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Mental Health among Secondary School Students: Predictive Factor Analysis

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Abstract Poor mental health impairs an individual's functioning and cognitive processes, reducing their social role and output in society. The study investigated factors that determine mental health predictors among secondary school students in southwestern Nigeria. The study used a correlational-descriptive research approach. A total of 1000 secondary school pupils from southwestern Nigeria were chosen using a multistage sampling procedure. Three study questions were addressed at a 0.05 significance level utilizing frequency distribution, percentage, Pearson product-moment correlation, and multiple regressions. The findings of the study showed that self-esteem ($r = .202$, $p<0.05$), self-efficacy ($r = .207$, $p<0.05$), social integration ($r = .275$, $p<0.05$), gender ($r = .138$, $p<0.05$) and parental socioeconomic status ($r = .207$, $p<0.05$) have a significant relationship with mental health among secondary school students in southwestern Nigeria. In contrast, age ($r = .047$, $p>0.05$) has no significant relationship. All the independent variables jointly accounted for a 10.2% variance in predicting mental health among secondary school students in southwestern Nigeria. Also, self-esteem ($\beta = .182$, $t = 2.049$, $p<0.05$), self-efficacy ($\beta = 138$, $t = 2.548$, $p<0.05$), social integration ($\beta = .122$, $t = 2.751$, $p<0.05$), gender ($\beta = .104$, $t = 1.944$, $p<0.05$) and parental socioeconomic status ($\beta = .457$, $t = 3.181$, $p<0.05$) had a relative influence on mental health among secondary school students in southwestern Nigeria, while age ($\beta = .069$, $t = 1.701$, $p>0.05$) had no relative influence. In conclusion, there should be rehabilitation and counselling services available to students of this category. Trained special educators should be posted to all secondary schools to guide them through transitioning and help them manage stress.

Keywords Mental Health, Self-Esteem, Self-Efficacy, Gender, Age, Social Integration, Parental Socioeconomic Status

1. Introduction

Young people's resilience and mental wellbeing are crucial to any nation's future. An individual with good mental health uses interpersonal resources and abilities to successfully navigate daily life. Unquestionably, one of our most valuable things is our mental health and we should do all in our power to protect, nurture, and enhance it. A condition of good mental health promotes contentment and efficiency in daily life. A person's mental health refers to their ability to reach their full potential, deal with daily stress, work professionally and productively, and give back to their community [1]. A special educator, counsellor, psychologist, or psychiatrist understands mental health from a variety of perspectives, including spiritual, moral

character, psychological, social, and biopsychosocial [2].

Wellness also refers to reaching one's full potential in terms of mental health. In addition to meeting the common demands of life, this individual would be successful at work, contribute to their community, and manage their time effectively. The World Health Organization [3] views it as a part of overall health which can vary from a high degree of wellbeing to significant illness. There has been a significant increase in impairment among individuals with mental health problems over the past few years.

Approximately 10% to 20% of school-aged children have diagnosable mental, emotional, or behavioral problems [4-7]. Symptoms of mental illness can appear internally or externally. Externalising disorders from preschool onward include oppositional defiant disorders, behavioral disorders, and attention deficit hyperactivity disorder (ADHD) [6].

Enjoyment of life, resiliency, balance, flexibility, and self-actualization are all aspects of mental health. Protection, development, fulfilling connections with others, and lessening antagonistic tensions in individuals and groups are all components of positive mental health. Positive emotions, attitudes, and actions contribute to mental wellness [8,9]. A psychologically healthy person constantly works diligently. They enjoy what they do and achieve outstanding outcomes in this way.

However, a lack of talent and desire for one's task will result in frustration. Without understanding their unique points in life and consistently living in collaboration with others, an individual cannot perform any big actions. A state of being and degree of social functioning that is both socially valuable and individually fulfilling is mental health. It is still unclear whether general perceived self-efficacy protects mental health from stressors of everyday life such as a broad range of functional areas. It has also become evident that a one-dimensional view of mental health no longer suffices since complete mental health is more than just the absence of psychopathology [10]. Positive characteristics are essential for preventing health problems and enhancing wellbeing. Mental health can therefore be classified into two dimensions. It is well known that mental health contributes to psychological wellbeing and psychological functioning [11,12]. On the other hand, adverse mental health encompasses harmful aspects like physical ailments, mental disorders, and psychological problems.

