



FAMILY TYPE AND LOCUS OF CONTROL AS PREDICTORS OF RESILIENCE AMONG ADOLESCENTS IN EASTERN NIGERIA

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Abstract

The study focused on the influence of family type and locus of control on the exhibition of resilience among adolescents in selected secondary schools in Enugu Metropolis. Correlational design was used in this study. A total of 423 Senior Secondary School 1 and 2 students (208 females and 215 males) between the ages of 14 to 18years ($M=15.98$; $SD=4.90$) were randomly selected using proportionate stratified random sampling method. Two hypotheses were tested using regression analysis. Results show that family type ($t=2.15$, $p<.05$) and locus of control ($t=4.09$, $p<.05$) predicted resilience among adolescents. There is need for parents no matter their level of education and socio economic status to foster internal locus of control by having their children participate in activities which are meaningful and related to their lives and which they have control over the outcome. Proper education that promotes healthy family systems will help foster resilience among the young family members. Parents and caregivers should be responsive to the needs of their children and wards in whichever way they can, as these will go a long way to ensure the success of the youths later in life. A social support policy by the government is also needed.

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INTRODUCTION

Psychology as a field of study has operated within a *disease model* (Seligman & Csikszentmihalyi, 2000) which highlights the prevalence of mental illnesses (such as depression, personality disorder, or anxiety attacks) and other maladaptive behaviours. However, the costs of adopting this disease model included the negative view of psychologists as ‘victomologists’ and ‘pathologists’, the failure to address the improvement of normal lives and the identification and nurturance of high talent. Just to illustrate, if you were to say to your friends that you were going to see a psychologist, what is the most likely response that you would get? ‘What’s wrong with you?’ How likely are you to hear something along the lines of: ‘Great? Are you planning to concentrate on self-improvement?’

The myriad stress factors confronting young adolescents in the various contexts in which they find themselves, all hold grave potential of becoming risk factors, if the normal support structures are absent or poor. During this crucial development phase, challenges may come to be perceived as insurmountable and adversity as calamities. In dealing with adolescents in difficult or traumatic circumstances, psychologists and educators have become increasingly aware of the powerful contribution of resilience, or the lack of it, to the overall outcome represented by their choices and behaviours (Haggerty, Sherrod, Garmezy & Rutter, 1996). Given the growing emphasis in research and service provision on strengths rather than deficits, there is a renewed focus on youth support programmes. In the Nigerian *Child Rights Act 2007*, emphasis is made on the lack of educational, therapeutic and other resources for most Nigerian youth, with a new crave and trans-disciplinary commitment and insight into resilience.

The phenomenon of ‘bounding back’ from adversity is common to societies that grapple with threatened well-being like Nigeria, where life expectancy has decreased so much and there is great poverty and unemployment even in the presence of abundant human and mineral resources (Theron & Theron, 2010). The wellbeing of adolescents in the Nigerian society have been challenged lately due to the changes in every facet of life such as political, economic, social, psychological and technological which contain many risk factors. The factors include socio-economic deprivation, poor access to basic services, unemployment, crime and gangsterism, inaccessible and unsafe residential environments, poor parental involvement in educational matters, poor human resource development in schools, dysfunctional family orientations and the profound ravages of HIV/AIDS on all aspects of family life (Ibeagha Balogun, & Adejuwon, 2004). These changes may also have brought stressful situations to which individuals most especially adolescents have to adapt. Protective social factors and individual characteristics of resilience are essential in helping individuals to cope and bounce back from such stressful experiences.

