

FAMILY ENVIRONMENT AND ADOLESCENTS' PSYCHOLOGICAL WELLBEING
IN NYONDO SUB-COUNTY, MBALE DISTRICT

BY

ALEMU TIMOTHY

REG.NO: 17MCPC0146

**A DISSERTATION SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES AND
RESEARCH FOR PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
AWARD OF DEGREE OF MASTERS OF SCIENCE IN CLINICAL AND
PSYCHOLOGICAL COUNSELING OF UNIVERSITY OF KISUBI**

OCTOBER, 2021

DECLARATION

I ALEMU TIMOTHY declare to the best of my knowledge and understanding that this research entitled, FAMILY ENVIRONMENT AND ADOLESCENTS' PSYCHOLOGICAL WELLBEING; IN NYONDO SUB-COUNTY, MBALE DISTRICT is my original work and that no one has ever presented it for award. All works of other authors have been duly acknowledged.

ALEMU TIMOTHY

.....
Signature

.....
Date

APPROVAL

This research entitled: Family Environment and Adolescents' Psychological wellbeing in Nyondo Sub-county, Mbale district has been approved under my supervision and ready for submission.

.....

Date

.....

Signature

Dr. GESA ANTHONY

DEDICATION

I dedicate this work to my beloved family and friends who have been so supportive to everything that concerns my academics.

ACKNOWLEDGEMENT

I thank the Almighty God for guiding me as I pursued my Master's Degree. I acknowledge my supervisors Dr. Gesa Anthony and Dr. Fr. Evarist Ankwasize G. AJ (RIP) who devoted their effort to guide me as I carried out this study. The support they offered me has made me reach this far. I offer my sincere gratitude to all the staff of University of Kisubi for their input and support during the time I was undertaking the program and compiling this report. May the Almighty God bless you all. I thank my fellow classmates who motivated me as I pursued this course. I also greatly appreciate Mr. Okello Patrick Ginyakol Principal St. John Bosco PTC, Nyondo and all the staff for their guidance and encouragement in various ways to make this study a success. I remain highly indebted to my family because of their selflessness that helped me to obtain all the necessary data without which this study would not have been completed.

Table of contents

DECLARATION	i
APPROVAL	ii
DEDICATION.....	iii
ACKNOWLEDGEMENT.....	iv
LIST OF ABBREVIATIONS.....	ix
LIST OF TABLES	x
LIST OF FIGURES	xi
ABSTRACT	xii
CHAPTER ONE.....	1
INTRODUCTION	1
1.0 Introduction.....	1
1.1 Background to the study	1
1.1.1 Historical Perspective	2
1.1.2 Theoretical Perspective.....	4
1.1.3 Conceptual Perspective.....	5
1.1.4 Contextual perspective	7
1.2 Problem statement	8
1.3 Purpose of the study.....	9
1.4 Specific study objectives.....	9
1.5 Research questions.....	9
1.6 Hypotheses	10
1.7 Scope of the study.....	10
1.7.1 Content Scope	10
1.7.2 Geographical Scope.....	11
1.7.3 Time scope	11
1.8 Significance of the study.....	11
CHAPTER TWO	13
LITERATURE REVIEW	13
2.0 Introduction.....	13
2.1 Theoretical review	13
2.2 Conceptual framework.....	16

2.3 Interpersonal relationship and adolescents' psychological wellbeing	17
2.4 Personal growth and adolescents' psychological wellbeing	19
2.5 System maintenance and adolescents' psychological wellbeing	22
CHAPTER THREE.....	25
RESEARCH METHODOLOGY.....	25
3.0 Introduction.....	25
3.1 Research design	25
3.2 Area of study	26
3.3 Population of the study	26
3.4 Study sample	27
3.5 Sampling techniques	28
3.6 Data sources	29
3.7 Data collection tools	29
3.7.1 Self-Administered Questionnaires (SAQ)	29
3.7.2 Interview guide.....	30
3.8 Data quality control	30
3.8.1 Validity	30
3.8.2 Reliability.....	31
3.9 Research procedure.....	32
3.10 Data analysis.....	32
3.10.1 Quantitative Data Analysis	33
3.10.2 Qualitative Data Analysis	33
3.11 Research ethical considerations.....	35
3.12 Limitations and delimitations	35
CHAPTER FOUR.....	37
DATA PRESENTATION, ANALYSIS AND PRESENTATION	37
4.0 Introduction.....	37
4.1 Demographic data of the respondents.....	37
4.1.1a Gender distribution of the adolescents.....	37
4.1.1b Age distribution of adolescents	38
4.1.1c Distribution of adolescents by education level.....	38
4.1.1d Distribution of adolescents' parents' marital status	39

4.1.2a Distribution of parents and community leaders according to age	39
4.1.2b Distribution of parents and community leaders according to gender.....	40
4.1.2c Distribution of parents and community leaders according to marital status.....	40
4.1.2d Distribution of parents and community leaders according to education level.....	41
4.2 Results on adolescents’ psychological wellbeing.....	42
4.3 Results on family environment and adolescents’ psychological wellbeing	52
4.3.1 Objective one: To establish the influence of interpersonal relationship in the family on adolescents’ psychological wellbeing in Nyondo Sub-county in Mbale district.....	52
4.3.2 Objective two. To examine effect of personal growth in the family on adolescents’ psychological wellbeing in Nyondo Sub-county in Mbale district.....	59
4.3.3 Objective three: To evaluate effect of system maintenance in the family on adolescents’ psychological wellbeing in Nyondo Sub-county in Mbale district.....	66
CHAPTER FIVE	73
DISCUSSION, SUMMARY, CONCLUSION AND RECOMMENDATIONS	73
5.0 Introduction.....	73
5.1 Discussion of the findings	73
5.1.1 Influence of interpersonal relationship on adolescents’ psychological wellbeing.....	73
5.1.2 Effect of personal growth on adolescents’ psychological well-being	74
5.1.3 Effect of system maintenance on adolescents’ psychological well-being.....	75
5.2 Summary of the findings	76
5.2.1 Interpersonal relationship and adolescents’ psychological wellbeing.....	76
5.2.2 Personal growth and adolescents’ psychological wellbeing	76
5.2.3 System maintenance and adolescents’ psychological wellbeing	76
5.3 Conclusion.....	77
5.3.1 Interpersonal relationship and adolescents’ psychological wellbeing.....	77
5.3.2 Personal growth and adolescents’ psychological wellbeing.....	77
5.3.3 System maintenance and adolescents’ psychological wellbeing	77
5.4 Recommendations.....	77
5.4.1 Interpersonal relationship and adolescents’ psychological wellbeing.....	77
5.4.2 Personal growth and adolescents’ psychological wellbeing	78
5.4.3 Maintenance system and adolescents’ psychological wellbeing	78
5.5 Areas for further research.....	79
REFERENCES	80

APPENDICES	88
Appendix i: Questionnaire	88
Appendix ii: interview guide.....	92
Appendix iii: De Morgan's table.....	93

LIST OF ABBREVIATIONS

ESM	Ecological Systems Model
PW	Psychological Wellbeing
SGSR	School of Graduate Studies and Research
UBOS	Uganda Bureau of Statistics
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

LIST OF TABLES

Table 3.1: Sample frame	28
Table 3.2: Techniques used in analysis	34
Table 3.3: Interpretation of the findings	34
Table 4.1: Gender of the adolescents.....	37
Table 4.2: Age of the adolescents	38
Table 4.3: Distribution of adolescents by education level.....	38
Table 4.4: Distribution of adolescents' parents' marital status.....	39
Table 4.5: Distribution of parents and community leaders according to gender	40
Table 4.6: Distribution of parents and community leaders according to education level	42
Table 4.7: Descriptive statistics for adolescents' psychological wellbeing.....	43
Table 4.8: Summary statistics on adolescents' psychological wellbeing	50
Table 4.9: Frequencies, Percentages and Means for interpersonal relationship	53
Table 4.10: Summary statistics on interpersonal relationship	55
Table 4.11: Correlation between interpersonal relationship and adolescents' psychological wellbeing.....	57
Table 4.12 the linear regression for interpersonal relationship and adolescents' psychological wellbeing.....	58
Table 4.13: Frequencies, Percentages and Means for personal growth.....	60
Table 4.14: Summary statistics on personal growth.....	63
Table 4.15: Correlation for personal growth and adolescents' psychological wellbeing	65
Table 4.16: Regression for personal growth and adolescents' psychological wellbeing	66
Table 4.17: Frequencies, Percentages and Means for system maintenance	67
Table 4.18: Summary statistics on system maintenance.	69
Table 4.19: Correlation for system maintenance and adolescents' psychological wellbeing....	71
Table 4.20: Regression for system maintenance and adolescents' psychological wellbeing	72