Despite their interdependence, these two factors may function independently [13-15]. Removing this misunderstanding from the minds of parents, the community, and society is also very difficult. Adolescents' minds are negatively impacted by this myth, which makes them feel excluded from society and encourages them to think differently. This study, therefore, examined how self-esteem, self-efficacy, social integration, gender, age, and parental socioeconomic status affect mental health among secondary school students.

1.1. Self-Esteem

As a common knowledge, one of the connected aspects of the human psyche is self-esteem, or how one feels about oneself. When a person faces the world, they carry a set of attitudes and beliefs with them that make them feel confident [16]. A person's perception of themselves, known as self-esteem, includes any assessments they make of themselves or thoughts they may have about themselves that contribute to good mental health.

Since self-esteem is the evaluative and affective component of one's self-concept, it evolves and is susceptible to a variety of internal and external influences and changes that occur during adolescence [17]. It appears that self-esteem rises during youth, peaks between 50 and 60, and then declines in old age, although the specific trajectory may vary. Birkeland, et al [18] suggest that self-esteem follows distinct trajectories during adolescence, and may be somewhat stable, but not infallible and subject to wide individual variation.

1.2. Self-Efficacy

Self-efficacy is also a component in determining mental health. Self-efficacy is confidence in one's capacity to do a task, as judged. According to Khan [19], perceived self-efficacy refers to people's attitudes toward their capacities to achieve defined positive mental health and levels of performance that exert control over circumstances that have an impact on their lives. According to Naeim [20], self-efficacy has an impact on how people act, feel, think, and motivate themselves.

In cognitive appraisal, self-efficacy is a positive resistance resource crucial in regulating mental strain [21,22]. Self-efficacy measures an individual's ability to cope with challenging situations appropriately. An individual with a high level of self-efficacy scores well on tests of satisfaction with life, optimism, and subjective wellbeing [21,23]. Having low self-efficacy is linked to experiencing more symptoms of anxiety, distress, and depression [24]. A key idea in self-efficacy describes a person's confidence in their ability to handle certain situations. Poor self-efficacy has an impact on motivation, goals, achievements, and mental health [25].

According to Brown, et al [26], having confidence in oneself gives people a greater incentive to perform, improve their mental health, and achieve their goals, which increases their chances of getting the desired results compared to those who do not. Self-efficacy is viewed as a key influencer of people's preferences, decisions, actions, and performance [27]. According to Lawal et al' [28] findings, self-efficacy has such an effect on mental health that those who are more confident in themselves have good mental health and higher accomplishment, which is a benefit when dealing with test anxiety.

1.3. Social Integration

In this study, social integration is identified as a key factor that affects mental health. It refers to the relationships between individuals who frequently interact and hold personal importance to the participants, such as family, friends, neighbors, and colleagues. According to research, those less socially integrated are more likely to have poor mental health and pass away than people more socially integrated [29,6].

Adolescents' main social integration resources are the social situations; in which they are embedded. This encompasses settings like families, schools, and places of worship [30]. Similarly, it is argued that religion promotes social integration because it can foster a more intense communal life, which has a positive impact on mental health and psychosocial outcomes [30]. On the other hand, a lack of these interactions or a lackluster degree of social integration might serve as the foundation for detachment, which can have detrimental effects on psychosocial and mental health.

For children and adolescents to effectively navigate important developmental phases, supportive carer communication that is built via positive reinforcement, emotional availability, and encouragement is said to result in a strong sense of self, mastery, and competence [31].

1.4. Gender

As a continuum of sociocultural constructed roles and behaviors, gender is also one of the most significant determinants of the outcomes of mental health [32, 33]. Long-standing concerns include gender inequalities in mental health outcomes. In general, girls have worse mental health than boys but live longer. Males are more likely than girls to have chronic debilitating ailments and internalise mental health issues, and they are more likely to develop externalising mental health problems and drug use disorders as they become older [34]. According to Jacob, et al [35], gender is a multifaceted social construct that is linked to biological sex but differs from it. In addition, some argue that gender holds greater influence than sex, with the latter being a secondary characteristic.

Age, financial level, family structure, and other structural, behavioral, and psychological (stress, life events, resources, etc.) variables can all be linked to gender variations in mental health outcomes. Studies have revealed that there are gender disparities in how confident men and women feel about themselves [36,17]. Self-esteem seems to rise in both genders from adolescence through midlife and then falls in old age, but these differences are often minor.

1.5. Age Differences

It has been well-established that seeking help early can significantly benefit those experiencing mental disorders. Early intervention can lead to better long-term outcomes, making seeking help as soon as possible crucial [37]. There has been considerable research on mental health literacy in general, but little is known about differences in mental health literacy among different age groups [38]; these details might be crucial for creating programmes for mental health literacy that cater to various age groups. This shows that targeting people in this age range is crucial for increasing understanding and awareness of mental health conditions.