In Nigeria, there is a great emphasis on adolescent vulnerability to drugs, HIV/AIDS, teenage pregnancy, and truancy. Studies abound on youth maladaptive behaviours (Inerhumwunwa, 2009; Odebunmi, 2007). However, there is need to shift focus on the other adolescents who live a productive life and stand out regardless of the seeming challenges, (Ibeagha et al. 2004). For example two adolescents of the same age and sex are exposed to the same stressful experience; one crumbles while the other remains emotionally stable. Why? Adolescents are known to experience many problems, such as teen pregnancy, alcoholism, drug use and abuse, violence, school failure, and eating disorders (Callahan, Tolman, & Saunders, 2003; Stein, Jaycox, Kataoka, Rhodes, & Vestal, 2003; Elkins, McGue, Malone, & Iacono, 2004; Millan, Ickovics, Kershaw, Lewis, Meade, & Ethier, 2004). The extent and seriousness of these problems may cause social scientists, policymakers, and parents not to focus on youth who are well-functioning; teens that excel in school; have positive family and peer relationships; and have minimal participation in risky behaviours such as drug use, premarital sex, or delinquent acts, and overemphasize on youths who are dysfunctional or engage in maladaptive behaviours (Damon 2004).

Etymologically, the word resilience is derived from the Latin roots meaning “to jump or bounce back”. Resilient adolescents are those who weather circumstances that would blight most others; who maintain their composure and competence under challenges or threat; or who bounce back from traumatic events. Resilience relates to how effectiveness in the environment is achieved, sustained or recovered despite adversity (Kaplan, 1999). Resilient individuals are considered to have a hardy personality, because hardy individuals are likely to employ adaptive coping strategies and not maladaptive responses like derail or behavioural avoidance (Kaplan, 1999). Resilient adolescents are those from dysfunctional families who go on to distinguish themselves in different professions. They are the children of poor farmers from remote and disadvantaged villages who become professors in higher institutions of learning (Ibeagha, et al., 2004). They are the products of divorce who adjust and go on with their lives. They are the neglected or abused children who manage to form intimate relationships, good marriages and become good parents. They are children from poverty stricken homes who despite the lack and insufficiency in their homes have become successful in their lives (Ibeagha et al., 2004).

Resiliency is the ability to absorb high level of disruptive change while displaying minimal dysfunctional behaviour. The adverse circumstances may include psychological, political, economic or environmental obstacles (Papalia, Olds, & Feldman, 1999). In essence, to thrive, mature and increase competence, a person must draw up all of his or her resources, biological, psychological and environmental. Resilience arises out of a belief in one’s own self-efficacy, the ability to deal with change and a repertoire of social problem solving skills. It is the tendency for a child, an adult, or a family to bounce back from stressful circumstances or events and resume normal activity and succeed. Resilience is the power of recovery. It therefore describes dynamic, responsive capacities fostering healthy development, interaction and adaption in the face of abnormal challenges (Ibeagha, Balogun, & Adejuwon, 2004).

The family has also been cited as an important variable in the expression of resilience. The family as an integral social system is held together by strong bonds of affection and caring. And at the same time, family members exercise control, approval and dissent for each other’s action (Becver & Becver, 1988). The family is a system in which each member has a role to play and rule to respect. Members of the system are expected to respond to each other in a certain way according to their roles, which is determined by relationship agreements. Within the boundaries of the system, patterns develop as certain family members’ behaviours are caused by and cause other family members’ behaviours in predictable ways. Maintaining the same pattern of behaviours within a system may lead to balance in the family system as well as dysfunction. For example, if a husband is depressive and cannot pull himself together, the wife may need to take up more responsibilities to pick up the slack. The change in role may maintain the family towards a different equilibrium. This new equilibrium may lead to dysfunction, as the wife may not be able to maintain this overachieving role over a long period of time.

Every family has a structure, whether dysfunctional or functional. Family dysfunction can be any condition that interferes with healthy family functioning. Most families have some period of time when functioning is impaired by stressful circumstances such as death in the family or the illness of a parent. Healthy families tend to return to normal functioning after the crisis had passed. In dysfunctional families however, problems tend to be chronic and children do not consistently have their needs met. Healthy families are not perfect; they may have yelling, bickering, misunderstanding, tension, hurt and anger-but not all the time. In healthy families, emotional expression is allowed and accepted. Family members can freely ask for and give attention. Rules tend to be made explicit and they remain consistent but with some flexibility to accommodate individuality, each member is encouraged to pursue his or her own interests and boundaries between individuals are honored. Children in healthy families are consistently treated with respect, and do not fear emotional, verbal, physical or sexual abuse. Parents can be counted on to provide care for their age

and are not expected to take on parental responsibilities. Finally, in healthy families everyone makes mistakes and mistakes are allowed. Perfection is unattainable, unrealistic, and potentially dull and sterile.