LIST OF FIGURES

Figure 2.1: Conceptual framework for family environment and adolescents' psychological well-being	16
Figure 4.1: Distribution of parents and community leaders according to age	39
Figure 4.2: Distribution of parents and community leaders according to marital status.....	41
Figure 4.3: Histogram for adolescents' psychological wellbeing	51
Figure 4.4: Histogram for interpersonal relationship	56
Figure 4.5: Histogram for personal growth.....	64
Figure 4.6: Histogram for system maintenance	70

ABSTRACT

The study sought to establish the influence of family environment on adolescent's psychological well-being in Nyondo Sub-county in Mbale district. This study employed a cross sectional survey design targeting 201 adolescents, 80 parents, and 16 community leaders. Simple random sampling method was used to select the 201 adolescents, convenience sampling method was used to select 80 parents while purposive sampling method was used to select 16 community leaders hence giving a total of 297 respondents. The instruments that were used for this study were structured questionnaire for adolescents and interview schedules for parents and community leaders. Quantitative data was analysed using descriptive statistics that were frequencies, percentages and means, and inferential analyses that included correlation and regression. The critical value level was set at 0.05 Odds ratios report. The findings indicated that adolescents' psychological wellbeing (mean = 4.19) was high, interpersonal relationship (mean = 3.40) was moderate, personal growth (mean = 3.88) and system maintenance (mean = 3.98) were high. Regression analysis revealed that interpersonal relationship ($\beta = 0.386$, $p = 0.000 < 0.05$) had positive and significant influence on adolescents' psychological wellbeing, personal growth ($\beta = 0.617$, $p = 0.000 < 0.05$) and system maintenance ($\beta = 0.580$, $p = 0.000 < 0.05$) had a positive and significant effect on adolescents' psychological wellbeing. Therefore, it was concluded that interpersonal relationship in the family is important for adolescents' psychological wellbeing, personal growth in the family is a pre-requisite for adolescents' psychological wellbeing, and system maintenance in the family is important for enhancing adolescents' psychological wellbeing. Thus, it was recommended that parents and different stakeholder should maintain the family environment for psychological wellbeing of the adolescents.

Keywords: Adolescents, family environment, psychological wellbeing

CHAPTER ONE

INTRODUCTION

1.0 Introduction

The primary focus of the study was to establish the influence of family environment on adolescent's psychological well-being in Nyondo Sub-county in Mbale district. The chapter presents the background to the study including the historical, conceptual and contextual perspectives. It also highlights the problem statement, purpose of the study, specific objectives, research questions, scope and significance of the study.

1.1 Background to the study

There is global concern about reported deterioration in adolescent mental wellbeing during the last two decades and numerous studies have informed that adolescents' mental health problems today are not as good as those of a few years ago (Collishaw, 2015). Statistics indicate that about 10% to 20% of children and adolescents in the world suffer from mental health problems and ill-being (Henderson et al., 2017) and evidence suggests that some problems are becoming more prevalent among adolescents (Choi, 2018). Similarly, Blomqvist et al., (2019) noted that mental illness has become a worry for adolescents, for whom many studies report a concerning increase in mental problems and available data is heavily derived mainly from a few western countries and studies conducted in different periods. On the same note, Collishaw (2015) acknowledged that extent to which observed declines in adolescents' mental wellbeing are consistent across countries is largely unknown and less is known about the developments that could clarify these deteriorations in adolescent mental wellbeing.

While some societal changes during changes the past few decades have been suggested as contributing to the worsening trend, explanatory trend analyses that enable substantiation of such

hypotheses are scarce in the literature (Wiklund et al., 2014). One explanatory variable could be family environment during these highly formative years especially given its systematic association with adolescents' mental health problems (Wiklund et al., 2014). This study thus aimed to establish the influence of family environment on adolescents' psychological wellbeing, one of the indicators of adequate adolescent mental health.

1.1.1 Historical Perspective

Psychological problems amongst adolescents are of foremost public health concern. Studies of adolescent mental health spanning from the 80s into the 21st century suggest an increase of mental health problems of adolescents globally (Collishaw, 2015). Also, Arnett (2002) noted that high rates of adolescents' mental health problems appeared to occur across the beginning of the 21st century in developed and developing world, although reliable statistics on mental health were not available in all regions. UNICEF (2018) report likewise acknowledged the increase of mental problems among the adolescents in the past 20-30 years. For example, depression which often begins in adolescence, was expected to be second leading cause disease burden by 2020 (WHO, 1999). A recent meta-analysis reported an increasing trend of internalizing mental health problems from the 1980s (Potrebny, Wiium, & Lundegard , 2017) but data are not fully reliable due to small amounts of studies available (Blomqvist, 2019). This suggests that, the extent to which the observed declines in adolescent mental well-being are consistent across countries is largely unknown.

Today worldwide, mental health problems among adolescents have been increasing (Collishaw, 2015)and affect between 10% and 25% of adolescents (Polanczyk, Salum, Sugaya,Caye, & Rohde, 2015;Schulte-Körne, 2016) which is in line with studies from Norway by Bakken (2018) which revealed that the prevalence of mental health problems among adolescents has increased since 2010. In relation to the revelation, WHO report indicated that

One in five young people under age of 18 experiences some form of psychological problem and one in eight experiences a mental disorder and mental conditions account for 16% of the global burden of disease and injury for adolescents aged 10-19 years. Lu, Li, & Patel (2018) similarly reported that an estimated 25% of mental disorders occur in the age group under 24 years in the global population.

In Sub-Saharan Africa, the statistics are not any better than the globe. Evidence suggests that considerable levels of mental health problems exist among children and adolescents in sub-Saharan Africa. The findings of the study conducted in rural southern Africa showed in year 2012 a 14% prevalence of psychological disorders among 13-17year -old (Cortina, Sodha, Fazel & Ramchandani, 2012). A research conducted in Kenya exposed that one out of every four people has a psychological disorder with one child out of every 10 affected and major psychological disorders presents in 26% of the adolescents (Mathet et al., 2018). Today, in contrary to the previous findings, one in 7 children and adolescents have significant difficulties with 1 in 10 (9.5%) having a specific mental illness (UNICEF, 2019). The statistics shown indicate the continuous decline of adolescents' mental health in Sub-Saharan Africa.

In Uganda though limited studies have been conducted and limited statistics exist, by 1994, One in every four Ugandans (23.3%) was an adolescent and one in every three (37.4%) was young person, majority had their psychological needs unmet (Basangwa, 1994). Ten years later, Nalugya (2004) conducted the study on depression amongst adolescents in secondary schools, the results showed that 21% of adolescents presented depression symptoms. As result they are withdrawn consequently leading to low psychological wellbeing. Today approximately 52.7% of the population is under 15 years of age and most of them suffer from various psychological problems including stress, depression, post traumatic disorders, low self-esteem,

and general mental disorders (WHO, 2018). Therefore, the study investigated how family environment affects adolescents' psychological wellbeing.

1.1.2 Theoretical Perspective

The study was guided by the Ecological Systems Model (ESM) propounded by Urie Bronfenbrenner in 1979. The model posits that children develop within the complex system of relationships affected by multiple levels of the environmental factors. The underlying premise of the ESM is that child development occurs within basic multiple and complex layers of social contexts (Onwuegbuzie, Collins, & Frels, 2013). Human development occurs overtime as part of complex process involving a system of interactions within the individual and between the individual and the environment context of which he/she is part (McIntosh et al., 2008).

EMS proposes five basic multiple and complex layers of social contexts in which human development takes place. These ecosystem layers include; the microsystem, mesosystem, exosystem, macrosystem and the chronosystem all of which can directly or indirectly influence the development of the child (Upton, 2012). Microsystem indicates innermost layer, the one that is closet to the child. This involves part of the adolescents' most immediate environments such as the parents, interpersonal relationship, parenting style, family organization and control socio-economic status and other primary caregivers. Mesosystem involves those systems that interact with people in the microsystem such as relationship of family experiences to school experiences, school experiences to church experiences. The exosystem involves links between a social setting in which the individual does not have an active role and the individual's immediate context. The macrosystem describes the overall societal culture in which individual's live and chronosystem includes changes in family structure such as divorce, relocation of residency, and employment opportunities (Bronfenbrenner, 1994).

In ESM, concentric systems are interconnected and network with each other, nevertheless, to changing degrees and not at same time. The model concentrates on relationships, both between people and between the different systems, which constitute our lives and our world. ESM concept relevant to this study is Mesosystem which involves the family experiences of child/adolescent. When adolescents are engaged in positive interactions with their caregivers, develop in organized family environment and explore opportunities to develop their potentials, adolescents' are more capable in giving an insight of meeting their full potential and may realize psychological wellbeing. The ESM is relevant to this study, in that it demonstrates the usefulness in giving an insight into all the features which paly part in the growth and development of children. Therefore, the model was the basis for relating family environment and adolescents' psychological wellbeing.