It may be necessary to gather such information to develop mental health literacy campaigns that target various age groups. Adolescents and young adults are more likely to be affected by psychosis and depression [39,40], with 20–27% of all youth experiencing mental disorders [41]. As a result, it is impossible to draw any firm conclusions about age-related patterns of findings from the research. Age and mental health, however, have been found to be adversely correlated in several research [42].

1.6. Parent' Socioeconomic Status

The adolescent's mental health may also be affected by the socioeconomic level of the parents. The initial, smallest, and most significant unit in a child's social structure is their family. It oversees how the child develops physically, intellectually, and morally. According to Shavers [43], the three key factors that affect socioeconomic status are household income, education, and occupation. It is sometimes referred to as a person's socioeconomic standing, social class (a person's significance in society), income, and human or social capital. Family factors are the conditions and aspects of a family's environment that influence a child's development [44,45]. A family's socioeconomic status is one of these factors. In addition to family dynamics, family income indicates how much money or resources the family earns during a given period. The socioeconomic level is inversely proportional to economic insecurity and housing instability [45]. Numerous studies have demonstrated the connection between parents' low socioeconomic status and poor health as well as the slow growth of their children from infancy to adulthood [46,47]. Asikhia [48] also concurred that the adolescent's mental health is significantly influenced by the family's socioeconomic condition and educational level. She emphasised once more that the style of household a child comes from might have an impact on whether they have good mental health. The sort of family, its size, its socioeconomic standing, and its educational background are all significant factors in how well-adjusted and socially integrated a child is [49].

These factors, however, are insufficient to draw a definitive conclusion about the causes of secondary school students' poor mental health. For this reason, the researchers were also interested in factors like self-esteem, self-efficacy, social integration, gender, age, and parental socioeconomic status. The problem of multivariate factors

as predictors of mental health among secondary school pupils in southwestern Nigeria thus needed to be investigated.

1.7. Research Questions

RQ_1: What is the relationship between the psychosocial and interpersonal variables (self-esteem, self-efficacy, social integration, gender, age, and parental socioeconomic status) and mental health among secondary school students?

RQ_2: What is the joint influence of the psychosocial and interpersonal variables (self-esteem, Self-efficacy, social integration, gender, age, and parental socioeconomic status) on mental health among secondary school students?

RQ_3: What is the relative influence of each of the psychosocial and interpersonal variables (self-esteem, Self-efficacy, social integration, gender, age, and parental socioeconomic status) on mental health among secondary school students?

2. Methodology

A descriptive survey design of the correlational kind was used for this study. With this strategy, the researcher merely reports the situation as it is at a certain time and does not attempt to manipulate any factors. The researchers were, therefore, able to investigate multivariate factors as drivers of mental health among secondary school students in southwestern Nigeria. All students in southwestern Nigeria's secondary schools made up the study's population of interest.

In this study, the participants were chosen using a multistage random selection procedure. One thousand (1,000) secondary school students from both genders in Southwest Nigeria were chosen at random for the study. Standardized questionnaires were used as the instrument for collecting data in this study.

2.1. Measures

The study collected data on the independent variables (self-esteem, Self-efficacy, social integration, gender, age, and parental socioeconomic status) and the dependent variable (mental health). The respondents' demographic characteristics collected included age and gender. The scale was tagged "self-esteem, self-efficacy, social integration, socioeconomic status and mental health of secondary school students."

2.2. Self-Esteem Scale

The Coopersmith Self-Esteem Inventory [44] was adapted. It looks at the social situation, academic background, family, and self-esteem of children and adolescents. There are a total of 58 items on this scale: four core subscales and a lie detector subscale. Examples of items on the scale are: "At times I think I am of no good at all," "I take a positive view of myself," and other such statements. However, before the instrument was used, the instrument's reliability was determined through pilot research and the scale's internal consistency resulted in =.76, demonstrating that the scale is dependable for use. In addition, the strong construct validity of the instrument is shown by the Cronbach alpha.

2.3. Parental Socioeconomic Status Scale

Salami's [50] Parental Socioeconomic Status Scale was adopted to measure the student's socioeconomic status. They were graded based on their parents' occupation, education level, residence and household equipment. It is a 12-item self-report questionnaire used to measure socioeconomic status. The point from the scale is further divided into three parts in the scorings: high, moderate and low socioeconomic status. The test-retest reliability of the scale was given during the pilot study as 0.73. A score below 15 indicates low socioeconomic status, 15–30 high and above 30 demonstrates high socioeconomic status. However, the researcher re-validated the instrument and Cronbach's alpha of.89 was obtained in a pilot study.