However, these are not same in dysfunctional families. In some of them, the parents under-function, leaving their children to fend for themselves. Other parents may over-function, never allowing their children to grow up and be on their own. Others are inconsistent or violate basic boundaries of appropriate behaviour (Lambert, 1997).

In dysfunctional families, parents violate the boundaries of their children. Parents from these families do not respect their children's personal freedom and privacy, they discount their children's feelings, do not honour their attempts at independent thinking and impulses towards creativity, spirituality and self actualization. These deficits in the children's development are revisited by problems in their adult relationships and careers, and with raising their own families. When parents disrespect a child's boundaries, the child's sense of self, his or her autonomy, self respect, feelings of effectiveness and of making a difference are compromised. In place of a healthy sense of self, children may come to feel they are damaged goods: unworthy, inferior, inherently bad, incompetent, stupid or ugly. This negative conditioning limits what they believe they are capable of doing, being and having throughout their lives. One of the central priorities of the recovery process must be to reconstruct this damaged self-esteem. Boundaries in the family are violated and are manifested in different parenting styles as thus:

Deficient Parents

Deficient parents hurt their children more by omission than by commission. Frequently, chronic mental illness or a disabling physical illness contributes to parental inadequacy. Children tend to take on adult responsibilities from a young age in these families. Parental emotional needs tend to take precedence, and children are robbed of their own childhood, and they learn to ignore their own needs and feelings. Due to the fact that these children are simply unable to play an adult role and take proper care of their parents they often feel inadequate and guilty. These feelings continue into adulthood (Lambert, 1997).

Controlling Parents

Unlike the deficient parents, controlling parents fail to allow their children to assume responsibilities appropriate for their age. These parents continue dominating and making decisions for their children beyond the age at which this is necessary. Controlling parents are often driven by a fear of losing their control on their children. This fear leaves them feeling betrayed and abandoned when their children frequently feel resentful, inadequate, and powerless. Transitions into adult roles are quite difficult, as such adults frequently have difficulties making decision independent from their parents. When they act independently, these adults feel very guilty as if growing up were a serious act of disloyalty (Lambert, 1997).

Alcoholic Parents

Alcoholic families tend to be chaotic and unpredictable. Rules that apply one day don't apply the next. Promises are neither kept nor remembered. Expectations vary from one day to the next. Parents may be strict at times and indifferent at others in addition, emotional expression is frequently forbidden and discussions about the alcohol use or related family problems are usually nonexistent. Family members are usually expected to keep problems secret, thus preventing anymore from seeking help. All of these factors leave children feeling insecure, frustrated and angry. Children often feel there must be something wrong with them, which makes their parents behave this way (Lambert, 1997). Children from this family develop mistrust for others and difficulty with emotional expressions. They also develop difficulties with intimate relationship which is carried over into adulthood. It is important to note that children of alcoholics are at a higher risk of developing alcoholism than children of non-alcoholics (Lambert, 1997).

Abusive Parents

Abuse can be verbal, physical or sexual. Verbal abuse such as frequent belittling criticism can have lasting effects, particularly when it comes from those entrusted with the child's care. Criticism can be aimed at the child's looks, intelligence, capabilities, or basic value. Some verbal abuses are very direct, while others use subtle put-downs disguised as humour. Both types are just as damaging. Definitions of physical abuse vary widely. Many parents, at one time or the other may have felt the urge to strike their child. With physically abusive parents, however, the urge is frequent and little effort is made to control this impulse. The Federal Child Rights Act Nigeria (2007), defines physical abuse as "the infliction of physical injuries such as bruises, burns, welts, cuts, bone or skull fractures; These are caused by kicking, biting, beating, knifing, strapping, paddling etc," striking a child has must to do with meeting the parent's emotional needs and nothing to do with concern for the child; parents often erroneously justify the abuse as "discipline" intended to "help" the child (Lambert, 1997). Physically abusive parents can create an environment of terror for the child, particularly since violence is often random and unpredictable. Abused children often feel anger. Children of abusive parents have tremendous difficulties developing feeling of trust and safety even in their adult lives.

