences in aspects of psychological well-being. *South African journal of psychology, 33*(4), 212-218.
- Routledge, L. A. (2007). *Substance abuse and psychological well-being of South African adolescents in an urban context* (Doctoral dissertation, University of Pretoria).
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of personality and social psychology, 57*(6), 1069.
- Sameroff, A. J. (2001). Developmental systems and psychopathology. *Development and Psychopathology, 12*, 297–312.
- Santrock, J. W. (2004). *Life-Span Development*. 9th Ed. McGraw-Hill Companies, Inc. New York,

- Sarason, I. G., Levine, H. M., Basham, R. B., & Sarason, B. R. (1983). Assessing social support: the social support questionnaire. *Journal of personality and social psychology*, 44(1), 127.
- Seifer, R., Dickstein, S., Sameroff, A. J., Magee, K. D., & Hayden, L. C. (2001). Infant mental health and variability of parental depression symptoms. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40(12), 1375-1382.
- Shader, M. (2001). *Risk factors for delinquency: An overview*. US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Shek, D. T. (2002). Family functioning and psychological well-being, school adjustment, and problem behavior in Chinese adolescents with and without economic disadvantage. *The Journal of Genetic Psychology*, 163(4), 497-502.
- Shek, D. T. (2002). Family functioning and psychological well-being, school adjustment, and problem behavior in Chinese adolescents with and without economic disadvantage. *The Journal of Genetic Psychology*, 163(4), 497-502.
- Shelton, K. H., & Harold, G. T. (2008). Interparental conflict, negative parenting, and children's adjustment: bridging links between parents' depression and children's psychological distress. *Journal of family psychology*, 22(5), 712.
- Sher, K. J., Grekin, E. R., & Williams, N. A. (2005). The development of alcohol use disorders. *Annu. Rev. Clin. Psychol.*, 1, 493-523.

- Singh, B., & Udainiya, R. (2009). Self-efficacy and well-being of adolescents. *Journal of the Indian Academy of Applied psychology*, 35(2), 227-232.
- Smetana, J. G., Campione-Bar, N., & Metzger, A. (2006). Adolescent development in interpersonal and societal contexts. *Annual Review of Psychology*, 57, 227-254.
- Sobolewski, J. M., & Amato, P. R. (2007). Parents' discord and divorce, parent-child relationships and subjective well-being in early adulthood: Is feeling close to two parents always better than feeling close to one?. *Social Forces*, 85(3), 1105-1124.
- Steinberg, L. (2001). We know some things: Parent-adolescent relationships in retrospect and prospect. *Journal of research on adolescence*, 11(1), 1-19.
- Steinberg, L., & Morris, A. S. (2001). Adolescent development. *Journal of Cognitive Education and Psychology*, 2(1), 55-87.
- Sun, Y. (2001). Family Environment and Adolescents' Well-Being Before and After Parents' Marital Disruption: A Longitudinal Analysis. *Journal of Marriage and Family*, 63(3), 697-713.
- Symister, P., & Friend, R. (2003). The influence of social support and problematic support on optimism and depression in chronic illness: a prospective study evaluating self-esteem as a mediator. *Health Psychology*, 22(2), 123.
- Tam, C. L., & Lim, S. G. (2008). A study of marital conflict on measures of social support and mental health. *Sunway Academic Journal*, 5, 97-110.

- Tam, C. L., Lee, T. H., Har, W. M., & Pook, W. L. (2011). Perceived social support and self-esteem towards gender roles: Contributing factors in adolescents. *Asian Social Science*, 7(8), 49.
- Taylor, S. E., Sherman, D. K., Kim, H. S., Jarcho, J., Takagi, K., & Dunagan, M. S. (2004). Culture and social support: who seeks it and why?. *Journal of personality and social psychology*, 87(3), 354.
- Thomson, E., Hanson, T. L., & McLanahan, S. S. (1994). Family structure and child well-being: Economic resources vs. parental behaviors. *Social Forces*, 73(1), 221-242.
- Thornton, A., & Young-DeMarco, L. (2001). Four decades of trends in attitudes toward family issues in the United States: The 1960s through the 1990s. *Journal of marriage and family*, 63(4), 1009-1037.
- Thornton, A., & Young-DeMarco, L. (2001). Four decades of trends in attitudes toward family issues in the United States: The 1960s through the 1990s. *Journal of marriage and family*, 63(4), 1009-1037.
- Tildesley, E. A., & Andrews, J. A. (2008). The development of children's intentions to use alcohol: Direct and indirect effects of parent alcohol use and parenting behaviors. *Psychology of addictive behaviors*, 22(3), 326.
- Tomcikova, Z., Geckova, A. M., Orosova, O., van Dijk, J. P., & Reijneveld, S. A. (2009). Parental divorce and adolescent drunkenness: Role of socioeconomic position, psychological well-being and social support. *European Addict Research*, 15(4), 202-208