1.1.3 Conceptual Perspective

In the study, family environment variables are independent variables and adolescents' psychological wellbeing as the dependent variable. Grolnick and Slowiaczek (1994) defined family environment as the environment in which the family lives and a setting of learning which has vital effects on the child. In this study, family environment refers perception each member has of his/her family, i.e. the social family atmosphere resulting from the interpersonal relationships, personal growth and family system maintenance (Moos & Moos, 1994). It involves the circumstances and social climate conditions within the families. Personal growth exemplified by the achievement and Moral religious.

Interpersonal relationship refers to reciprocal social and emotional interactions between two or more members in the family. It comprises of three aspects of family environment, namely; cohesion, expressiveness, and conflict. Cohesion is the degree of commitment, help, and support family members provide for one another. Expressiveness is the extent to which family

members are encouraged to act openly and express their feelings directly. Conflict is the amount of openly expressed anger, aggression, and conflict among family members.

Personal growth refers to how effort family puts on the activities that develop a person's capabilities and potential, build human capital and enhance quality of life. It consists of independence achievement orientation, active-recreational orientation, and moral-religious orientation. Independence is the extent to which family members are assertive, are self-sufficient, and make their own decisions. Achievement orientation is the extent to which activities are cast into achievement-oriented or competitive framework. Active-Recreational Orientation is the extent of participation in social and recreational activities. Moral-Religious is the emphasis on ethical and religious issues and values.

System maintenance refers to how much planning is put into family activities and responsibilities and how much set rules and procedures are used to run family life. It has been defined on two aspects of family environment, namely; Organization and Control. Organization is clear organization and structure in planning family activities and responsibilities. Control is the extent to which set rules and procedures are used to run family life.

Psychological wellbeing is composition of positive and negative affect in addition to the minimum symptoms of depression (Lopez, Sanderman, Ranchor & Schroevers, 2018) or condition marked by the presence of positive emotions as well as a positive appearance (Liddle, & Carter, 2018). De Silva, Van de Bongardt, Baams, & Raat, (2017) suggested that psychological wellbeing in adolescents involves global self-esteem and lack of depressive disorders. In this study, psychological wellbeing refers to positive or optimal psychological functioning, composed of the dimensions self-acceptance, positive relations with others, autonomy, environment mastery, purpose in life, and personal growth (Ryff & Singer, 2008).

Autonomy is the ability to look to the self for approval, holding an internal locus of evaluation. It includes qualities such as self-determination, self-regulation and independence.

Positive relations refers to an ability to initiate and maintain good relationships with others. It involves warmth and empathy for others and an ability to identify with, and feel affection for, family and friends.

Environment mastery is being able to creatively change and interact with environment.

Personal growth is openness to experience and embracing challenges to maintain positive functioning.

Purpose in life refers to having meaning, direction and a sense of future fulfillment.

Self-acceptance is acceptance of the self as a recurrent criterion for positive psychological functioning and it's characterized by the ability to hold positive regard for the self, both in the present and from the past.

1.1.4 Contextual perspective

This study was carried out in Nyondo Sub-county in Mbale District in Uganda. Mbale district has of 488,960 people of these 127,653 are between the age of 10-19 years (UBOS, 2014). About 18% of the district's working population is engaged in government service or business in Mbale town or institutions throughout the district. The other (82%) depends on subsistence agriculture for survival (Kivumbi & Pabulungi, 2015). Significant differences exist between the social, cultural, and environmental milieus of the families, and based on clinical observations, these sudden lifestyle changes are suspected to be related to adverse health outcomes (Kitamura, Fetters, Sano, Sato, & Ban, 2009).

Child and adolescent Mental Health which is a key public health issue underpinning the wellbeing of the child population, the development to healthy adults in the area is declining. The Health Management Information Systems (HMIS) indicate high prevalence for mental illness

among children and adolescents in Mbale such as depression, anxiety and stress at 1-2% (MoH Reports, 2017) and for most the Mental Health needs of children and adolescents largely go unmet, with severe and often irreversible consequences for children's emotional, behavioural and cognitive development (JENGA Uganda, 2018). Depression, anxiety disorders, and elevated stress levels are the most common, sometimes leading to suicide attempts among the adolescents in the area (MoH Reports, 2017). The above situation in the area showed that there was poor adolescents' psychological being. This contextual evidence led to the unanswered empirical question that what is the influence of family environment on adolescents' psychological wellbeing in the Uganda context especially in Nyondo Sub-county in Mbale.

1.2 Problem statement

Mental health is an active state of mind which enables a person to use their abilities in coordination with the common human tenets of society (Galderisi, Heinz, Kastrup, Beezhold, and Sartorius, 2015). Mental health is the pivot of human life. Child and adolescent Mental Health is a key public health issue underpinning the wellbeing of the child population, the development to healthy adults and the prevention of mental illnesses. In Mbale, demographic data showed that children between 10-17 years of age are a significant proportion of population, 103594 (21.5%) and of these 6216, (6%) children are living with some form of mental illness (UBOS, 2014; UNICEF, 2016). For most the Mental Health needs of children and adolescents largely go unmet, with severe and often irreversible consequences for children's emotional, behavioural and cognitive development. The Health Management Information Systems (HMIS) indicate high prevalence for mental illness among children and adolescents in Mbale such as depression, anxiety and stress at 1-2% (MoH Reports, 2017).

Dazzled by the seemingly overwhelming burden of mental health issues among children and adolescents in Mbale, the researcher opted to carry out this study to critically investigate influence of family environment on adolescent psychological wellbeing in Nyondo Sub-county, Mbale district.

1.3 Purpose of the study

The purpose of the study was to analyse the influence of family environment on adolescent's psychological well-being in Nyondo Sub-county in Mbale district.

1.4 Specific study objectives

This study was guided by the following objectives;

- 1 To analyze influence of interpersonal relationship in the family on adolescents' psychological wellbeing in Nyondo Sub-county in Mbale district
2. To examine the effect of personal growth in the family on adolescents' psychological well-being in Nyondo Sub-county in Mbale district.
3. To evaluate the effect of system maintenance in the family on adolescents' psychological well-being in Nyondo Sub-county in Mbale district.

1.5 Research questions

The study sought to find answers to the following questions;

1. What is the influence of interpersonal relationship in the family on adolescents' psychological wellbeing in Nyondo Sub-county in Mbale district?
2. What is the effect of personal growth in the family on adolescents' psychological wellbeing in Nyondo Sub-county in Mbale district?
3. What is the effect of system maintenance in the family on adolescents' psychological wellbeing in Nyondo Sub-county in Mbale district?

1.6 Hypotheses

1. Interpersonal relationship in the family has significant influence on adolescents' psychological wellbeing.
2. Personal growth in the family has significant effect on adolescents' psychological wellbeing.
3. System maintenance in the family has significant effect on adolescents' psychological wellbeing.

1.7 Scope of the study

The scope of the study was comprised of content scope, geographical scope and time scope.

1.7.1 Content Scope

The study aimed at establishing the relationship between family environment and adolescents' psychological wellbeing. The family environment factors were identified as interpersonal relationships, personal growth and family system maintenance (also classified herein as independent variables). Interpersonal relationship was looked at in terms of cohesion, expressiveness and conflict. Personal growth initiative was considered looking at independence, achievement orientation, active recreation and moral-religious orientation. System maintenance covered organization and control. Adolescents' psychological wellbeing was studied in terms of Autonomy, Positive relations with others, Environmental Mastery, Personal Growth, Self-acceptance and Purpose in life (also classified as dependent variables). The study target was adolescents both male and female living in Nyondo Sub-county aged between 13- 19 years since this is the peak of adolescent age, parents and community leaders.

1.7.2 Geographical Scope

The study was conducted in Nyondo Sub-county in Mbale district. Mbale district is found in the Eastern part of Uganda and it is (longitudes 350E and latitudes, 450N) of Bugisu sub-region. It's bordered by Sironko and Bududa districts from the East, Budaka&Butaleja districts from the West, Bukedea district from the North, Tororo and Manafwa districts from the south. The Sub-county has 4 parishes and 33 villages. Based on the 2014 Census of Population and Housing, Nyondo sub- county registered a total population of 12,287 (UBOS, 2016). There are about 177 persons per square kilometer in the Sub-county. The Sub-county has a young population, and the young adult sector makes up 19.1 percent of the region's total population and has been expanding at progressively faster rates over the last 10 years (UBOS, 2014). Nyondo Sub-county was selected because adolescents in the families in the area had exhibited low psychological well-being and yet no empirical study was carried out in the same area.

1.7.3 Time scope

The time scope considered by the study was 2013-2019. This period was considered sufficient to enable the researcher analyse adolescents' psychological wellbeing in the area over a period of time. However, the study being cross-sectional, survey data was collected in the months of March to May 2021. This period was enough for field entry, data collection and analysis.

1.8 Significance of the study

The study may help the Ministry of Health and Ministry of Education while making their policies and decision for the health and education programmes for the adolescents.

With this study parents may be equipped with enough knowledge on how to bring up their children and the key family environment aspects that influence the adolescents' psychological wellbeing.

This study may provide useful information to mental health professionals who might need to broaden interventions that seek to improve adolescent functioning and wellbeing by paying attention to family environment.