Rutter (1966), in his concept of generalized expectancies, proposed that in a new situation we base our expectancies of what will happen on general beliefs about our ability to influence events. Resilient adolescents especially students that perform well in any academic environment usually have internal locus of control, that is, they generally believe that what happens to them is the result of their own actions. Those students strictly adhere to certain rules of their own such as "I think I can do it" in any given situation and they make sure that this actually came to pass (Ibeagha et al., 2004). This result also supports the findings of Perick and Jepsen (1992) who reported that resilient children have personal attributes such as flexibility, problem solving skills, a strong sense of future and the ability to look at things from alternative ways. The factors boost their morale and serve as encouragement for their belief in themselves and their ability to succeed. Unlike the internals, adolescents with external locus of control belief that they do not have what it takes to confront life challenges. They are helpless and see everything that happens to them as fate.

Hypotheses

1. Family type will significantly predict resilience amongst adolescents.
2. Locus of control will significantly predict resilience amongst adolescents.

METHODS

Design

Correlation design was used. The choice of this design was informed by the following assumptions as stated by Elmes, Kantowitz and Roediger (1995). These assumptions hold that correlation design is applied where experimentation (manipulation of variables) is practically impossible, when the researcher is looking for degree and direction of relationship between two or more variables allows the researcher to determine simultaneously the degree of direction of relationship with a single statistic, and knowledge of this relation allows prediction to be made. Considering these assumptions, since the researcher did not manipulate the variable, correlational design was chosen to enable the researcher study the degree and direction of the relationships between family type, locus of control and resilience.

Participants

A total of four hundred and twenty three Senior Secondary School (SS) 1 and 2 students (208 females and 215 males) in Enugu metropolis were randomly selected using proportionate stratified random sampling. This was used because the population has subgroups that differ in various aspects such as sex, family type and class size. This sampling method is used when we have subgroups in our population that are likely to differ substantially in their responses or behavior. The participants were drawn from six Government Secondary schools (3 female and 3 male schools) in Enugu metropolis. The female schools were; Girls Grammar School, Awkunanaw, Queens Secondary School Enugu, and Girls Secondary School Abakpa while, Union Secondary School Awkunanaw, National Grammar School Nike and New Haven Boys Secondary School were the male schools. The participants are within the biological age range of 14 to 18 years. The S.S 3 students were not in session at the time of the study, because they had concluded their 2014 West African Examination Council (WAEC) Examinations.

Measures

Two instruments were used in this study namely: 17-item Locus of Control Scale (Craig, Franklin and Andrew (1984); and 18-item resilience Scale (Mampane, 2005).

Locus of Control Scale

The Craig, Franklin, and Andrews', (1984); 17- item Locus of control Scale is a test designed to measure internal-external personal dispositions. It has response options ranging from Strongly Disagree (1) to Strongly Agree (5). A score on the test ranges from 17-85. Scores above 57.33 indicate internal locus of control while scores below indicate external locus of control. The instrument has been found to have high degrees of reliability and construct validity. The authors reported a reliability of 0.76. Ibeagha, Balogun, and Adejuwon's (2004) revalidation of the scale among a sample of Nigerian adolescents obtained a split-half reliability of 0.73.