- Turunen, J. (2013). Family structure, gender, and adolescent emotional well-being. *Journal of Divorce & Remarriage*, 54(6), 476-504.
- Udansky, M.L. & Wolf, D.A (2008). Motherless experiences with child care problems and resulting Missed work. *Journal of Family Issues*, 29, 1185-1210. 28
- Van Dierendonck, D. (2004). The construct validity of Ryff's Scales of Psychological Well-being and its extension with spiritual well-being. *Personality and individual differences*, 36(3), 629-643.
- Vandewater, E. A., & Lansford, J. E. (1998). Influences of family structure and parental conflict on children's well-being. *Family relations*, 323-330.
- Walden, B., Iacono, W. G., & McGue, M. (2007). Trajectories of change in adolescent substance use and symptomatology: Impact of paternal and maternal substance use disorders. *Psychology of Addictive Behaviors*, 21(1), 35.
- Wallerstein, J., Lewis, J., & Rosenthal, S. P. (2013). Mothers and their children after divorce: Report from a 25-year longitudinal study. *Psychoanalytic Psychology*, 30(2), 167-184.
- Wallerstein, S., & Kelly, J. B. (1980). Effects of divorce on the visiting father-child relationship.
- Wells, C. S., & Wollack, J. A. (2003). An instructor's guide to understanding test reliability. *Testing & Evaluation Services publication, University of Wisconsin*. Retrieved January, 4, 2006.

- Wenk, D., Hardesty, C. L., Morgan, C. S., & Blair, S. L. (1994). The influence of parental involvement on the well-being of sons and daughters. *Journal of Marriage and the Family*, 229-234.
- Wu, Z., Hou, F., & Schimmele, C. M. (2008). Family structure and children's psychosocial outcomes. *Journal of Family Issues*.
- Xin, Z., Chi, L., & Yu, G. (2009). The relationship between interparental conflict and adolescents' affective well-being: Mediation of cognitive appraisals and moderation of peer status. *International Journal of Behavioural Development*, 33, 421-429.
doi:10.1177/0165025409338442.
- Yasin, M. A. S., & Dzulkifli, M. A. (2010). The relationship between social supports and psychological problems among students. *International Journal of Business and Social Science*, 3, 110-6.
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of personality assessment*, 52(1), 30-41.



APPENDICES

APPENDIX 1

QUESTIONNAIRE

Hello!

This is a research dedicated to improving adolescents' well-being; your response will be helpful in enhancing our services to meet your needs. As this is not an Examination, DO NOT write your name on any part of the paper, there are no correct or wrong answers therefore do not compare answers. Just be truthful and be assured that your responses will not be disclosed to anyone.

Please NOTE that it is voluntary participation so tick Yes if you have agreed to help in this research and No if you are not willing to participate.

Yes []

No []

DEMOGRAPHIC DATA

Please provide information for the following questions by ticking the box that applies to you.

Gender: Male [] Female []

Age []

Form/Class: Form 1 [] Form 2 [] Form 3 []

Religion: Christianity [] Islam [] Other []

Who do you live with?

1. Mother and father [] 2. Mother only []

3. Father only []

4. Step mother and Mother []

5. Step father and mother []

6. Guardian []

Does your parent(s) or guardian use or has ever used any of these substances?

1. Alcohol []

2. Cigarette []

3. Marijuana []

4. Cigarette and Alcohol []

5. Alcohol and Marijuana []

5. Non []

For each of the following statements about our families, please indicate your response (using the score ranging from 0-5) as Not At All, Not Often, Not Sure, Very Often, Most Often and Always.

