



Influence Of Environmental Factors On Adolescents' Mental Health At Lead City University

By

¹.Victoria Folake Iyanda

iyanda.victoria@lcu.edu.ng

²Smith Vanessa Chinonye

Officialnessa3@gmail.com

³Temitayo Omolade ADEGBOYEGA

omoladetemitayo@gmail.com

⁴Oluwadamilare Jesuferanmi Elijah

Jesuferanmioluwadamilare30@gmail.com

Department of Behavioral Science, Social Work Unit

Faculty Of Management and Social Sciences

Lead City University, Ibadan, Oyo State, Nigeria.

⁵Oluwaseun Toluwalase EMMANUEL. - oluwaseun.emmanuel@covenantuniversity.edu.ng

Department of Sociology Sociology, College of management and social sciences, Covenant University,
Canaan Land Ota, Ogun state

Abstract

Adolescents, particularly those aged 10-19, are a vulnerable group undergoing rapid physical, cognitive, emotional, and social changes. These changes, coupled with academic pressures, social dynamics, and identity exploration, can contribute to various mental health challenges. This study investigates the influence of environmental factors peer relationships, family size, and socio-economic status on the mental health of adolescents at Lead City University in Oyo State, Nigeria. Given the critical role of schools in promoting mental well-being, understanding these influences within the university context is crucial. The study employed a cross-sectional survey design, collecting data from adolescents aged 15-19 through structured questionnaires. The sample consisted of 384 students randomly selected from various faculties at Lead City University. Data were analyzed using descriptive statistics and multiple regression analysis to determine the extent of influence of the identified environmental factors on mental health. The findings revealed that positive peer relationships significantly enhance adolescents' mental health, providing emotional support and a sense of belonging. Conversely, negative peer interactions, such as bullying, were associated with increased levels of anxiety and depression. Family size showed a moderate impact, with larger family sizes sometimes leading to reduced parental attention and support, thereby affecting mental well-being. Socio-economic status emerged as a critical factor, with lower socio-economic backgrounds correlating with higher stress levels and limited access to mental health resources. Based on these findings, the study recommends enhancing peer support programs within the university, promoting awareness and interventions for bullying, and providing additional support for students from larger families and lower socio-economic backgrounds. It also suggests the need for policies to improve access to mental health resources and services for adolescents. By identifying the key environmental factors influencing mental health, this study aims to inform targeted interventions and support systems to promote better mental health among university students, thereby contributing to their overall well-being and academic success.

Keywords: *Environmental Factors, Peer Relationships, Family Size, Socio-Economic Status, Mental Health, Adolescents, Lead City University.*



1 INTRODUCTION

Globally, mental health issues impact approximately 10-20% of children and adolescents, with Germany reporting a stable and high prevalence of 10% (Meherali et al., 2021). These issues range from anxiety and depression to conduct disorders and hyperkinetic disorder, yet only about one-third of affected individuals receive medical treatment. The low utilization of healthcare services can be attributed to various factors, including limited accessibility to specialist care, fear of stigma associated with mental illness, uncertainty among children and parents about the need for treatment, lack of awareness about available services, and potential language or cultural barriers, particularly among migrant families (De Figueiredo et al., 2021). Schools play a crucial role in promoting the mental well-being of children and adolescents, given the significant amount of time they spend there. With approximately 11.1 million students attending general and vocational schools in Germany in 2014/15 and a 10% prevalence rate of mental health problems, an estimated 1.1 million school-age individuals may require treatment for such issues (Roach, 2018).

According to the WHO, mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. It encompasses various aspects of an individual's life, including how they think, feel, act, and cope with the challenges of life. Good mental health enables people to handle stress effectively, maintain healthy relationships, make sound decisions, and realize their full potential (McDonald, 2018). Factors that contribute to mental health include biological factors (such as genetics and brain chemistry), life experiences (such as trauma or abuse), and family history of mental health conditions. Mental health is not just the absence of mental illness; it also involves having positive characteristics like resilience, self-esteem, and emotional intelligence (Blakemore, 2019).

It's important to recognize that mental health is a continuum, meaning that individuals may move back and forth between states of good mental health and struggles with mental health issues throughout their lives. Good mental health is essential for overall well-being and quality of life. It enables individuals to effectively cope with stress, make meaningful connections with others, and maintain a positive outlook on life (Fusar-Poli et al., 2020). When someone has good mental health, they are better able to manage their emotions, handle challenges, and adapt to changes. This can lead to improved relationships, increased productivity, and a greater sense of fulfillment. Additionally, good mental health is associated with better physical health outcomes, as the mind and body are intricately connected (Mjøsund, 2021). Overall, prioritizing mental health can lead to a happier, more balanced life.

The term "adolescence" originates from the Latin word *adolescere*, meaning "to grow up." However, establishing a clear definition for the phase between childhood and adulthood has been a persistent challenge. In the early 20th century, G Stanley Hall proposed a broad definition, suggesting that adolescence spans from age 14 to 24 (Sawyer et al., 2018). Over 50 years ago, the World Health Organization (WHO) suggested that adolescence ranges from 10 to 20 years, acknowledging the ambiguity of its endpoint despite starting at puberty (Coleman, 2022). The UN Convention on the Rights of the Child defines a child as someone aged 0–18 years, and the UN has formally defined adolescence as the period between 10 and 19 years of age (Crone and Fuligni, 2020). This definition has sparked surprise across various countries and cultures, particularly regarding the starting point (the idea that a 10-year-old is a child, not an adolescent) and the endpoint (the notion that a 19-year-old is already an adult).