2.4. Academic Self-Efficacy Scale for Students

Following the best practices for questionnaire design, this scale was adapted from Chen, et self-esteem, self-efficacy, social integration, gender, age, and parental socioeconomic status [51]. Assessing whether someone can accomplish a given task is typically determined by assessing confidence levels in performing tasks. General self-efficacy refers to an individual's perception of their ability to accomplish tasks in various contexts [51]. It measures general self-efficacy and is recommended, validated, and reliable.

Copies of the questionnaires were distributed among the selected secondary schools and instructions were given as to how the questionnaires should be filled out. After all the data had been collected, the researchers conducted data cleaning. The data collected were analyzed using descriptive statistics: frequency distribution, mean, and standard deviation for research question one, while Pearson product-moment correlation and multiple regression at 0.05 significance level was used to analyze the inferential statistic.

3. Results

The results are presented on the multivariant variables as determinants of mental health among secondary school students. Three research questions were formulated and tested for this study.

RQ_1: What is the relationship between the psychosocial and interpersonal variables (self-esteem, self-efficacy, social integration, gender, age, and parental socioeconomic status) and mental health among secondary school students?

Table 1. Summary of correlation matrix showing the relationship between the study variables

Variables	Mean $\bar{X}$	SD	1	2	3	4	5	6	7
Mental health	87.11	9.81	1.000						
Self-esteem	76.24	9.74	.202	1.000					
Self-efficacy	55.75	7.38	.207	.283	1.000				
Social integration	76.52	17.31	.275	-.046	.013	1.000			
Gender	1.39	.490	.138	.020	-.074	.134	1.000		
Age	1.86	.352	.047	.010	.193	.146	-.180	1.000	
Parental socioeconomic status	38.80	10.04	.207	-.012	.016	.937	.098	.098	1.000

Table 1 above reveals the inter-correlational matrix of relationships between independent factors (self-esteem, self-efficacy, social integration, gender, age, and parental socioeconomic status) and mental health among secondary school students. Self-esteem ($r = .202$, $p<0.05$), self-efficacy ($r = .207$, $p<0.05$) and social integration ($r = .275$, $p<0.05$) had a significant relationship to mental health. Furthermore, gender ($r = .138$, $p<0.05$) and parental socioeconomic status ($r = .207$, $p<0.05$) had a significant relationship to mental health among secondary school students. While age ($r = .047$, $p>0.05$) had no significant relationship to mental health.

RQ_2: What is the joint influence of the psychosocial and interpersonal variables (self-esteem, Self-efficacy, social integration, gender, age and parental socioeconomic status) on mental health among secondary school students?

Table 2. Multiple Regression Analysis on mental health

R	R Square	Adjusted R Square	Std. Error of the Estimate
0.424	0.180	0.102	9,29625

SUMMARY REGRESSION ANOVA

Model		Sum of Squares	Df	Mean Square	F	Sig.
	Regression	1196.608	6	199.435	2.308	.045[b]
	Residual	5444.478	63	86.420		
	Total	6641.086	69			

Table 2 shows a coefficient of multiple correlations (R) of 0.424 and a multiple R square of 0.180. This means that 10.2% (Adj. $R^2=0.102$) of the variance in the mental health of secondary school students is accounted for by the psychosocial and interpersonal variables when taken together. The table also shows that the analysis of variance for the regression yielded F (2.308, $p<0.05$). The above presentation is significant at 0.05 level. It implies that the independent variables (self-esteem, self-efficacy, social integration, gender, age, and parental socioeconomic status) jointly influence the mental health of secondary school students.

RQ_3: What is the relative influence of each of the psychosocial and interpersonal variables (self-esteem, self-efficacy, social integration, gender, age, and parental socioeconomic status) on mental health among secondary school students?

Table 3 revealed the relative influence of each of the psychosocial and interpersonal variables (self-esteem, self-efficacy, social integration, gender, age and parental socioeconomic status) on mental health among secondary school students; self-esteem ($\beta = .182$, $t= 2.049$, $p<0.05$), self-efficacy ($\beta = 138$, $t= 2.548$, $p<0.05$), social integration ($\beta = .122$, $t= 2.751$, $p<0.05$) and gender ($\beta = .104$, $t= 1.944$, $p<0.05$) had significant relative influence on mental health. However, age ($\beta = .069$, $t= 1.701$, $p>0.05$) did not have a relative influence on mental health and parental socioeconomic status ($\beta = .457$, $t= 3.181$, $p<0.05$) had a relative influence on mental health among secondary school students. That is, factors such as self-esteem, self-efficacy, social integration, gender, and parental socioeconomic status predicted and determined the mental health of secondary school students. In terms of the magnitude of contribution, parental socioeconomic status made the most significant contribution to mental health among secondary school students, followed by self-esteem, self-efficacy, social integration, and gender respectively.