Resilience Scale

The 25-item Resilience scale was developed by Mampane (2005) to measure resilience amongst young people. It has five response options ranging from Strongly Disagree (1) to Strongly Agree (5). According to the Scale, scores above the mean 4.51 for the girls and 4.22 for the males respectively indicate high resilience. For this study, the instrument was re-validated using Nigerian sample. Two hundred and fifty adolescents comprising 100 females and 150 males were selected from three secondary schools in Okigwe Local government of Imo State. The 25-item scale was reduced to 18 items. This is as a result of some items being dropped from the scale. According to Pedhazur (1997), any item that did not load up to 0.30 on item total correlation analysis does not have much relevance in tapping into the construct. However, a concurrent validity of 0.33 was obtained by correlating the instrument with Family Strength Scale (FSS) developed by Arshat, Baharudin, Juhari, Hasbullah, and Ishak (2012) which consist of 27 items used to assess seven dimensions of family strength: 1) Communication (3 items); 2) Love (5 items); 3) Support (4 items); 4) Commitment (4 items); 5) Acceptance (4 items); 6) Religiosity (4 items); 7) Relationship (3 items). The FSS has a reliability coefficient of 0.95. In addition, the researchers carried out a pilot study using 100 students (52 males and 48 females) selected from college of Immaculate Conception (C.I.C) Enugu. The split half reliability test yielded coefficient of 0.73.

Family Type

In this study, five family types were studied namely: (1) emotionally depressed family, (2) controlling family, (3) alcoholic family, (4) abusive family and (5) functional family as adapted from Lambert (1997). The characteristics of these different families were described on the instrument and participants were asked to indicate which family types best describes their family of origin. In order to ensure adherence and reduce

social desirability, the students were assured of confidentiality. It is expected that at this level of age, students will be more open and honest in describing their families

Procedure

First and foremost, an approval was got from the principals of the six secondary schools that were used for the study. The six schools were selected out of about 18 State owned Secondary Schools in Enugu metropolis (Enugu South, Enugu North and Enugu East LGAs). Systematic random sampling was used to select one female and one male schools from each local government area. From Enugu North L.G.A: New Haven Boys Secondary School and Queens Secondary School were selected. Schools selected from Enugu South L.G.A were Girls Grammer School Awkunanaw and Union Secondary School Awkunanaw, while, Girls Secondary School, Abakpa, Nike Grammar School, Nike, were selected from Enugu East L.G.A. To have a good representative sample, proportionate stratified random sampling was used to select participants from each school for the study. In doing this, the schools were grouped into two strata of boys and girls and further grouped into SS I and II. The simple random sampling was used to select appropriate sample size from each stratum. The sample size approximated the same relative number from each stratum of the whole population. This was done by the researchers with the assistance of the class teachers after the creation of rapport and confidentiality. Copies of the research instruments were distributed among the schools selected within a period of 3 weeks. After creating rapport and confidentiality, those selected responded to the items of the questionnaires and handed it over to the researcher within a short period of time, though there was no time line for that. Obviously, the organization of the students was done with the assistance of class teachers. Out of 450 copies administered, 423 copies of the research instruments were correctly filled and returned and were used for data analysis.

Table I: Descriptive data on the number of questionnaires administered, the percentages and number of copies properly completed/returned in each school.

S/N	Name of School	Population of Students SSI&SS II N	Number Questionnaire Administered to each School	Number Questionnaire Properly Completed & Returned	Percentage of Questionnaire Returned %
1	Girls Grammar School Awkunanaw	120	50	46	96%
2	Union Secondary School Awkunanaw	200	100	98	98%
3	Girls Secondary School, Abakpa	150	70	62	88.6%
4	National Grammer Schools, Nike	145	70	62	88.6%
5	Queens Secondary School	205	100	97	97%
6	New Haven Boys Secondary School	125	60	58	96.7%
	Total	945	450	423	

Statistics

Multiple regression as a statistical test was applied to test the two hypotheses. The choice of this statistical test was built on the assumptions of multiple regression analysis as posted by Cohen and Cohen (1983), Pedhazur (1997), Osborne and Waters (2002). The assumptions hold that multiple regression can only accurately estimate the relationship between independent and dependent variables where relationships are linear in nature. Multiple regression assumes those variables are multivariables (measuring the predictors as we find them rather than fixing them in advance). It considers the relationship between two or more variables. Multiple regression needs at least 3 variables of metric (ratio or interval) scale. Finally, a rule of thumb for the sample size is that regression analysis required at least 20 cases per independent variable in the analysis

The present study having satisfied these assumptions to a reasonable extent adopted multiple regression to test the hypotheses. Application of this statistical test enable the regression of the scores of the participants on age with resilience, gender with resilience, family type with resilience, living with parents with resilience, self esteem with resilience, and locus of control with resilience.