Adolescence is a transitional period of human development typically occurring between the ages of 10 and 19, though it can vary slightly depending on cultural and individual factors. It is characterized by rapid physical, cognitive, emotional, and social changes as individuals transition from childhood to adulthood. Physically, adolescence is marked by significant growth spurts, hormonal changes, and the development of secondary sexual characteristics. This period is often accompanied by increased awareness of body image and changes, which can impact self-esteem and identity formation (Becker and Correll, 2020). Cognitively, adolescents undergo notable advancements in abstract thinking, problem-solving, and decision-making skills. Their ability to think critically and consider multiple perspectives begins to mature, although they may still grapple with impulsivity and risk-taking behaviors due to ongoing brain development, particularly in areas related to impulse control and emotional regulation (Damon et al., 2019).



Adolescent mental health refers to the psychological well-being of individuals typically between the ages of 10 and 19. This developmental stage is characterized by significant physical, emotional, and cognitive changes as young people navigate their transition from childhood to adulthood (Swann et al., 2018). Adolescence is a critical period for mental health development, as it sets the foundation for future well-being and functioning. During adolescence, individuals may experience a range of mental health challenges, including mood disorders like depression and anxiety, behavioral disorders, eating disorders, substance abuse, and self-harm (Coyne et al., 2020). These issues can arise due to various factors such as hormonal changes, peer pressure, academic stress, family dynamics, trauma, and genetic predispositions. Additionally, adolescents may struggle with identity formation, self-esteem, and social relationships, which can impact their mental health (O'Reilly et al., 2019).

Lead City University (LCU) is a private university located in Ibadan, Nigeria. Established in 2005, it aims to provide a conducive environment for learning and intellectual development. The university offers a range of undergraduate and postgraduate programs across various fields, including social sciences, law, management, information technology, and health sciences. Adolescents at Lead City University are at a pivotal stage of development, typically covering the late teens to early twenties, characterized by significant physical, emotional, and social changes as they pursue identity, independence, and future career paths. They engage in rigorous academic activities, balancing lectures, practicals, and assignments with extracurricular pursuits like sports, clubs, and societies. University life fosters vital social interactions and friendships through events, cultural festivals, and student union activities, which contribute to personal growth. These students face challenges such as balancing academic demands with personal interests, navigating peer influence, and managing mental health issues like stress and anxiety.

Environmental factors significantly influence the mental health of adolescents, with peer relationships, family dynamics, and socio-economic status playing crucial roles. Positive peer interactions contribute to better mental health outcomes by fostering a sense of belonging and reducing feelings of isolation (Smith et al., 2021). Supportive friendships can buffer against stress and provide emotional support, whereas negative peer interactions or peer pressure can exacerbate mental health issues such as depression and anxiety. Adolescents who experience bullying or social exclusion may develop low self-esteem and struggle with mental health challenges as a result. Family dynamics also play a vital role in adolescent mental health. A supportive and nurturing family environment can promote resilience and emotional well-being, buffering against the effects of stress and adversity. Conversely, dysfunctional family relationships characterized by conflict or neglect can contribute to anxiety, depression, and other mental health disorders among adolescents (Baena et al., 2021). Exposure to family dysfunction or trauma may increase the risk of developing mental health problems later in life, underscoring the critical importance of positive family environments.

Furthermore, the socio-economic environment significantly impacts adolescent mental health. Economic disparities and poverty can introduce additional stressors such as financial insecurity, housing instability, and limited access to healthcare services (Hazell et al., 2021). Adolescents from low-income backgrounds may experience social exclusion and inequality, which are risk factors for poor mental health outcomes. Limited access to resources and opportunities due to socio-economic disadvantage can also contribute to chronic stress, further exacerbating the risk of mental health disorders.

2. OBJECTIVE OF THE STUDY

The main objective of the study is to examine the influence of environmental factors on adolescents' mental health at Lead City University.

The study specifically aims to;

1. Assess the extent to which peer relationship influences mental health among adolescents in Lead City University, Oyo state, Nigeria.
2. Analyze extent to which socio-economic status influences mental health among adolescents in Lead City University, Oyo state, Nigeria.



3. SCOPE OF THE STUDY

The scope of this study encompasses an investigation into the impact of environmental factors on the mental health of adolescents with the age range of 15-19 within Lead City University, Oyo State, Nigeria. Specifically, the study aims to assess the influence of peer relationships, and socio-economic status on the mental well-being of adolescents. Through empirical analysis and data collection within the designated areas, the study seeks to provide insights into the extent to which these environmental factors affect the mental health outcomes of adolescents in the region, thereby contributing to a better understanding of the contextual factors shaping adolescent mental health within the local community.