Table 3. Relative influence of each independent factors on the prediction of mental health

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	44.166	3.860		11.441	.000
Self-esteem	.192	.047	.182	2.049	.000
Self-efficacy	.097	.038	.138	2.548	.011
Social integration	.107	.039	.122	2.751	.006
Gender	.414	.056	.104	1.944	.000
Age	.795	.467	.069	1.701	.090
Parental socioeconomic status	.496	.096	.457	3.181	.000

Coefficients[a]

4. Discussion of Findings

Findings from this study show that the weighted mean is higher than the standard mean. This implies that the level of stable mental health among secondary school students is high. The study revealed that there is a significant relationship between self-esteem, self-efficacy, social integration, gender, parental socioeconomic status, and mental health among secondary school students while age had no significant relationship to mental health among secondary school students. In addition, greater perceived self-efficacy was linked to fewer negative mental health symptoms and milder stress, depression, and anxiety symptoms [52]. Herrman [53] discovered that social, medical, and demographic variables were linked to variations in mental health levels. Törrönen [54] discovered that teenage boys scored better on health measures than teenage girls did. According to Buctot, et al's [55] research, children from low socioeconomic status homes more substantially and frequently suffer daily emotional symptoms than children from high socioeconomic status families.

According to research by Baranne and Falissard [56], low mental stress, anxiety, and depression are significantly negatively correlated with self-efficacy. However, when gender was considered, women had higher levels of wellbeing than men in adult life, but this trend was reversible as they aged. George [57] found no gender differences in subjective wellbeing over the life cycle. In contrast to children and adolescents from more affluent homes, Sowislo and Orth [58] showed that children and adolescents from socioeconomically disadvantaged families are more likely to experience mental health issues.

5. Conclusion and Recommendation

This research work has established that the level of mental health among secondary school students is high. Also, the independents variable, such as self-esteem, self-efficacy, social integration, gender, and parental socioeconomic status had a significant relationship to the mental health of secondary school students. Also, there was a joint influence of the psychosocial and interpersonal variables (self-esteem, self-efficacy, social integration, gender, age and parental socioeconomic status) on the mental health of secondary school students. As a result, children with poor mental health are more likely to have mental health issues, including anxiety and depression. Many studies have shown that children with hearing loss have a much greater incidence of these issues than children with good mental health. Most mental health disorders, which begin when a person is 14 years old, go undiagnosed and untreated. We must raise the standard of the research methodologies used and conduct an additional study in low- and middle-income nations if we are to strengthen the present body of data.

Future research efforts should be focused on and strengthened by a community of researchers setting research priorities that are influenced by practitioners and those who will be impacted. There should be rehabilitation and counselling services available to students in this category. Trained special educators should be posted to all secondary schools to guide and help them through the transitioning (adolescent) period. Parents should ensure effective supervision and should not allow other environmental factors to affect the mental and general health of their children. Parents should as well maintain a healthy and smooth relationship with their children. There is a need for teachers' increase supervision of students and showcase friendly and welcoming attitudes toward students to enhance mental wellbeing and stress control, the choice of good peers, good study habits, the reduction of frustration and help in developing their emotions to adjust to life situations. The school authorities should provide specific programs that will promote awareness of mental health and enhance mental stability, thereby enhancing students' adaptability levels.

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REFERENCES

[1] World Health Organization, "Adolescent mental health," 2020, World Health Organization.

[2] Hatala, A. "The Status of the "Biopsychosocial" Model in Health Psychology: Towards an Integrated Approach and a Critique of Cultural Conceptions," Open Journal of Medical Psychology, Vol. 1 No. 4, 2012, pp. 51-62. doi:10.4236/ojmp.2012.14009.

[3] World Health Organization, "Adolescent mental health. Key Facts," 2018, https://www.scribd.com/document/522257263/Adolescent-Mental-Health

[4] [World Health Organization, "*Adolescent health*," 2019, https://www.who.int/health-topics/adolescents/coming-of-age-adolescent-health

[5] Grayshield, L., Begay, M., L. Luna, "IWOK Epistemology in Counseling Praxis," in Indigenous Ways of Knowing in Counseling: Theory, Research, and Practice. Springer International Publishing, 2020, pp. 7-23.