RESULTS

Table II: Means, standard deviation and correlations among all variables

	Variable	N	M	SD	1	2	3	4	5	6	7	8	9	10	11	12
2	Gender					1.00										
3	Living with Parents						1.00									
4	Demo 3							1.00								
	Locus of Control															
5	Internal Locus of Control	36 4	79 .0 2						1.00							
6	External Locus of Control	59	75 .7 1							1.00						
	Family Type															
7	Emotionally Depressed Family	48	79 .1 3								1.00					
8	Controlling Family	10 4	76 .9 8									1.00				
9	Alcoholic Family	45	78 .6 0										1.00			
10	Abusive Family	15												1.00		
11	Functional Family	21 1													1.00	
12	Resilience															1.00

Footnotes

HYPOTHESES TESTING

FAMILY TYPE AND RESILIENCE AMONG ADOLESCENTS

To test the hypothesis which stated that family type will significantly predict resilience amongst adolescents, hierarchical regression analysis was conducted.

Table III: Summary of Regression Analyses showing the Predictive Effect of Family Type on Resilience.

Dependent Variables	Independent Variables	<i>F</i>	<i>R</i> ²	<i>Adj-R</i> ²	ΔR^2	β	<i>P</i>
Resilience	Family Type	0.57	0.30			0.11	0.5
	Step 1: Emotionally Depressed Family Step 2: Controlling Family Step 3: Alcoholic Family Step 4: Abusive Family						

The regression coefficient for family was 0.57 (95% CI = 0.05 to 1.10). Since the confidence limits did not encompass a negative value it can be concluded that the population regression coefficient for family type is positive ($t = 2.15$, $P < 0.5$). The standardized regression coefficient (Beta 0.11) indicated that family type is a strong predictor of resilience. It accounted for 11% of the variations in resilience (see table 3 & 4). From the mean table (Table 2), adolescents from functional families were found to exhibit higher resilience ($x = 79.61$) than other adolescents from dysfunctional families (Emotionally Depressed, $x = 79.13$; controlling, $x = 76.98$; Alcoholic, $x = 78.60$; and Abusive, $x = 72.87$ respectively). Adolescents from abusive families tended to be lower in resilience than any other family type.

LOCUS OF CONTROL AND RESILIENCE AMONG ADOLESCENTS

To test the hypothesis which stated that locus of control will significantly predict resilience amongst adolescents, simple regression analysis was conducted. After this, explain the steps you took to conduct the analyses and then state the result. Then state your result.

Table IV: Summary of Regression Analyses showing the Predictive Effect of Locus of control on Resilience.

Dependent Variables	Independent Variables	<i>F</i>	<i>R</i> ²	<i>Adj-R</i> ²	<i>P</i>
Resilience	Locus of Control	4.09	0.11	0.21	$P < 0.01$

DISCUSSION

Hypotheses 1 which stated that family type will predict resilience among adolescent was confirmed. A cursory look at the mean table (Table II) for family type shows that adolescents who come from functional families scored higher on resilience scale than those from dysfunctional families. This presents the family as a protective factor and characteristic that facilitates the development of resilience in youth. The family as protective factor is more powerful than risk factors and serves to protect adolescents across ethnic, social class, geographic and historical boundaries (Scott-fisher & Campbel-forester, 2000). The family as an environmental factor authenticates the ecological domain of resilience. In family environment operated as protective factors in the prediction of resilience. The ecological approach in resilience as a process – oriented model argues that the family, individual attributes (e.g. locus of control), community and social levels are potential protective factors (Sandler, 2001). Middle adolescence as a developmental life cycle is characterized by changes and transitions in the biological, cognitive, affected by the adolescent's social environment such as the home (Rutter; 1995). To function effectively, the developing middle- adolescents rely on the interconnections, communications and participation within and between the Microsystems with