4. CONCEPTUAL REVIEW

MENTAL HEALTH

Mental health is a complex and multifaceted aspect of human well-being that encompasses emotional, psychological, and social dimensions. At its core, mental health reflects an individual's ability to cope with the challenges of life, maintain a sense of inner balance, and function effectively in various domains, including relationships, work, and leisure activities (Blakemore, 2019). It's not merely the absence of mental illness but rather a state of overall psychological resilience and flourishing. Understanding mental health involves recognizing the interconnectedness of biological, psychological, and environmental factors. Biological factors, such as genetics and brain chemistry, play a significant role in shaping an individual's predisposition to certain mental health conditions. Additionally, psychological factors, including cognitive patterns, coping mechanisms, and personality traits, influence how individuals perceive and respond to stressors (Mjøsund, 2021). Moreover, environmental factors, such as socioeconomic status, access to healthcare, social support networks, and exposure to trauma, greatly impact mental well-being.

Stigma remains a pervasive barrier to addressing mental health concerns effectively. Despite progress in raising awareness and promoting acceptance, many individuals still hesitate to seek help due to fear of judgment or discrimination. This stigma can exacerbate feelings of shame and isolation, hindering individuals from accessing the support and resources they need. Overcoming stigma requires concerted efforts at the societal level to foster empathy, education, and inclusivity (Meherali et al., 2021). Preventive approaches to mental health prioritize early intervention and risk reduction strategies aimed at mitigating the onset or progression of mental health disorders. These approaches encompass various levels of intervention, including universal interventions targeting the general population, selective interventions aimed at specific at-risk groups, and indicated interventions tailored to individuals exhibiting early signs of distress. By promoting mental health literacy, resilience-building skills, and supportive environments, preventive efforts strive to equip individuals with the tools to maintain their well-being proactively.

Treatment and management of mental health disorders involve a range of interventions tailored to the individual's needs and circumstances. These interventions may include psychotherapy, pharmacotherapy, lifestyle modifications, and support services. The effectiveness of treatment often depends on factors such as the nature and severity of the condition, treatment adherence, therapeutic rapport, and the availability of social support. Integrative approaches that combine different modalities, such as medication and therapy, can optimize outcomes and enhance overall functioning. Promoting mental health equity is essential for ensuring that all individuals have equitable access to resources and opportunities to attain optimal well-being. Disparities in mental health outcomes persist across demographic groups, reflecting systemic inequalities related to race, ethnicity, gender, sexual orientation, socioeconomic status, and geographic location (Schulte-Körne, 2016). Addressing these disparities requires a multifaceted approach that addresses structural barriers, increases access to culturally competent care, and fosters community empowerment and resilience.

The treatment and management of mental health disorders encompass a variety of interventions, each tailored to address the unique needs and circumstances of the individual. Psychotherapy, also known as talk therapy, is a cornerstone of mental health treatment. It involves working with a trained therapist to explore thoughts, feelings, and behaviors, and to develop coping strategies. Different forms of psychotherapy, such as cognitive-behavioral therapy (CBT), dialectical behavior therapy (DBT), and



psychodynamic therapy, are chosen based on the specific disorder and individual preferences. CBT, for instance, focuses on identifying and changing negative thought patterns and behaviors, while DBT combines cognitive-behavioral techniques with mindfulness practices to address severe emotional disturbances.

Pharmacotherapy, or medication management, is another critical component of mental health treatment. Psychiatric medications, such as antidepressants, antipsychotics, mood stabilizers, and anxiolytics, can help manage symptoms and improve quality of life. These medications work by affecting brain chemistry and can be particularly effective for conditions like depression, bipolar disorder, and schizophrenia. However, the effectiveness of pharmacotherapy depends on factors such as the accuracy of the diagnosis, the individual's response to the medication, and adherence to the prescribed regimen. Regular monitoring by a healthcare professional is essential to manage side effects and make necessary adjustments.

Lifestyle modifications play a vital role in the management of mental health disorders. Regular physical activity, a balanced diet, adequate sleep, and stress management techniques such as mindfulness and meditation can significantly impact mental well-being. Exercise, for example, has been shown to reduce symptoms of depression and anxiety by releasing endorphins and promoting neurogenesis. Additionally, maintaining a consistent sleep schedule can help regulate mood and cognitive function. Support services, including peer support groups, community resources, and vocational training, provide essential assistance and encouragement, helping individuals to feel less isolated and more empowered in their recovery journey.

The effectiveness of mental health treatment is influenced by several factors. The nature and severity of the condition play a crucial role; more severe disorders may require a combination of intensive treatments and longer-term management. Treatment adherence is critical for achieving desired outcomes, as irregular use of medication or sporadic attendance at therapy sessions can impede progress. The therapeutic rapport between the individual and their healthcare provider is another significant factor; a strong, trusting relationship can enhance engagement and facilitate open communication. Additionally, the availability of social support from family, friends, and the community can provide emotional backing and practical assistance, further aiding recovery.