[6] Kawachi I., LF. Berkman, "Social ties and mental health." Journal of Urban Health, vol. 783, 2021, doi: 10.1093/jurban/78.3.458

[7] Erskine H., Moffitt T., Copeland W., Costello E., Ferrari A., Patton G., G. Scott, "A heavy burden on young minds: The global burden of mental and substance use disorders in children and youth." Psychological Medicine, vol. 457, pp.1551-1563, 2015, doi: 10.1017/S0033291714002888

[8] Fakhrou A., L. H. Habib, The Relationship between Academic Self-efficacy and Academic Achievement in Students of the Department of Special Education, International Journal of Higher Education, vol. 11 no. 2, 1-12, 2022 https://files.eric.ed.gov/fulltext/EJ1341187.pdf

[9] Olanrewaju MK., O. Adewuyi, "Influence of peer pressure, socio-economic status and social networking on academic performance of students in Oyo State." Africa Education Evaluation, vol. 1, pp.1-3, 2017.

[10] World Health Organization, "Strengthening mental health promotion," Geneva, World Health Organization, 2001. https://www.who.int/europe/activities/strengthening-mental-health-promotion-programmes

[11] Deci EL., RM. Ryan, (2008). "Hedonia, eudaimonia, and well-being: An introduction." Journal of Happiness Studies: An Interdisciplinary Forum on Subjective Well-Being, vol. 9, no. 1, pp.1-11, 2008.

[12] Keyes CLM., Shmotkin D., CD. Ryff, "Optimizing well-being: The empirical encounter of two traditions." Journal of Personality and Social Psychology, vol. 82, no. 6, pp.1007-1022, 2022, doi:10.1037/0022-3514.82.6.1007

[13] Keyes CLM., Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health." American Psychologist, vol. 62, no. 2, pp.95-108, 2007, doi: 10.1037/0003-066X.62.2.95

[14] Suldo SM., EJ. Shaffer, "Looking beyond psychopathology: the dual-factor model of mental health in youth." School Psychology Review, vol. 37, pp.52-68, 2008, https://www.researchgate.net/publication/228656864

[15] Weich S., Brugha T., King M., McManus S., Bebbington P., Jenkins R., Stewart-Brown, S. (2011). Mental well-being and mental illness: Findings from the Adult Psychiatric Morbidity Survey for England 2007." The British Journal of Psychiatry, vol. 199, no. 1, pp. 23-28, 2011, doi:10.1192/bjp.bp.111.091496

[16] Singh S., G. Bhatia, "Study of self-esteem of secondary school students in relation to their family environment." International Journal of Scientific and Research Publications, vol. 2, no. 10, 2012, doi: https://www.ijsrp.org/research-paper-1012/ijsrp-p1053.pdf

[17] Erol RY., U. Orth, "Self-esteem development from age 14 to 30 years: a longitudinal study." Journal of Personality and Social Psychology, vol. 101, no. 3, pp.607-619, 2011, doi: 10.1037/a0024299

[18] Birkeland MS., Melkevik O., Holsen I., B. Wold, "Trajectories of global self-esteem development during adolescence." J Adolesc, vol. 35, pp.43-54, 2012, doi: 10.1016/j.adolescence.2011.06.006

[19] Khan M., "Academic self-efficacy, coping, and academic performance in college." International Journal of Undergraduate Research and Creative Activities, vol. 51, no. 4, 2013, doi: 10.7710/2168-0620.1006

[20] Naeim M., Rahimi HR., Soltani F., Farazandeh F., Nejad FM., Sharafi MR., ZST. Dizaj, "The role of life skills and self-efficacy in mental health among male students in high school." International Journal of Medical Research & Health Sciences, vol. 57, pp.118-126, 2016.

[21] Bandura A., "Self-efficacy mechanism in psychobiologic functioning. Self-efficacy: Thought control of action." London, Hemisphere Publishing, 1992.