which he/she has relationships such as the home, school and community (Bronfenbrenner, 1979). Many of the salient risk and protective factors for youth problem behaviours originate in the family (Spoth, Kavanagh, Dishion 2002). In functional families, consistent parenting practices promote attachment and emotional bonding which are implicated in the development of resilience.

Hypothesis 2 which stated that locus of control will significantly predict resilience among adolescents was confirmed. In the mean table, internals had higher mean score ($x= 79.02$) than externals ($x= 75.71$). This could be the result of the assumption that the adolescents that are in adversity due to one situation or the other tend to believe that they can change their situation through diligent work on their academics or through religiosity. Rutter (1966), in his concept of generalized expectancies, proposed that in a new situation we base our expectancies of what will happen on general beliefs about our ability to influence events. Resilient adolescents especially students that perform well in any academic environment usually have internal locus of control, that is, they generally believe that what happens to them is the result of their own actions. Those students strictly adhere to certain rules of their own such as “I think I can do it” in any given situation and they make sure that this actually came to pass(Ibeagha et al., 2004). This result also supports the findings of Perick and Jepsen (1992) and Stipek et al., (1992) who reported that resilient children have personal attributes such as flexibility, problem solving skills, a strong sense of future and the ability to look at things from alternative ways. The factors boost their morale and serve as encouragement for their belief in themselves and their ability to succeed. Unlike the internals, adolescents with external locus of control believe that they do not have what it takes to confront life challenges. They are helpless and see everything that happens to them as fate.

CONCLUSION

In concluding this paper, there are several implications of this study for parents, guardians and counselors in handling youth that are exposed to risk conditions.

The results of this study revealed that family type and locus of control accounted for 30% of the variance in the adolescent’s resilience scores. Specifically locus of control and family type accounted for 21% and 11% respectively of the variety of situations, including war, natural disaster, family violence, extreme poverty, and parental mental illness, have uncovered traits, conditions, and situations that enable vulnerable children and youth to achieve healthy outcomes despite these profound risks (Masten, 2001). Consistent with this assertion, the present study has found that locus of control (trait) and family type (condition) as clusters of protective factors, have predicted psychological resilience (Masten and Coatworth, 1998).

Important factors that have been consistently mentioned by the resilient youths in this study are protective monitoring and motivational support received from adult relationship. This has implication for the quality of parent-child relationships as perceived by the youths. Resilience should be viewed as something we foster throughout children’s development by strengthening protective processes for children at critical moments in their lives. When resilience is viewed as a developmental process that can be fostered, then strategies for change can be directed toward practices, policies, and attitudes among practitioners. It is important to realize, however, that when practices, policies and attitudes are changed within schools and communities, the work is not done. The environment will not automatically end up full of resilient children. Within every young person is a delicate balance during those critical life events between the protective processes and risk factors that originate both internally and externally.

The study also highlighted the importance of the family system, and social support from significant others for the resilience of adolescents. These findings, therefore, point to the need to contextualize programming for children and youth with emphasize on the family system. For example, educational programs that

promote healthy family system, as well as address the social injustices they face, will help to make foster resilience (Dei, Massuca, McIsaac, & Zine, 1997). The researcher suggest that interventions and programs that simultaneously promote culturally embedded and meaningful expressions of power and control, identify, relationships, and cohesion are likely to help young people navigate to health resources effectively. More so, there is need for parents no matter their level of education and socioeconomic status to build up their homes in whichever way they can, as these go a long way to ensure the success of the youths later in life. There is also need for the development of social support policy by the government, which will attempt to improve the lives of children especially those in poverty. Policy and programs for youth must be sensitive to developmental processes, and the environmental structures that put adolescents at risk.

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