Integrative approaches that combine different modalities, such as medication and therapy, have been shown to optimize outcomes and enhance overall functioning. For instance, individuals with depression may benefit from a combination of antidepressants and CBT, addressing both biological and psychological aspects of the disorder. This holistic approach recognizes that mental health is influenced by a complex interplay of biological, psychological, and social factors, and seeks to address these dimensions concurrently. Promoting mental health equity is essential to ensure that all individuals, regardless of their background or circumstances, have equitable access to the resources and opportunities needed to attain optimal well-being. This involves addressing systemic barriers such as socioeconomic disparities, stigma, and lack of access to quality care. Efforts to promote mental health equity include policy changes, increased funding for mental health services, community education, and advocacy. By ensuring that mental health resources are accessible to all, society can help individuals achieve better mental health outcomes and improve overall quality of life.

Ultimately, fostering mental health involves cultivating a culture of compassion, understanding, and support that acknowledges the inherent dignity and worth of every individual. By prioritizing mental health promotion, prevention, and intervention efforts, societies can create environments that nurture resilience, foster connection, and empower individuals to thrive holistically. It's a journey that requires collective action, collaboration, and ongoing commitment to building a world where mental well-being is valued, protected, and prioritized.

5. ENVIRONMENTAL FACTORS

Environmental factors, including peer relationships, family size, and socioeconomic status, exert profound influences on individuals' development and mental health outcomes. Peer relationships play a pivotal role in shaping social and emotional development during childhood and adolescence. Positive peer interactions can provide support, validation, and a sense of belonging, fostering self-esteem and resilience. Conversely,



negative peer experiences, such as bullying or social exclusion, can contribute to feelings of loneliness, rejection, and psychological distress (Glynn et al., 2021). The quality of peer relationships can impact individuals' social skills, coping strategies, and overall well-being well into adulthood, highlighting the enduring significance of these environmental influences.

Peer relationships play a crucial role in the development of adolescents. During this stage of life, peers become increasingly important as individuals seek to establish their own identity and gain independence from their families (Lim, 2023). Peer relationships provide adolescents with opportunities to learn social skills, develop empathy, and practice conflict resolution. Positive peer relationships can have a significant impact on adolescents' emotional well-being and self-esteem (De Lise et al., 2023). Having supportive friends can provide a sense of belonging and acceptance, which is essential for healthy development. Peer relationships also offer opportunities for adolescents to explore different perspectives, values, and interests, helping them to develop a sense of identity and autonomy.

However, peer relationships can also present challenges for adolescents. Peer pressure, bullying, and social exclusion are common issues that can negatively impact adolescents' mental health and well-being (Yang et al., 2020). It is important for adolescents to develop strong communication skills, assertiveness, and the ability to set boundaries in order to navigate these challenges effectively. Parents, educators, and other adults play a crucial role in supporting adolescents' peer relationships (Duncan et al., 2021). By providing guidance, modeling healthy communication and conflict resolution skills, and creating opportunities for positive social interactions, adults can help adolescents develop strong and supportive peer relationships. Peer relationships are a critical aspect of adolescent development, shaping their social skills, self-esteem, and sense of identity (Farrell et al., 2017). By fostering positive peer relationships and providing support and guidance, adults can help adolescents navigate the challenges of this important stage of life.

Family size, another environmental factor, can significantly influence individuals' psychosocial development and family dynamics. The size of the family unit can shape interpersonal relationships, resource allocation, and parental attention. Large families may offer opportunities for companionship, teamwork, and diversity of perspectives, fostering social skills and adaptability. However, they may also experience challenges related to limited parental time and resources, potentially affecting individuals' emotional support and academic achievement. In contrast, small families may afford greater parental involvement and economic stability but could also face pressures related to high expectations or overprotection. Understanding the nuanced dynamics of family size can inform interventions aimed at promoting positive family environments and strengthening familial bonds.

Socioeconomic status (SES) is a critical environmental determinant that profoundly impacts individuals' access to resources, opportunities, and overall well-being. SES encompasses factors such as income, education, occupation, and neighborhood characteristics, which collectively shape individuals' life trajectories and health outcomes. Higher SES is associated with greater access to quality education, healthcare, housing, and social capital, fostering advantages in cognitive development, academic achievement, and social mobility. Conversely, lower SES is linked to increased exposure to stressors, such as financial strain, discrimination, and environmental hazards, which can contribute to disparities in mental health and overall well-being. Addressing socioeconomic inequalities requires comprehensive strategies that address systemic barriers, promote economic empowerment, and enhance social support networks to create more equitable opportunities for all individuals to thrive.

Socioeconomic status (SES) has a significant impact on individuals' mental health. SES includes factors such as income, education, occupation, and social standing in society. Research consistently shows that people with lower SES are more likely to experience mental health issues (Mehravar et al., 2021). This is often due to factors like financial strain, unemployment, inadequate housing, and limited access to healthcare. Individuals from lower SES backgrounds may also have less access to resources and support systems that are important for good mental health, such as quality healthcare and mental health services (Fakari et al., 2022). Stigma surrounding mental illness can also be more prevalent in certain socioeconomic groups, leading to underreporting and reluctance to seek help. The relationship between SES and mental health is bidirectional, meaning that low SES can contribute to poor mental health outcomes, but poor mental health can also worsen socioeconomic disadvantages (De France and Evans, 2022). Mental health



issues can affect individuals' ability to work, complete daily tasks, and maintain relationships, creating a cycle of poverty and poor mental health.