[22] Bisschop MI., Kriegsman DM., Beekman AT., DJ. Deeg, "Chronic diseases and depression: The modifying role of psychosocial resources." Social Science and Medicine, vol. 59, pp.721-733, 2004. doi:10.1016/j.socscimed.2003.11.038

[23] Azizli N., Atkinson BE., Baughman HM., EA. Giammarco, "Relationships between general self-efficacy, planning for the future, and life satisfaction." Personality and Individual Differences, vol. 82, pp.58-60, 2015, doi: 10.1016/j.paid.2015.03.006

[24] Kwasky AN., CJ. Groh, "Vitamin D, depression and coping self-efficacy in young women: Longitudinal study." Archives of Psychiatric Nursing, vol. 28, pp.362-367, 2014, doi: 10.1016/j.apnu.2014.08.010

[25] Van Dinther M., Dochy F., M. Segers, 2011. "Factors affecting students' self-efficacy in higher education." Educ. Res. Rev., vol. 6, pp.95-108, 2011, doi: 10.1016/j.edurev.2

010.10.003

[26] Brown PL., Concannon JP., Marx D, Donaldson CW., A. Black, “An examination of middle school students’ STEM self-efficacy with relation to interest and perceptions of STEM.” Journal of STEM Education: Innovations & Research, vol. 173, pp.27-38, 2016 , https://www.learntechlib.org/p/193934/

[27] Azar, FS., L. Mahmoudi, “Relationship between Mathematics, selfefficacy and students' performance in statistics: the meditational role of attitude toward Mathematics and Mathematics anxiety.” Journal of Educational Sciences & Psychology, vol. 41, pp.32-42, 2014.

[28] Lawal AM., Idemudia ES., OP. Adewale, “Academic self-confidence effects on test anxiety among Nigerian university students.” Journal of Psychology in Africa, vol. 276, pp.507-510, 2017, doi: 10.21031/epod.411010

[29] Berkman LF., Glass T., Brissette I., TE. Seeman, 2020. “From social integration to health: Durkheim in the new millennium.” Social Science & Medicine, vol. 51, pp.843-57, 2020, doi: 10.1016/s0277-9536(00)00065-4

[30] Maimon D., DC. Kuhl, “Social control and youth suicidality: Situating Durkheim’s ideas in a multilevel framework.” American Sociological Review, vol. 73, pp.921-943, 2008, doi: 10.1177/000312240807300603

[31] Ackard DM., Neumark-Sztainer D., Story M., C. Perry., “Parent-child connectedness and behavioral and emotional health among adolescents.” American Journal of Preventive Medicine, vol. 30, pp.59–73, 2006, doi: 10.1016/j.amepre. 2005.09.013

[32] Spagnolo P., Manson J., H. Joffe, 2020. “Sex and gender differences in health: What the COVID-19 pandemic can teach us.” Ann. Intern. Med., vol. 173, pp.385-386, 2020, doi: 10.7326/M20-1941

[33] Adewuyi, HO., (2021). Mode deactivation, coherence therapies and self-acceptance among in-school adolescents with negative body image in Osun state, Nigeria, Unpublished doctoral dissertation, University of Nigeria.

[34] Matud MP., “Gender and health,” in Gender Differences in Different Contexts, Rijeka, Croatia, Intech open, 2007, pp.57-76.

[35] Jacob, US., Adeoye, OE., Oluwawumi, OO., Sotayo, TC., T. Eni-Olorunda, “Predictive influence of gender, parental socioeconomic status and teacher’s qualification on English language performance of pupils with intellectual disability.” International Journal of Childhood and Development Disorders, vol. 3, no. 1, pp.18-23, 2022.

[36] Kanmodi K., Fagbule O., Ogunniyi K., Ogbeide M., Samuel V., Aliemeke E., Adewuyi HO., S. Musa, “Determinants of sexual practices among secondary school students in Nigeria: Focusing on socio-cultural and school-related factors.” Rwanda Medical Journal, vol. 77, no. 4, pp.32-37, 2020.

[37] Kupfer DJ., Frank E., JM. Perel, “The advantage of early treatment intervention in recurrent depression.” Archives of General Psychiatry, vol. 46, no. 9, pp.771-775, 1989, doi: 10.1001/archpsyc.1989.01810090013002

[38] Werner P., “Lay perceptions about mental health: where is age and where is Alzheimer’s disease?” Int Psychogeriatr, vol. 173, pp.371-382, 2015, doi: 10.1017/s1041610205002 255

[39] Wright A, Harris MG, Wiggers JH, Jorm AF, Cotton SM, Harrigan SM, Hurworth RE, PD. McGorry, “Recognition of depression and psychosis by young Australians and their beliefs about treatment.” Med J Aust., vol 183, no. 1, pp.19-23, 2005, doi: 10.5694/j.1326-5377.2005.tb06881.x