Ministry of Gender, Labour and Social Development, Local governments, and Non-Government Organizations may utilize the findings of the study to formulate and implement proper policies for ensuring adolescents' psychological wellbeing.

Future researchers may use the findings of this study in getting related literature regarding this subject. There are a few studies that have been carried out on family environment with particular attention to adolescents' psychological wellbeing in developing countries. Hence, the results might be of significant help to those who will be interested in related studies.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter is a literature on family environment and adolescents' psychological wellbeing. The literature covers theory that was the basis for relating family environment and adolescents' psychological wellbeing. The review of related literature is based on the order of the research objectives. The related literature is interpersonal relationship, personal growth and system maintenance. While analysing the literature, contributions, weaknesses and existing gaps were identified.

2.1 Theoretical review

The study was guided by Bronfrenbrenner, 1979 ESM, which states that children develop within a complex system of relationships affected by multiple levels of environmental factors. Bronfrenbrenner views a child's development through social and cultural interactions between their immediate environment (Gabbard & Krebs, 2012), and thus, hypothesized that development is enhanced as 'a direct function of the number of structurally different settings in which the developing person participates'(McIntosh et al., 2008). The ESM consists of five environmental levels-the microsystem, mesosystem, exosystem, macrosystem, and chronosystem-where level impacts an individual's development differently (Onwuegbuzie,Collins, & Frels, 2013;Upton, 2012)

The microsystem involves the interaction of the child with the immediate environment such as family, neighborhood and school. The second level of the ESM, Mesosystem refers to the interactions between two or more immediate settings within the microsystem (McIntosh et al., 2008). An example of a mesosystem is the interaction between the family and school: a teenager that is intimidated at school may withdraw from the parents at home (Onwuegbuzie,

Collins, & Frels, 2013). The exosystem branches out into external environments that can have an indirect effect on the child, such as the parents' workplace (Upton, 2012). The fourth stage, the macrosystem consists of the societal and cultural norms, values and beliefs that shape the child's attitudes and behaviours (Onwuegbuzie, Collins, & Frels, 2013). Finally, the chronosystem refers to the dimension of time related to an individual's environment. Unlike the other levels of the ESM, the chronosystem constantly undergoes change that occurs overtime (Upton, 2012)

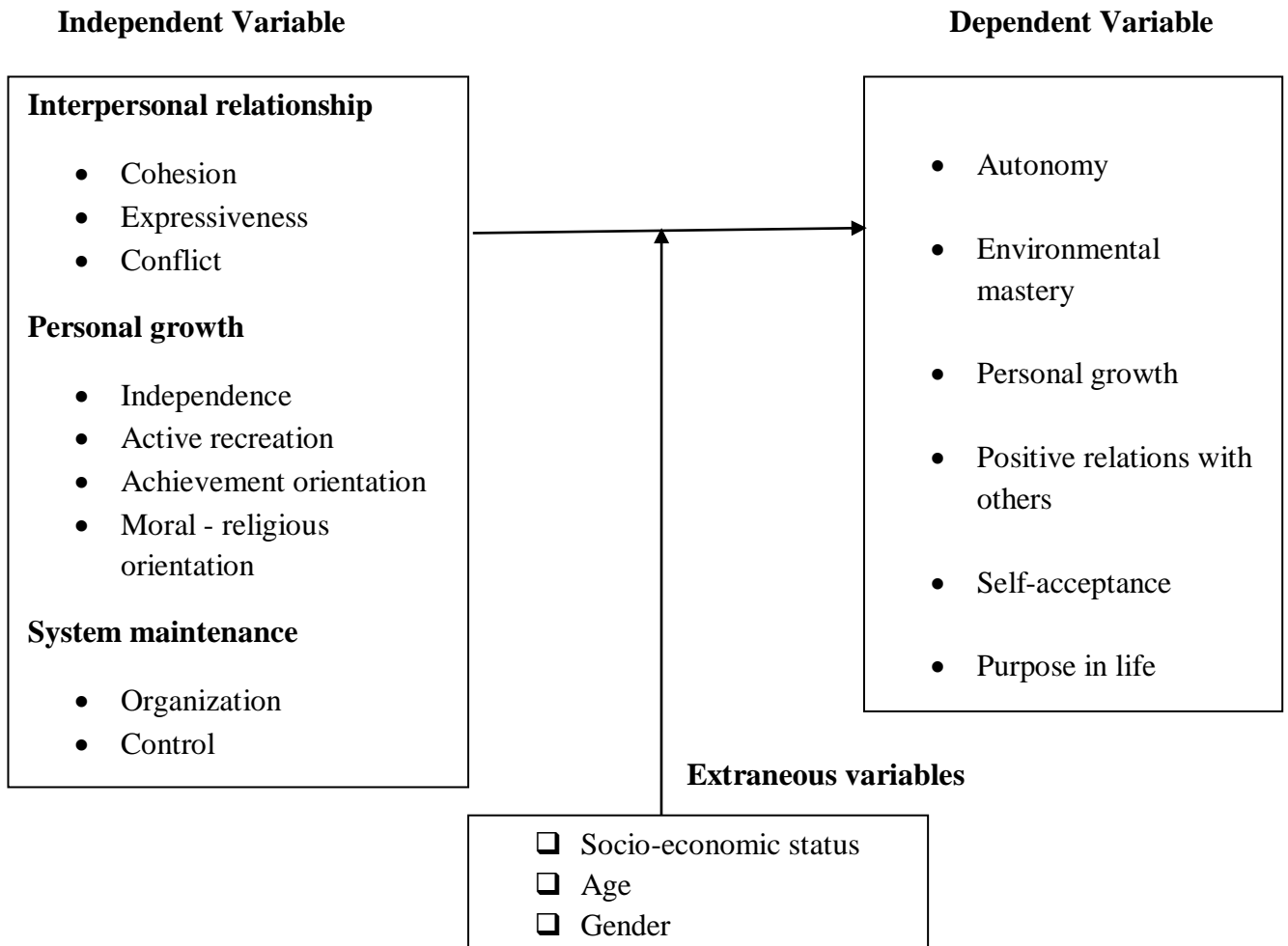
The interaction within the layers of the structures and the interaction of the structures between the layers is key in the model and in the development of an individual (Penn, 2005). In microsystem, the bi-directional interactions are at their strongest and they have a most powerful influences on the child. Still, the interactions on the outer levels can nevertheless have an influence on inner structures (Ulla, 2007). At first the child's relation to other people is dyadic and later on the child can handle several simultaneous interaction relationships. The nature of the relationships of the 'third parties' and their systems influence the child's development in their turn (Puroila & Karila, 2001).

The intra and interpersonal factors operating within multiple ecological systems influence adolescents' psychological wellbeing (Sallis, Owen, & Fische, 2008) these factors include those within the individual system, school system and community system as well as the public policy context (Sallis, Owen, & Fische, 2008). Apparently, interactions in the family, opportunities to explore potentials and system maintenance, conducive family environment can be created that rewards in proper functioning and wellbeing of family members. It was established to that family environment maintains the wellbeing of the members (Goldfield, 2014). Conducive family environment allows the children to feel safe and needing to achieve (Shumba, Rembe and Goje, 2014) leading to wellbeing.

ESM has substantially benefited researchers in investigating child and adolescent development (Han, 2006). In this study, provides researcher with framework for looking at different environment factors and systematic interactions that can influence development. It allows tackling numerous environmental factors and persons in different interaction relationships, roles, actions, and processes. It showed relationship between family environment and wellbeing of the children.

2.2 Conceptual framework

According to LoBiondo Wood and Haber (2002), a conceptual framework presents the context for studying the research problem and acts as a map for understanding the relationship between and among variables in the study. This study was based on a conceptual framework illustrated below:



Source: Adopted from Moos and Moos (2003); Ryff (2008) and modified by researcher

Figure 2.1: Conceptual framework for family environment and adolescents' psychological well-being

The conceptual framework above shows the relationship between independent variable (interpersonal relationships, personal growth, and system maintenance), dependent variable (autonomy, environment mastery, personal growth, positive relations with others, self-

acceptance and purpose in life) and intervening variable (family socio-economic status of parents, family size and gender). The researcher held the extraneous variables constant by being vigilant to any trace that might have tried to interfere with the study so that it was possible through analysis of the data to find out the effect of family environment on adolescents' psychological wellbeing. The framework drew its support from the chosen theory.

2.3 Interpersonal relationship and adolescents' psychological wellbeing.

Different scholars have established the relationship between interpersonal relationship and adolescents' psychological wellbeing. For example, Shyamala, Rob and Warren (2007) studied interpersonal relationships and adolescents' psychological wellbeing. Attachment to parents and peers as dimensions of interpersonal relationship were considered. The findings showed that adolescents with high attachment to parents than peers had high psychological wellbeing. Armsden & Greenberg, (2007) examined the importance of cohesion as key aspect of interpersonal relationship and its association with psychological wellbeing in adolescence, the findings indicated that there is significant relationship between cohesion and adolescents' psychological wellbeing.