In summary, environmental factors, including peer relationships, family size, and socioeconomic status, play integral roles in shaping individuals' development and mental health outcomes. Understanding the complex interplay between these environmental influences can inform preventive interventions, support services, and policy initiatives aimed at promoting resilience, fostering positive relationships, and mitigating the impact of socioeconomic disparities on mental well-being. By addressing these environmental determinants holistically, societies can create more supportive, inclusive, and equitable environments that nurture individuals' potential and promote flourishing across the lifespan.

6. ATTACHMENT THEORY

This study adopted the Attachment Theory. It is a psychological framework that explores the emotional bonds and connections individuals form with others, particularly in early childhood with primary caregivers. Developed by psychologist John Bowlby, Attachment Theory suggests that these early relationships play a crucial role in shaping an individual's emotional, social, and psychological development throughout their life (Johnson, 2019). The theory posits that the quality of these early attachments can influence a person's ability to form and maintain relationships, regulate emotions, and cope with stress and challenges (Yip et al., 2018). It also highlights the importance of secure attachments in promoting overall well-being and mental health.

Attachment theory, which was crafted by John Bowlby, offers a deep-rooted framework for comprehending how environmental elements impact the mental well-being of teenagers by examining early relationships and attachment styles. As per attachment theory, the caliber of attachment established between babies and their primary caregivers molds individuals' emotional management, feelings of safety, and interpersonal connections across their lifetimes (Bowlby, 2018). These attachment styles, whether they are secure, insecure, or disorganized, act as blueprints for how teenagers maneuver through their social and emotional spheres, significantly shaping the outcomes of their mental well-being.

Furthermore, the socio-economic environment significantly impacts adolescent mental health. Economic disparities and poverty can introduce additional stressors such as financial insecurity, housing instability, and limited access to healthcare services (Hazell et al., 2022). Adolescents from low-income backgrounds may experience social exclusion and inequality, which are risk factors for poor mental health outcomes. Limited access to resources and opportunities due to socio-economic disadvantage can also contribute to chronic stress, further exacerbating the risk of mental health disorders (Fonagy, 2018). In environments where caregivers consistently demonstrate responsiveness, nurturing, and attentiveness to their children's needs, adolescents are more likely to cultivate secure attachment bonds. Adolescents with secure attachments typically display heightened emotional resilience, elevated self-esteem, and employ more adaptive coping mechanisms when confronted with stress and challenges (Mikulincer and Shaver, 2020). They feel at ease seeking assistance from others and possess better skills in managing their emotions, resulting in enhanced mental health outcomes even in demanding circumstances. On the contrary, environments marked by inconsistent caregiving, neglect, or abuse can give rise to insecure attachment patterns among adolescents (Sutton, 2019). Those with insecure attachments may exhibit behaviors characterized by anxiety or avoidance in their relationships, grappling with issues related to trust, intimacy, and emotional regulation (Stern et al., 2022). These attachment insecurities can manifest in a range of mental health issues, including anxiety disorders, depression, and interpersonal difficulties, as adolescents contend with emotions of abandonment, rejection, or inadequacy.

Furthermore, disturbances in attachment connections during the teenage years, like parental divorce, separation, or bereavement, have the potential to worsen existing attachment uncertainties or provoke fresh attachment-related obstacles (Cowie, 2018). Adolescents might encounter increased emotional turmoil, uncertainty, and struggles with identity as they maneuver through alterations in their family dynamics and support networks, leading to a more profound impact on their psychological welfare (Negrini, 2018). Attachment theory emphasizes the pivotal role of external influences, especially early caregiving encounters, in molding adolescents' attachment structures and subsequent mental health consequences.



Interventions focused on cultivating secure attachment bonds and addressing attachment-related challenges can significantly contribute to bolstering the mental well-being of adolescents and nurturing favorable developmental paths. Through establishing environments characterized by affection, predictability, and receptiveness, caregivers, educators, and mental health practitioners can aid in enhancing the emotional health and resilience of adolescents as they navigate the intricate terrain of adolescence.

7. METHODOLOGY

This study utilized a descriptive survey design, which is a research methodology employed to collect and analyze data for the purpose of describing and summarizing the characteristics or behaviors of a specific population or phenomenon (Stayt and Merriman, 2013). It presents an in-depth account of the subject being examined at a particular period. The population of the study consisted of adolescents residing in Lead City University Oyo State. Lead City University is a private university located in Ibadan, Oyo State, Nigeria.

The sample size was determined using the below formula;

$$SS = (Z\text{-score})^2 * p*(1-p) / (\text{margin of error})^2$$

Where: SS = sample size

Z = 1.96 for a 95% confidence level

p = estimated proportion (0.5)

E = margin of error (0.05)

$$SS = (Z\text{-score})^2 * p*(1-p) / (\text{margin of error})^2$$

$$SS = (1.96)^2 * 0.5*(1-0.5) / (0.05)^2$$

$$SS = 3.8416 * 0.25 / 0.0025$$

$$SS = 384.16 \approx 384$$

Data through the administration of questionnaire to a sample of 384 adolescents within the age range of 15-19 selected at random within Lead City University. The questionnaire used in this study is a semi self-developed and structured tool designed to collect data. It comprised items that have been specifically created to address the research questions of the study.