[40] Oakley Browne MA., Wells JE., Scott KM., MA. McGee, MA, “Lifetime prevalence and projected lifetime risk of DSM-IV disorders in Rau Hinengaro: The New Zealand Mental Health Survey.” Aust NZ J Psychiatry, vol. 40, pp.865-874, 2006, doi:10.1111/j.1440-1614.2006.01905.x

[41] Burns JR., RM. Rapee “Adolescent mental health literacy: young people’s knowledge of depression and help seeking.” J Adolesc., vol. 29, pp.225-239, 2006, doi: 10.1016/j.adolescence.2005.05.004

[42] Fagbule OF., Kanmodi KK., Samuel VO., Isola TO., Aliemeke EO., Ogbeide ME., O. Ibiyemi, “Prevalence and predictors of cigarette smoking and alcohol use among secondary school students in Nigeria.” Annals of Ibadan Postgraduate Medicine, vol. 19, no. 2, pp.112-123, 2021, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9484315/

[43] Shavers LV., “Measurement of socioeconomic status in health disparities research.” J Natl Med Assoc., vol. 99, pp.1013-23, 2017.

[44] Jankowska DM., M. Karwowski, “Family factors and development of creative thinking.” Personality and Individual Differences, vol. 142, pp.202-206, 2019, doi: 10.1016/j.paid.2018.07.030

[45] Oyefeso EO., Jacob, US., Aladeyelu, FG., J. Pillay, “The predictive influence of family socioeconomic status and parenting styles on social skills development of pupils with intellectual disability.” Neuro Quantology, vol. 20, no. 14, pp.456-463, 2022, doi: 10.4704/nq.2022.20.14. NQ88065

[46] Chen E., “Why socioeconomic status affects the health of children: a psychosocial perspective.” Curr Dir Psychol Sci., vol. 133, pp.112-5, 2014, doi: 10.1111/j.0963- 7214.2004.0 0286.x

[47] Onyemah TN., AH. Omoponle, “Child abuse and family background as predictors of poor academic performance among adolescents in special schools of Ibadan-Nigeria.” Journal of Lexicography and Terminology, vol. 6, no. 1, pp.106-119, 2022.

[48] Asikhia, OA., “Students and teachers’ perception of the causes of poor mental health in Ogun State secondary schools, Nigeria: Implications for Counselling for National Development.” European Journal of Social Sciences, vol. 132, pp.229-249, 2010.

[49] Fagbule OF., Kanmodi KK., Aliemeke EO., Ogunniyi KE., Ogbeide M., Victor SO., PA. Kanmodi, “Knowledge of HPV and HPV vaccine among senior secondary school students in Nigeria: implications on cancer prevention strategies, the CHANCE Study.” Population Medicine, vol. 2, pp.1-10, 2020, doi: 10.4314/mmj.v34i3.4

[50] Salami SO., “Socio-economic status inventory.” Ibadan Journal of Educational Studies, vol. 11, pp.128-139, 2001.

[51] Chen, G., Gully SM., D. Eden, “New General Self-Efficacy

Scale (NGSE) [Database record].” APA PsycTests, 2001. doi: 10.1037/t08800-000

[52] Harandi TF., Taghinasab MM., TD. Nayeri, “The correlation of social integration with mental health: A meta-analysis.” Electronic Physician, vol. 99, pp.5212-5222, 2017, doi:10.19082/5212

[53] Herrman H., “Improving the mental health of women and girls: psychiatrists as partners for change.” World Psychiatry, vol. 15, pp.190-191, 2016 doi: 10.1002/wps.20316

[54] Törrönen M., “Social relationships and their connection to mental health for young people who have been in the care system.” The British Journal of Social Work, vol. 513, 2021, doi: 10.1093/bjsw/bcab028

[55] Buctot DB., Kim N., SH. Kim SH, “The role of nomophobia and smartphone addiction in the lifestyle profiles of junior and senior high school students in the Philippines.” Soc. Sci. Humanit Open, vol. 2, 2020, doi: 10.1007/s11469-021-00609-9

[56] Baranne, ML., B. Falissard, “Global burden of mental disorders among children aged 5-14 years.” Child and Adolescent Psychiatry and Mental Health, vol. 1219, 2018, doi: 10.1186/s13034-018-0225-4

[57] George ED, “The Blackwell Encyclopedia of Sociology.” Malden, MA, Blackwell Pub, 2017. https://www.rehabilitationjournals.com/childhood-development-disorders/article/11/2-1-4-723.pdf

[58] Sowislo JF., U. Orth, “Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies.” Psychol Bull., vol. 139, pp.213-240, 2013, doi: 10.1037/a0028931