In the cohort study of 18185 individuals on Association of Positive Family relationships with mental health Trajectories from adolescence to midlife, Chen & Harris (2019) found that adolescents who experienced positive relationship in the family, had significantly lower levels of depressive symptoms from early adolescence to midlife than those who experienced less-positive family relationships. The findings further suggest an association of early intervention in family relationships during adolescence with better mental health.

Stafford et al., (2015) analyzed Parent-Child relationships and adolescents' mental wellbeing from adolescence to early older age. The findings revealed that parent-child

relationship which are supportive, affectionate and allow adolescent appropriate autonomy may promote good psychological functioning across life up to end. The findings of this study support the view that the foundations for lifelong wellbeing begin in the early years or before (Government, 2011). The study carried by Thomas, Liu, & Umberson, (2017) on interpersonal relationship in the family and wellbeing revealed that interpersonal relationships provide resources that can help an individual cope with stress, engage in healthier behaviours, and enhance self-esteem, leading to higher wellbeing and poor relationship quality, intense caregiving for family members can take toll on an individual's wellbeing. The findings are in support of the view those receiving support from their family members may feel a greater sense of self-worth, and this enhanced self-esteem may be a psychological resource, encouraging optimism, positive affect, and better mental health (Symister & Friend, 2003)

Across-sectional study of 587 American middle school students found that in early adolescence, psychological wellbeing was much more tied to positive relationships (Ma& Huebner, 2008). The findings agree with White, Roosa, & Zeiders, (2012) who discovered that family cohesion during early adolescence was associated with decreased adjustment problems for Mexican-origin youth and family harmony and support relations between family members are associated with adolescent psychological adaptation and low distress. In addition, they discovered families that were disengaged or too distant tended to include children who were more likely to become anxious and depressed of lack of warmth or sense of security that can result to their feeling all alone though the later tool into account family cohesion.

The study of family conflict by Cummings, Koss, and Davies (2015), follow up sensitivity analyses revealed that rather than disengagement from family life, feelings of insecurity and preoccupation with conflict were the components of family-wide global emotional

insecurity that accounted for the explanatory effects for increase in adolescents' anxiety and depressive symptoms. The findings are in support of family systems theory, child and adolescent mental health is influenced substantially by the family context and interactions among and between family members (Letourneau, Duffett-Leger, Levac, Watson, & Young-Morris, 2013).

The literature above shows that scholars made effort to relate interpersonal relationship and adolescents' psychological wellbeing. However the literature raises contextual, methodological and knowledge gap. Contextually the studies were carried out in the Uganda context. Methodological level, the studies above used the quantitative approach limiting in-depth analysis of the findings except Cummings, Koss, and Davies (2015). The scholars also obtained the data from one group of respondents (adolescents). At knowledge gap, scholar such as White, Roosa, & Zeiders, (2012) looked at cohesion, (Ma& Huebner, 2008) considered positive relationships. They looked at sub-variables of interpersonal relationship in the family.

2.4 Personal growth and adolescents' psychological wellbeing

Primarily cross-sectional empirical has repeatedly shown personal growth initiative to be positively related to facets of psychological wellbeing and negatively related to aspects of psychological distress (Shigemoto, Low, Borowa, & Robitschek, 2016; Vartanian, Smyth, Zawadzki, Heron, & Coleman, 2014; Weigold, Porfeli, & Weigold, 2013). In the study conducted by Robitschek & Keyes (2009) on personal growth and wellbeing among the college students in US, the findings revealed that personal growth initiative predicted psychological, emotional, and social wellbeing among the college students, accounting for between 18% (emotional) and 51% (psychological). A possible reason of this association is that personal growth initiative might prevent adolescents from developing distress symptoms, and decrease the intensity of distress occurrence, or smooth the progress of recuperation from distress. For example, when adolescent experienced distressing condition, adolescent who is high in personal growth initiative might be

better in recognizing explicit approach to counter to the condition, experience more assertiveness in his/her capability to determine the problem, and consequently feel a lesser amount of distress.

Research in various parts of the world has substantiated the above findings from US. Samples regarding the link between personal growth initiative and psychological wellbeing and distress for adolescents. For instance, personal growth has been revealed to be a protective factor against functional impairment in a sample of those affected by the genocide in Rwanda (Blackie, Jayawickreme, Forgeard,& Jayawickreme, 2015). In addition, personal growth initiative has been positively related to hope and goal setting, and negatively related to neuroticism, in a sample of young people in Australia (Klockner& Hicks, 2008). Also, Yang& Chang, (2014) revealed that personal growth is negatively related to aspects of distress and positively related to wellbeing in the study they carried out among Chinese college students.

A systematic critical review on personal growth initiative was conducted by Koller et al., (2016) , the results of the studies analyzed in this review indicated that personal growth initiative was positively associated with variables related to a state of increased wellbeing (e.g., positive affect, and psychological, social, and emotional wellbeing, and negatively related to factors associated with states of lower levels of wellbeing (e.g., stress, anxiety, and depression) in adolescents. The results further revealed that personal growth initiative plays crucial role for individuals to experience increased levels of wellbeing, develop themselves positively and adapt to adverse situations. Nadia & Shahid, (2012) investigated the correlation between personal growth initiatives, psychological distress, and psychological wellbeing among the adolescents of Karachi, Pakistan. The findings of the study suggest that personal growth initiative is positively associated with psychological wellbeing and negatively associated with psychological distress among adolescents.

Weigold, Porfeli, and Weigold, (2013) examined two tenets of personal growth initiative in sample of college students. Results indicated that three of four factors of personal growth initiative were positively related to psychological wellbeing of adolescents and negatively related to aspects of psychological distress. Studies developed with Indian adolescents showed that the four dimensions of personal growth initiative (readiness for change, planfulness, using resources, and intentional behaviour) presented positive relationships with self-efficacy dimensions (initiative, persistence and effort emotional wellbeing, psychological wellbeing and social wellbeing) (Sharma& Rani, 2013).The findings are in agreement with the view that personal growth initiative is consistently associated with facets of wellbeing and negatively associated with aspects of distress (Blackie et al., 2015; Shigemoto,Low,Borowa,& Robitschek, 2016).

In other studies, it was observed that personal growth initiative was positively related to the dimensions of self-acceptance, positive relations with others, autonomy, environment mastery, purpose in life, and personal growth of the psychological wellbeing (Ayub &Iqbal, 2012; Kashubeck-West& Meyer, 2008).

The related literature above showed that scholars had expended significant effort to relate literature personal growth and adolescents' psychological wellbeing. However, contextual and methodological gaps emerged. Contextually, the studies were carried outside Uganda. At the methodological level, the scholars drew the samples from schools and relied only on one group of respondents (adolescents) and never considered adolescents with wide age range of 13-19 years. Scholars did not use both quantitative and qualitative research approaches in order to ensure quality of findings. These gaps made it necessary for this study in the context of Uganda to seek to evaluate the effect of personal growth on adolescents' psychological wellbeing.

2.5 System maintenance and adolescents' psychological wellbeing

There are a number of scholars that have related system maintenance and adolescents' psychological wellbeing. Muzaffar, (2017) conducted a correlation research with focus on family system maintenance influence on psychological wellbeing. Statistical analysis revealed the presence of significant positive relationship between system maintenance and adolescent psychological wellbeing. Telzer & Fuligni, (2009) studied family system maintenance (organization of daily activities) and the psychological wellbeing of adolescents from Latin America, and European backgrounds. The daily diary method was used to collect the data from diverse of 752 adolescents of ages 14 to 15 years. The results indicated that, contrary to the expectations of some observers, providing clear and daily assistance to the family generally was not stressful for adolescents. Rather providing clear and daily assistance in the family was associated with higher levels of psychological wellbeing due to sense of role fulfillment is provided.

Nighat, Nasreen and Farhana, (2017) did comparative study on 200 participants, including 100 (50 male & 50 female from single family system and 100 (50 male & 50 female) from joint-family system. Required sample size was drawn for two different family systems equally by applying the stratified probability random sampling technique. Children aged 12-14 years were included. The findings revealed that children from joint-family system and female children had a better psychological wellbeing than children from single family system and male children on same scale with approximately same characteristics and features. Mary & Manikandan, (2017) studied the role of self-efficacy and family interactions and environment in regulating psychological wellbeing of adolescents. The participants of the study consisted of 200 adolescents. Results revealed that there exists significant relationship among adolescents in

variables such as psychological wellbeing and sub dimensions of family environment; organization and control.

Jeny and Varghese, (2017) investigated the role played by family environment (interpersonal relations, personal growth and system maintenance as variables) on adolescents' psychological wellbeing, anxiety and stress. A sample of 152 adolescents was selected from five schools of Thrissura district of Kerala state. The complete correlation matrix revealed significant linear relationship between variables of family environment and stress, anxiety, and psychological wellbeing of the selected sample.