		Not At All 0	Not Often 1	Not Sure 2	Very Often 3	Most Often 4	Always 5
1.	I see my parents or guardians arguing.						
2.	When my parents or guardians argue they do not shout at each other.						
3.	When my parents or guardians argue, they insult each other.						
4.	My parents or guardians hardly shout when they argue						
5.	When my parent or guardians argue, they usually work it out.						
6.	Even when my parents or guardians stop arguing they stay angry at each other.						

7.	I do not get scared when my parents or guardians argue.						
8.	My parents or guardians have never pushed each other during an argument.						
9.	My parents or guardians complain about each other around the house						
10.	I do not feel like taking sides when my parents or guardians argue						
11.	My parents or guardians argue because they are not happy together.						



APPENDIX 2

Instructions: Indicate how you feel about each statement.

Circle the “1” if you Very Strongly Disagree

Circle the “2” if you Strongly Disagree

Circle the “3” if you Mildly Disagree

Circle the “4” if you are Neutral

Circle the “5” if you Mildly Agree

Circle the “6” if you Strongly Agree

Circle the “7” if you Very Strongly Agree

- | | | | | | | | | |
|----|----------------------------------------------------------------------|---|---|---|---|---|---|---|
| 1. | There is a special person who is around when I am in need. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. | There is a special person with whom I can share my joys and sorrows. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. | My family really tries to help me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. | I get the emotional help and support I need from my family. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. | I have a special person who is a real source of comfort to me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. | My friends really try to help me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. | I can count on my friends when things go | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

wrong.

- | | | | | | | | | |
|-----|-------------------------------------------------------------------|---|---|---|---|---|---|---|
| 8. | I can talk about my problems with my family. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. | I have friends with whom I can share my joys and sorrows. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. | There is a special person in my life who cares about my feelings. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. | My family is willing to help me make decisions. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. | I can talk about my problems with my friends. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |



APPENDIX 3

Ryff's Psychological Well-Being Scales (PWB), 42 Item version

Please indicate your degree of agreement (using a score ranging from 1-6) to the following sentences.

	Strongly disagree					Strongly agree
	1	2	3	4	5	6
1. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people						
2. In general, I feel I am in charge of the situation in which I live						
3. I am not interested in activities that will expand my horizons.						
4. Most people see me as loving and affectionate						
5. I live life one day at a time and don't really think about the future						
6. When I look at the story of my life, I am pleased with how things have turned out						
7. My decisions are not usually influenced by what everyone else is doing						
8. The demands of everyday life often get me down.						
9. I think it is important to have new experiences that challenge how you think about yourself and the world.						
10. Maintaining close relationships has been difficult and frustrating for me.						
11. I have a sense of direction and purpose in life.						
12. In general, I feel confident and positive about myself.						
13. I tend to worry about what other people think of me.						
14. I do not fit very well with the people and the community around me.						
15. When I think about it, I haven't really improved much as a person over the years.						
16. I often feel lonely because I have few close friends with whom to share my concerns.						
17. My daily activities often seem trivial and unimportant to me.						
18. I feel like many of the people I know have gotten more out of life than I have						
19. I tend to be influenced by people with strong opinions.						
20. I am quite good at managing the many						

responsibilities of my daily life.						
21. I have the sense that I have developed a lot as a person over time.						
22. I enjoy personal and mutual conversations with family members or friends						
23. I don't have a good sense of what it is I'm trying to accomplish in life						
24. I like most aspects of my personality						
25. I have confidence in my opinions, even if they are contrary to the general consensus.						
26. I often feel overwhelmed by my responsibilities						
27. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.						
28. People would describe me as a giving person, willing to share my time with others						
29. I enjoy making plans for the future and working to make them a reality						
30. In many ways, I feel disappointed about my achievements in life.						
31. It's difficult for me to voice my own opinions on controversial matters.						
32. I have difficulty arranging my life in a way that is satisfying to me						
33. For me, life has been a continuous process of learning, changing, and growth						
34. I have not experienced many warm and trusting relationships with others.						
35. Some people wander aimlessly through life, but I am not one of them						
36. My attitude about myself is probably not as positive as most people feel about themselves						
37. I judge myself by what I think is important, not by the values of what others think is important.						
38. I have been able to build a home and a lifestyle for myself that is much to my liking.						
39. I gave up trying to make big improvements or changes in my life a long time ago.						
40. I know that I can trust my friends, and they know they can trust me.						
41. I sometimes feel as if I've done all there is to do in life						
42. When I compare myself to friends and acquaintances, it makes me feel good about who I am.						