In section A, the instrument will comprise of items on socioeconomic status, family size and peer relationship. Peer relationship was measured with the Yielding to Peer Pressure Scale (YPPS) which is a psychometric instrument developed by Palani and Mani (2016) to measure adolescents' susceptibility to peer pressure. It is a 11-item self-report questionnaire that assesses the extent to which an individual is likely to yield to peers' suggestions and comply with peer pressure. Section B of the instrument comprised of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) which has 14 items, was developed by researchers from the University of Warwick and the University of Edinburgh in the United Kingdom in 2006. It was used to measure mental health.

The items were carefully generated to ensure relevance and alignment with the study's objectives. By using a semi self-developed questionnaire, the researchers had control over the content and format of the items, allowing them to tailor the questionnaire to the specific needs of the study. The structured nature of the questionnaire ensures consistency in data collection and facilitates analysis. The validity and reliability of the questionnaire will be done in the analysis of the study.

8. DATA ANALYSIS

Table 1: Demographic Distribution of Respondents

Income Range	Frequency	Percentage (%)
Less than #50,000	80	21.1
#50,000 - #100,000	120	31.6
#100,000 - #150,000	90	23.7
#150,000 - #200,000	50	13.2
More than #200,000	40	10.5
Total	380	100



Family Size (Children)	Frequency	Percentage (%)
1-3	220	57.9
4-7	130	34.2
8-above	30	7.9
Total	380	100
Age	Frequency	Percentage (%)
15-16 years	27	7.1
17-18 years	127	33.4
19 years	226	59.5
Total	380	100.0
Level of Study	Frequency	Percentage (%)
100 Level	46	12.1
200 Level	100	26.3
300 Level	77	20.3
400 Level	81	21.3
500 Level	79	20.7
Total	380	100.0

Table 1 shows the demographic distribution of responders depending on their family size and household income range. With 31.6% of the participants falling between the salary range of \$50,000 and \$100,000, the most often mentioned category is thus the data indicates. Twenty-7% of respondents with an income between \$100,000 and \$150,000 and 21.1% making less than \$50,000 came next. Less prevalent income groups are between \$150,000 and \$200,000 and more than \$200,000; respective percentages of respondents are 13.2% and 10.5%. Regarding family size, 34.2% have 4-7 children whereas most respondents—57.9% have 1-3 children. At just 7.9% of all the responses, families with eight or more children are the least prevalent. All told, the information offers a detailed picture of the socioeconomic and family backgrounds of the 380 study subjects. Among the participants, 7.1% are aged between 15-16 years, 33.4% are aged between 17-18 years, and the majority, 59.5%, are 19 years. Regarding their level of study, 12.1% are in their 100 level, 26.3% in 200 level, 20.3% in 300 level, 21.3% in 400 level, and 20.7% in 500 level.

Hypothesis One: The environmental factors (peer relationships, socio-economic status) will have independent and joint significant influence on mental health among adolescents in Lead City University.

Table 1 Summary of Multiple Regression showing independent and joint influence of peer relationships and socio-economic status on mental health among adolescents in Lead City University

Variables	Beta	T	P	R	R ²	F	P
Peer relationships	-1.727	-.944	.347				
Family size	5.455	1.952	.053	.164	.027	1.630	.184
socio-economic status	-1.133	-.530	.597				

Dependent Variable: Mental Health

The results on table 2 indicated peer relationships ($\beta = -1.7$, $p < .01$), family size ($\beta = 5.4$, $p < .01$) and socio-economic status ($\beta = -1.1$, $p < .01$) did not have significant independent influence on mental health among adolescents in Lead City University. As observed, peer relationships, family size and socio-economic status jointly significantly predicts mental health among adolescents [$F(3, 376) = 1.630$, $p < .01$]. This result was with the indication that the tested factors predicting mental health among adolescents in Lead City University yielded 2.7% variance in it, while other factors not considered will have been responsible for the remaining percentage occurrence in variance of mental health among adolescents in Lead City University. Therefore, the hypothesis is partly accepted.



9. DISCUSSION OF FINDINGS

The findings indicated that peer relationships, family size, and socio-economic status do not have significant independent influences on the mental health of adolescents in the Lead City University. This is evident from the results which suggest that when considered individually, none of these environmental factors has a strong or direct impact on adolescent mental health in this context. A particular study highlighted the impact of abuse on mental health, while the second research focused on the role of neighborhood factors like greenspace and air pollution on adolescent mental health (Blakemore, 2019). Another study examined the associations between social, environmental, and mental health factors on empathetic behaviors and callous unemotional traits in adolescents (Fusar-Poli et al., 2020). Positive factors like caregiver affection were linked to empathy, while negative factors such as anxiety and depression were related to callous unemotional traits (Smith et al., 2021). The studies overall emphasized the importance of understanding and addressing various environmental and social factors impacting mental health in young individuals. Interventions aimed at improving adolescent mental health in Lead City University may need to look beyond just peer relationships, family size, and socio-economic status. While these factors do play a role, their limited explanatory power indicates that other variables—possibly including genetic, biological, psychological, and additional environmental influences—are also important. For policymakers and practitioners, this means that a more holistic approach that considers a wider array of influences is likely necessary to effectively support adolescent mental health.