Other perspectives posit that family system maintenance can be positive aspects in adolescents' lives (Fuligni& Pedersen, 2002;Burton, 2007). Cross-cultural work suggests that children in non-Westernized societies often take on adult responsibilities within their families and that these responsibilities are considered normative and important for child's development (Orellana, 2001). Family system maintenance may provide a sense of purpose and belonging for children, and this sense of meaning may help them cope with the potential challenges of providing assistance to the family (Fuligni, Alvarez, Bachman, & Ruble, 2005).

The literature above shows that scholars have expended significant effort to evaluate the effect of system maintenance on adolescents' psychological wellbeing. However, contextual and methodological gaps that made this study imperative emerged. For instance all the studies reviewed were based outside Uganda. At methodological level, scholars did not consider adolescents with wide age range of 13-19 years which this study focused and never used both quantitative and qualitative research approaches in order to ensure quality of findings. The scholars had adolescents as only target group of respondents. The current study besides

adolescents, considered parents and community leaders as respondents to the study in order to ensure quality of findings.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter presents the research design proposed for the study, population of the study, the chosen sample population that was used for the research, the sampling techniques, the data collection procedure and data analysis, research instruments, data quality control, validity, reliability and ethical considerations.

3.1 Research design

According to Bryman (2012), a research design provides a framework for collecting and analyzing data. In the same vein, Poulin (2007) sees it as a plan of what data to gather, from whom, how and when to collect data and how to analyze the data obtained. The study adopted a cross-sectional survey design in the study. This design was considered suitable for the study because it generates quick responses from the selected participants under study and cuts across a diverse section of the people, including parents and adolescents among others (Amin, 2005).

Cross-sectional survey was considered as a most appropriate research strategy to join both qualitative and quantitative methods; the researcher investigated the qualitative statistical results and understood the behavioral conditions through the actor's perspective on family environment and adolescents' psychological wellbeing in Nyondo Sub-county. Whereas quantitative research methods were used, qualitative research was important to explain why people respond the way they do, the context in which they respond, and which deeper thoughts and behaviours influence the responses (Creswell, 2008). The quantitative method was used to collect statistical information and to reduce speculative thoughts about reality in which coded and scaled questions were used. While qualitative method enabled the researcher to capture the opinions of the respondents about family environment and adolescents' psychological wellbeing.

3.2 Area of study

The study was conducted in Mbale district and particularly in Nyondo Sub-County. Nyondo Sub-county is found in Mbale in the Elgon Sub-Region of Eastern Uganda. The Sub-county has 4 parishes and 33 villages. Based on the 2014 Census of Population and Housing, Nyondo sub-county registered a total population of 12,287. There are about 177 persons per square kilometer in the in the Sub-county. The Sub-County has a young population, and the young adult sector makes up 19.1 percent of the region's total population and has been expanding at progressively faster rates over the last. The urbanization and industrialization that has taken place in Uganda for over 30 years, have been accompanied by changes in the societal fabric that unite people, and promote and maintain mental health among them and Nyondo sub-county is no exception of this changes. The researcher conducted the research in this area because the area was easily accessible thus cost effective to the researcher.

3.3 Population of the study

The population of the study comprised of adolescents, parents and community leaders from Nyondo Sub-county. According to Saunders, Lewis,& Thornhill(2012), a population is the complete set of cases or group individuals in this case being all adolescents' parents and community leaders from Nyondo Sub-county while a sample is a small part of the population selected for the study to act as a representative of the population. Nyondo Sub-county has an estimated population of 12,287(UBOS, 2014). However, the target population was 1300 and sample size of 297 was derived, this included 201 adolescents, 16 Community leaders and 80 parents.

3.4 Study sample

It was difficult to conduct a study using the whole population in Nyondo Sub-county of adolescents and hence the reason why a sample from the population was derived and the findings from this smaller group was used to represent the whole population. The study was conducted on a population of specific adolescents, community leaders and parents from different families in Nyondo Sub-County. The adolescents' main age group boundary was 13-19 years. The researcher was guided by the statistical tables by Krejcie and Morgan as stated in(Amin, 2005). The Krejcie and Morgan sample size calculation was based on $p=0.05$ where probability of committing type I error is less than 5% or $p<0.05$.

The formula below applies since the population is finite;

$$n = \frac{\chi^2 NP(1 - P)}{d^2(N - 1) + \chi^2 P(1 - P)}$$

Where;

S = Required sample size

X= Value (1.96 for 95% confidence level)

N= Population size (1300)

P= Population proportion (expressed in decimal) assumed to be 0.5 (50)

d = Degree of accuracy (5%) expressed as a proportion (.05); it is a margin of error

Therefore;

$$\begin{aligned} n &= \frac{\chi^2 NP(1 - P)}{d^2(N - 1) + X^2 P(1 - p)} \\ &= \frac{3.84(1300 \times 0.5)(1-0.5)}{0.05(1300-1) + (3.84 \times 0.5)(1-0.5)} \\ &= \frac{3.84 \times 650 \times 0.5}{0.0025 \times 1299 + 1.92(0.5)} \end{aligned}$$

$$= \frac{1248}{4.2075}$$

$$= 296.613$$

$$= 297$$

Table 3.1: Sample frame

Category of Respondents	Target population	Actual sample size	Sampling Techniques
Adolescents	880	201	Simple random sampling
Parents	350	80	Convenience sampling
Community leaders	70	16	Purposive sampling
Total	1300	297	

3.5 Sampling techniques

Sampling is the process of selecting elements from population in that sample elements selected represent the population (Amin, 2005). A sample is smaller collection of units from the population used to determine truths about that population (Field, 2005). The sample was selected using three sampling methods, namely simple random, purposive and convenience sampling. By simple random sampling, each individual was chosen by chance basing on the sampling frame containing names of the adolescents (West, 2016). Simple random sampling was used to select adolescents because it enabled the generalisability of the findings. With purposive sampling, this was used to select particular people to provide in-depth views since the study was both quantitative and qualitative. The method of purposive sampling used was intensity purposive sampling. Intensity sampling allows the researcher to select a small number of rich cases that provide in depth information and knowledge of a phenomenon of interest (Palinkas et al., 2015). The respondents selected purposively were community leaders. Convenience sampling was used to select the 80 parents.

3.6 Data sources

The researcher used both primary and secondary data. Primary data is basically raw data without any interpretation. The benefit of using primary data collection is that the data is collected in a distinctive way in order to meet the objectives of the research (Amin, 2005). In this study, primary data was collected from adolescents, parents and community leaders through semi structured questionnaire and interview schedule. Secondary data refers those data which have been collected by someone else and which have already been passed through the statistical process or analyzed by someone else(Amin, 2005). It may be published or unpublished, but has been collected and is used for some other purpose earlier. The sources of secondary data in this study included journal articles, textbooks, dissertations, reports and internet. The main benefit of using secondary data sources is that it saves the time and expense of collecting information.

3.7 Data collection tools

The researcher used interview guide and Self-Administered Questionnaires (SAQ) for collecting responses from the respondents. The selection of these tools was based on the nature of the data that was required, the time that was available as well as the objectives of the study.

The tools are briefly explained in the following sub sections.

3.7.1 Self-Administered Questionnaires (SAQ)

Quantitative data was collected using a self-administered questionnaire from the adolescents. A questionnaire with close ended questions was used because it is easy to administer, is easily coded and analysed, allows comparisons and quantification, and they are more likely to produce fully completed questionnaires while avoiding irrelevant responses (Bird, 2009). The questionnaire contained three sections namely A through C. Section A was on background characteristics of the respondents measured basing on a nominal scale question with appropriate options given. Sections B was on the independent variable, namely family

environment and section C on the dependent variable, namely adolescents' psychological wellbeing. The questions items in sections B and C were scaled using the five-point Likert from a minimum of 1 through 5. This instrument helped in collecting data that was quantitative in nature.

3.7.2 Interview guide

Qualitative data was collected using an interview guide on a few respondents to explore their perspectives on the subject matter under inquiry. The interview guide helps to collect data that is exploratory in nature-by gathering more detailed information (Gill, Kate, Treasure & Chadwick, 2008). The interview guide contained open ended questions requiring detailed views from the respondents. The interview guide helped in enabling the participants to provide detailed information because of the probing questions as a means of follow-up. The interview guide was responded to by 16 community leaders and 80 parents.

3.8 Data quality control

In order to ensure that data collected was valid, reliable and authentic, validity and reliability of the research instruments was ensured as follows.

3.8.1 Validity

Validity is the degree to which an instrument measures what it is intended or the degree to which results obtained from data analysis present the phenomena under study(Litwin, 1995). Ojar (2001) describes it as the extent to which a research instrument measures what is designed. The researcher used content validity to measure the degree to which data obtained from the research instrument was meaningful and accurate. The researcher determined content validity of the instrument through expert judgment by carefully and critically examining and inspecting the items that make the instrument. This judgment was based on whether all the sub areas had been included and in correct proportion. A comparison was made between what is to be included in

the instrument, given its intended purpose, and what is actually included. Then, a Content Validity Index (CVI) was computed.

Thus $CVI = \frac{\text{Number of items declared valid} \times 100}{\text{Total number of items}}$

Total number of items.

$$CVI = \frac{38 \times 100}{46 \times 100}$$

$$CVI = \frac{3800}{4600}$$

$$CVI = 0.82608$$

$$CVI = 0.83$$

When the researcher finds CVI of 0.7 or above, the researcher will consider the instrument valid (Amin, 2005). The CVI 0.83 of the questionnaire used is above 0.7 therefore the questionnaire was valid.

3.8.2 Reliability

Reliability is referred as a measure of the degree to which a research instrument yields consistent results or data after repeated trial (Mugenda, 2003). According to Amin, (2005), reliability is dependability, trustworthiness or the degree to which an instrument consistently measures whatever it measures. To ensure reliability, the researcher used a test-retest coefficient stability and internal consistency. A high degree of stability indicates a high degree of reliability, which means the results are repeatable. The results obtained from the pre-test were correlated using the Cronbach's coefficient alpha since multiple response items were involved.

According to Cohen et al (2000) correlations ranging from 0.65 to 0.85 make possible group predictions that are accurate enough for most purposes.

Reliability	
Cronbach's Alpha	N of Items
.846	46

The reliability of instrument is .0846. This shows that stability is high, then the test has good test-retest reliability.

3.9 Research procedure

The researcher got approval in form of an introduction letter from the director of School Graduate Studies and Research (SGSR) at University of Kisubi making certain that is a bona fide student of the university. The researcher made appointment with the various leaders of the sub-county to explain the purpose of study. The researcher made sure that information obtained was held confidential and other ethical considerations were taken into account. The questionnaires were given to the respondents, and some clarifications were made but without influencing the respondent. Questionnaires were left for three days for the respondents to fill and were collected for analysis.

3.10 Data analysis

According to Amin (2005), the aim of data analysis is to reduce and to synthesize information to make sense, and to allow an inference about the population. Data was collected using qualitative and quantitative methods.

3.10.1 Quantitative Data Analysis

Before analysing data, all the data questionnaires were coded, entered into the computer using the Statistical Package for Social Scientists (SPSS 24.0), summarised them using frequency tables and edited them to remove errors. Quantitative data were analysed at three levels, namely univariate, bivariate and multivariate levels. At univariate level, descriptive statistics namely frequencies, percentages, means and standard deviations were calculated. At bivariate level, the dependent variable (DV) was correlated and then regressed on the independent variables (IVs).

3.10.2 Qualitative Data Analysis

The processing of qualitative data collected involved coding and grouping following the study objectives and emerging themes. Analysis was done using content analysis. Through content analysis, it was possible to distil words into fewer content related categories. The aim was to attain a condensed and broad description of the phenomenon, and the outcome of the analysis was concepts or categories describing the phenomenon (Shahul, Siham & Rawiri, 2019). Qualitative data supplemented quantitative data and helped in providing explanations.

Table 3.2: Techniques used in analysis

No	Variables	Data used	Technique	Reason
1	Interpersonal relationship	<ul style="list-style-type: none"> ▪ Quantitative ▪ Qualitative 	<ul style="list-style-type: none"> ➤ Descriptive statistics ➤ Inferential statistics ➤ Thematic analysis 	To analyze influence of interpersonal relationship on adolescents' psychological wellbeing
2	Personal growth	<ul style="list-style-type: none"> ▪ Quantitative ▪ Qualitative 	<ul style="list-style-type: none"> ➤ Descriptive statistics ➤ Inferential statistics ➤ Thematic analysis 	To examine the effect of personal growth initiative on adolescents' psychological well-being
3	System maintenance	<ul style="list-style-type: none"> ▪ Quantitative ▪ Qualitative 	<ul style="list-style-type: none"> ➤ Descriptive statistics ➤ Inferential statistics ➤ Thematic analysis 	To evaluate the effect of system maintenance on adolescents' psychological well-being
4	Adolescents' psychological wellbeing	<ul style="list-style-type: none"> ▪ Quantitative ▪ Qualitative 	<ul style="list-style-type: none"> ➤ Descriptive statistics ➤ Inferential statistics 	To assess adolescents' psychological wellbeing.

3.10.3 Interpretation of the findings

Rule of thumb for the interpretation of the size of correlation coefficient was used in interpreting of the results from the correlation tables

Table 3.3: Interpretation of the findings

Size of Correlation	Interpretation
.90 to 1.00 (-.90 to -1.00)	Very high positive (negative) correlation
.70 to .90 (-.70 to -.90)	High positive (negative) correlation
.50 to .70 (-.50 to -.70)	Moderate positive (negative) correlation
.30 to .50 (-.30 to -.50)	Low positive (negative) correlation
.00 to .30 (.00 to -.30)	Negligible correlation

3.11 Research ethical considerations

These are established codes, guidelines or established procedures which assess all research projects (Sarantakos, 2005). The researcher-maintained research ethics in carrying out the study. This was done by respecting the rights of others and maintaining honesty. Therefore, data collection involved obtaining informed consent, ensuring anonymity, confidentiality and respect for privacy. Informed consent involved ensuring that all the respondents participate in the study knowingly, voluntarily and intelligently. Therefore, the researcher explained to the respondents the purpose of the study to make them chose to participate in it on their own. Anonymity was ensured by protecting the identities of the respondents by not linking the respondents' identities to personal responses. The responses were reported in aggregate form using such measures as percentages, means, correlations and regression coefficients. Qualitative findings were associated with the respondents but using codes that do not reveal the respondents. Confidentiality was ensured through ensuring that the respondents are free to give and withhold as much information as they wish to the researcher. The researcher also maintained honesty by ensuring that data presentation, analysis and interpretation are strictly based on the data collected.

3.12 Limitations and delimitations

It was difficult to conduct interviews as scheduled, given busy schedules of interviewees, some interviews were rescheduled to fit their timetables, but these also sometimes could fail. However, the researcher developed a strategic and flexible time schedule to attend to interviewees whenever possible.

The researcher faced the limitation of language barrier. Some words were difficult to translate from English to Local language (Lumasaaba). However, the researcher used people who are well experienced in English to Lumasaaba translation and vice versa.

Some respondents were not willing to share all the information openly due to fear of stigma. To solve this researcher explained clearly to respondents that their details and responses would remain confidential and there were only for study purpose.

The research itself was costly especially in preparation of data collection instruments, the data collection and analysis processes. However, the researcher tried as much as possible to minimize the costs and lobbied financial support from the family members.

The process of data collection and analysis was time consuming. However, the researcher tried as much as possible to attain the mastery of data collection and analysis that enabled it to be done within short time as much as possible.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND PRESENTATION

4.0 Introduction

This chapter covers the presentation, analysis and interpretation of the findings of this study on “family environment and adolescents’ psychological wellbeing in Nyondo Sub-county in Mbale district”. Analysis follows the order of study objectives.

4.1 Demographic data of the respondents

The section describes the general background information of the adolescents, parents and community leaders as respondents. Demographic information included gender, age marital status, and education level for the respondents.

4.1.1a Gender distribution of the adolescents

The gender of the adolescents as respondents was ascertained and results are indicated in Table 4.1

Table 4.1: Gender of the adolescents

Gender of respondents	Frequency	Valid Percent
Male	93	46.3
Female	108	53.7
Total	201	100.0

Source: Primary data (2021)

The findings revealed that the majority of the respondents were female 53.7%. The male respondents were at 46.3% indicating that both genders fairly represented. This could be attributed to the factor that females spend most of their time at home because of the nature of the roles compared to males who spend most of their time outside home to meet family demands.

4.1.1b Age distribution of adolescents

The adolescents who took part in the study were required to indicate their age brackets.

The responses of the adolescents were presented in Table 4.2

Table 4.2: Age of the adolescents

Age bracket	Frequency	Valid Percent
13-15 years	87	43.3
16-17 years	67	33.3
18-19 years	47	23.4
Total	201	100.0

Source: Primary data (2021)

Table 4.2, above shows that the majority (N=87, 43.3%) of the adolescents were between 13-15 years. Less than half (N=67, 33.3%) of the adolescents were between 16-17 years. In small proportion (N=47, 23.4%) of the adolescents were between 18-19 years. This implies that the category of unit analysis was in the proper description of who are adolescents, from 13-19 years.

4.1.1c Distribution of adolescents by education level

This section presents the educational level of respondents. This information was considered necessary because it helped in categorising the respondents who participated in this study. The results are as presented in Table 4.3.

Table 4.3: Distribution of adolescents by education level

Education level	Frequency	Valid Percent
Primary	81	40.3
Secondary	94	46.8
Tertiary	26	12.9
Total	201	100.0

Source: Primary data (2021)

Table 4.3 shows that majority (N=94, 46.8%) and (N=81, 40.3) of the adolescents are in secondary and primary and very small proportion (N=26, 12.9%) of the adolescents were at tertiary level. Therefore, this indicates that most of the respondents in this category were at the level of secondary and primary.