However, the joint influence of these factors, as captured by the overall model, is noteworthy. The results indicated that peer relationships, family size, and socio-economic status together significantly predict mental health outcomes among the adolescents studied. A survey of Indonesian adolescents found that around 44% were flourishing, while 42% had moderate mental health and 13% were languishing (Kirtley et al., 2021). Factors contributing to their mental health included self-esteem, behavioral problems, coping mechanisms, family relationships, and social support from parents, teachers, and peers. The researchers emphasized the need for adolescents to develop adaptive coping skills and for a comprehensive approach involving adolescents, families, and communities to maintain mental health. Another study on Flemish adolescents investigated how environmental risk factors, such as trauma and parenting, impact inter- and intrapersonal processes, and how these in turn influence the development of mental health symptoms. The researchers used various methods to gain insights into the daily social and cognitive-affective processes involved in poor mental health during adolescence. Additionally, a study on adolescent insomnia found that factors like alcohol abuse, suicidality, depression, anxiety, and ADHD were positively linked to insomnia, while family support, school connectedness, and favorable neighborhood conditions were negatively associated. The significant joint effect, despite the lack of significant individual effects, suggests that these environmental factors may interact in complex ways. This complexity implies that addressing only one factor in isolation may not be sufficient. For example, improving socio-economic conditions without considering the dynamics of peer relationships and family size may not yield substantial benefits for mental health.

10. CONCLUSION

The findings of the study demonstrated that although peer relationships, family size, and socio-economic status do not individually have a significant impact on the mental health of adolescents in Lead City University, the combined impact of these factors is statistically significant. It is clear from this that various factors may interact with one another in intricate ways to influence mental health outcomes. This highlights the importance of adopting an approach that is both comprehensive and multidimensional when dealing with interventions for the mental health of adolescents. In order to provide effective support for the mental health of adolescents, policymakers and practitioners should take into consideration a wider range of influences, such as genetic, biological, psychological, and additional environmental factors, and adopt holistic strategies that address the interplay between these various determinants.



11. RECOMMENDATIONS

The results lead to the following recommendations meant to enhance teenage mental health in the Lead City University:

1. Capture the linkages influencing teenage mental health, create thorough mental health programmes addressing several elements concurrently, including peer relationships, family dynamics, and socio-economic conditions.
2. Promote adolescent mental health, apply policies meant to raise the socioeconomic level of families by means of financial aid programmes, educational possibilities, and job training for parents.
3. Provide mental health education and support tools inside of institutions so that students may access counselling and mental health resources. Early identification and treatment of mental health problems can be much aided by schools.
4. Include mental health issues into more general social policies and initiatives. Making sure mental health is a top priority in public health campaigns will help to build a supporting system for teenage welfare.

12. REFERENCES

- Baena, S., et al. (2021). Family functioning in families of adolescents with mental health disorders: The role of parenting alliance. *Children*, 8(3), 222. <https://doi.org/10.3390/ijerph20032017>
- Becker, M., & Correll, C. U. (2020). Suicidality in childhood and adolescence. *Deutsches Ärzteblatt International*, 117(15), 261. <https://doi.org/10.3238/arztebl.2020.0261>
- Blakemore, S.-J. (2019). Adolescence and mental health. *The Lancet*, 393(10185), 2030–2031. [https://doi.org/10.1016/S0140-6736\(19\)31013-X](https://doi.org/10.1016/S0140-6736(19)31013-X)
- Bowlby, R. (2018). Fifty years of attachment theory. In *Fifty years of attachment theory* (pp. 11–26). Routledge. <https://doi.org/10.4324/9780429474736-2>
- Coleman, J. C. (2022). *Relationships in adolescence*. Taylor & Francis. <https://doi.org/10.4324/9780429474736-2>
- Coyne, S. M., et al. (2020). Does time spent using social media impact mental health? An eight-year longitudinal study. *Computers in Human Behavior*, 104, 106160. <https://doi.org/10.1016/j.chb.2019.106160>
- Crone, E. A., & Fuligni, A. J. (2020). Self and others in adolescence. *Annual Review of Psychology*, 71(1), 447–469. <https://doi.org/10.1146/annurev-psych-010419-050937>
- De Figueiredo, C. S., et al. (2021). COVID-19 pandemic impact on children and adolescents' mental health: Biological, environmental, and social factors. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 106, 110171. <https://doi.org/10.1016/j.pnpbp.2020.110171>
- De Lise, F., Bacaro, V., & Crocetti, E. (2023). The social side of sleep: A systematic review of the longitudinal associations between peer relationships and sleep quality. *International Journal of Environmental Research and Public Health*, 20(3), 2017. <https://doi.org/10.3390/ijerph20032017>
- Duncan, J., Colyvas, K., & Punch, R. (2021). Social capital, loneliness, and peer relationships of adolescents who are deaf or hard of hearing. *The Journal of Deaf Studies and Deaf Education*, 26(2), 223–229. <https://doi.org/10.1093/deafed/ena037>
- Damon, W., Menon, J., & Bronk, K. C. (2019). The development of purpose during adolescence. In *Beyond the self* (pp. 119–128). Routledge. <https://doi.org/10.4324/9780203764688-2>



- Farrell, A. D., Thompson, E. L., & Mehari, K. R. (2017). Dimensions of peer influences and their relationship to adolescents' aggression, other problem behaviors, and prosocial behavior. *Journal of Youth and Adolescence*, 46(6), 1351–1369. <https://doi.org/10.1007/s10964-016-0601-4>
- Fusar-Poli, P., et al. (2020). What is good mental health? A scoping review. *European Neuropsychopharmacology*, 31, 33–46. <https://doi.org/10.1016/j.euroneuro.2019.12.105>
- Glynn, L. M., et al. (2021). A predictable home environment may protect child mental health during the COVID-19 pandemic. *Neurobiology of Stress*, 14, 100291. <https://doi.org/10.1016/j.ynstr.2021.100291>
- Hazell, M., et al. (2022). Socio-economic inequalities in adolescent mental health in the UK: Multiple socio-economic indicators and reporter effects. *SSM-Mental Health*, 2, 100176. <https://doi.org/10.1016/j.ssmmh.2022.100176>
- Hsieh, L., Lu, M., & Yen, L. (2020). Psychosocial determinants of insomnia in adolescents. *Sleep Medicine Reviews*, 51, 101271. <https://doi.org/10.1016/j.smrv.2020.101271>
- Johnson, S. M. (2019). Attachment theory. In J. L. Lebow, A. L. Chambers, & D. C. Breunlin (Eds.), *Encyclopedia of couple and family therapy* (pp. 169–177). Springer International Publishing. https://doi.org/10.1007/978-3-319-49425-8_215
- Kirtley, O., et al. (2021). Initial cohort characteristics and protocol for SIGMA. *The Journal of Youth and Adolescence*, 50(1), 1–10. <https://doi.org/10.1007/s10964-020-01334-4>
- Lim, S. A. (2023). Relationship between Korean adolescents' dependence on smartphones, peer relationships, and life satisfaction. *Child & Youth Care Forum*, 52(3), 603–618. <https://doi.org/10.1007/s10566-022-09703-y>
- McDonald, K. (2018). Social support and mental health in LGBTQ adolescents: A review of the literature. *Issues in Mental Health Nursing*, 39(1), 16–29. <https://doi.org/10.1080/01612840.2017.1398283>
- Meherali, S., et al. (2021). Mental health of children and adolescents amidst COVID-19 and past pandemics: A rapid systematic review. *International Journal of Environmental Research and Public Health*, 18(7), 3432. <https://doi.org/10.3390/ijerph18073432>
- Mjøsund, N. H. (2021). A salutogenic mental health model: Flourishing as a metaphor for good mental health. In G. Haugan & M. Eriksson (Eds.), *Health promotion in health care – Vital theories and research* (pp. 47–59). Springer International Publishing. https://doi.org/10.1007/978-3-030-63135-2_5
- Negrini, L. S. (2018). *Handbook of attachment, third edition: Theory, research, and clinical applications* by Jude Cassidy and Phillip R. Shaver. *Infant Mental Health Journal*, 39(5), 618–620. <https://doi.org/10.1002/imhj.21730>
- O'Reilly, M., et al. (2019). Potential of social media in promoting mental health in adolescents. *Health Promotion International*, 34(5), 981–991. <https://doi.org/10.1093/heapro/day088>
- Roach, A. (2018). Supportive peer relationships and mental health in adolescence: An integrative review. *Issues in Mental Health Nursing*, 39(9), 723–737. <https://doi.org/10.1080/01612840.2018.1496498>



Interdisciplinary Journal of Information, Knowledge, and Management

An Official Publication
of the Informing Science Institute

SCOPUS INDEXED

Vol. : 20, Issue 2 2025

ISSN: (E) 1555-1237

- Sawyer, S. M., et al. (2018). The age of adolescence. *The Lancet Child & Adolescent Health*, 2(3), 223–228. [https://doi.org/10.1016/S2352-4642\(18\)30022-1](https://doi.org/10.1016/S2352-4642(18)30022-1)
- Schulte-Körne, G. (2016). Mental health problems in a school setting in children and adolescents. *Deutsches Ärzteblatt International*, 113(11), 183. <https://doi.org/10.3238/arztebl.2016.0183>
- Smith, D., Leonis, T., & Anandavalli, S. (2021). Belonging and loneliness in cyberspace: Impacts of social media on adolescents' well-being. *Australian Journal of Psychology*, 73(1), 12–23. <https://doi.org/10.1080/00049530.2021.1898914>
- Sutton, T. E. (2019). Review of attachment theory: Familial predictors, continuity and change, and intrapersonal and relational outcomes. *Marriage & Family Review*, 55(1), 1–22. <https://doi.org/10.1080/01494929.2018.1458001>
- Yang, Y., et al. (2020). Developmental changes in associations between depressive symptoms and peer relationships: A four-year follow-up of Chinese adolescents. *Journal of Youth and Adolescence*, 49(9), 1913–1927. <https://doi.org/10.1007/s10964-020-01236-8>

Scopus