4.1.1d Distribution of adolescents' parents' marital status

This section presents the marital status of respondents. This information was considered necessary because it helped in categorising the respondents who participated in this study. The results are as presented in Table 4.4.

Table 4.4: Distribution of adolescents' parents' marital status

Marital status	Frequency	Valid Percent
Married	153	76.1
Divorced	29	14.4
Widowed	19	9.5
Total	201	100.0

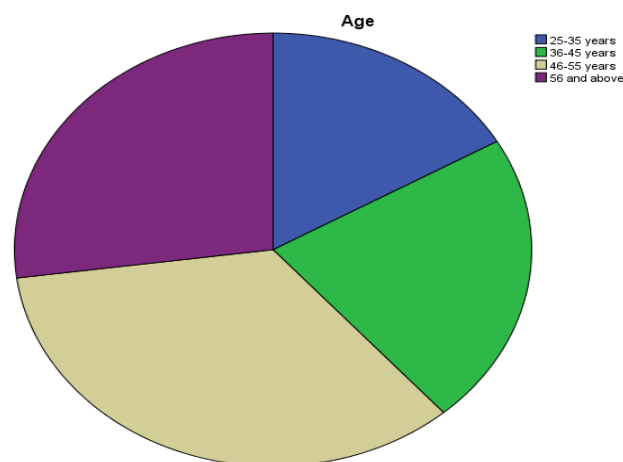
Source: Primary data (2021)

Table 4.4, indicates that majority (N=153, 76.1%) of the adolescents' parents were married. A small proportion of the parents were divorced (N=29, 14.4%) or widowed (N=19, 9.5%).

4.1.2a Distribution of parents and community leaders according to age

This section presents the age of respondents. This information was considered necessary because it helped in categorising the respondents who participated in this study. The results are as presented in Figure 4.1.

Figure 4.1: Distribution of parents and community leaders according to age



Source: Primary data (2021)

The results show that (Figure4.1) above, majority of the parents and community leaders, 83.4% fell in the age brackets of 46-55 years, 56 years and above and 36-45years, was 34.4%, 27.1% and 21.9% respectively. 16.7% were in age bracket 25-36 years.

4.1.2b Distribution of parents and community leaders according to gender

The gender of the respondents was analyzed and findings presented in Table 4.5

Table 4.5: Distribution of parents and community leaders according to gender

Gender	Frequency	Valid Percent
Male	44	45.8
Female	52	54.2
Total	96	100.0

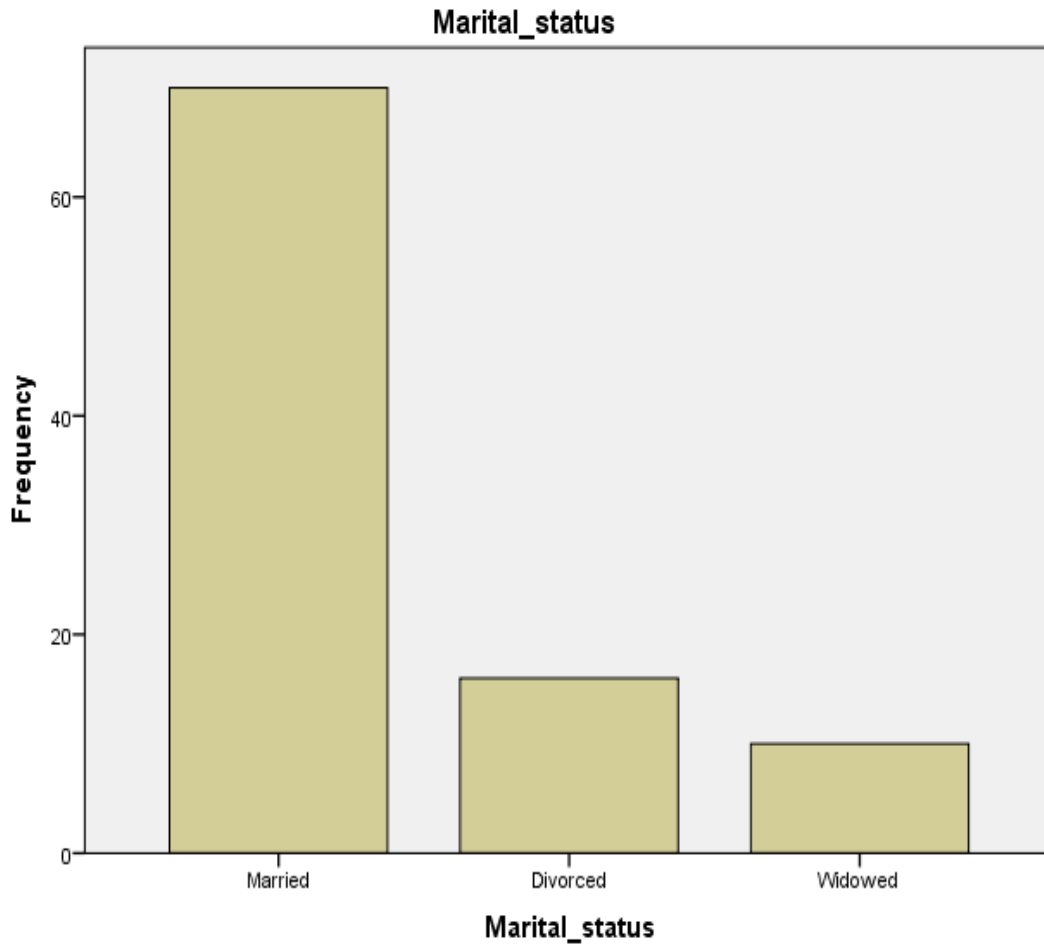
Source: Primary data (2021)

The findings revealed that majority of the respondents were female (N=52, 54.2%). The male respondents stood at 45.8% (N=44), implying that both genders were fairly represented. This revelation conforms to Kazi et al (2013) who asserts that bulk of statistics around the world consistently confirms that the population of the world is predominantly held by the feminine gender. It might even be true that in Nyondo sub-county, there are more females than males on the ground.

4.1.2c Distribution of parents and community leaders according to marital status

This section presents the marital status of respondents. This information was considered necessary because it helped in categorising the respondents who participated in this study. The results are as presented in figure 4.2.

Figure 4.2: Distribution of parents and community leaders according to marital status



Source: Primary data (2021)

It was revealed that majority of the parents and community leaders (N=70, 72.9%) were married followed by those who were divorced (N=16, 16.7%). The number of those who were widowed stood at (N=10, 10.4%). This implies that the majority of parents and community leaders in Nyondo Sub-county are married.

4.1.2d Distribution of parents and community leaders according to education level

The level of education of the parents and community leaders was vital in the study. The responses of the parents and community leaders who took part in the study are summarized in Table 4.6

Table 4.6: Distribution of parents and community leaders according to education level

Education level	Frequency	Valid Percent
Certificate	51	53.1
Diploma	16	16.7
Graduate	23	24.0
Post Graduate	6	6.3
Total	96	100.0

Source: Primary data (2021)

The data in table 4.6 shows that the highest number of the parents and community leaders who took part in the study (N=51, 53.1%) had acquired certificate, (N=16, 16.7%) had acquired a diploma while (N=23, 24.0%) and (N=6, 6.3%) were at graduate and postgraduate levels of education respectively. This implied that most of the respondents were at graduate and below giving it chance that this level of education has no big demanding work tasks thus have enough time with their children.

4.2 Results on adolescents' psychological wellbeing

The self-administered questionnaire (see Appendix I) shows that the dependent variable (DV) namely, adolescents' psychological wellbeing was measured using 23 items. The items were scaled using the five-point Likert scale where code 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree and 5 = Strongly Agree. For each of the above items, descriptive statistics that included frequencies, percentages and means are presented. The results are presented in Table 4.7.

Table 4.7: Descriptive statistics for adolescents' psychological wellbeing

Item	SD		D		N		A		SA		MEAN
	<i>f</i>	%	<i>f</i>	%	<i>F</i>	%	<i>f</i>	%	<i>f</i>	%	
I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	14	7.0	10	5.0	19	9.5	116	57.7	42	20.9	3.81
My decisions are not usually influenced by what everyone else is doing.	16	8.0	21	10.4	32	15.9	82	40.8	50	24.9	3.64
I have confidence in my opinions, even if they are contrary to the general consensus	16	8.0	10	5.0	22	10.9	83	41.3	70	34.8	3.90
I judge myself by what I think is important, not by the values of what others think is important.	10	5.0	11	5.5	18	9.0	56	27.9	106	52.9	4.18
In general, I feel I am in charge of the situation in which I live.	13	6.5	21	10.4	21	10.4	57	28.4	89	44.3	3.94
I fit very well with the people and the community around me	13	6.5	20	10.0	23	11.4	67	33.3	78	38.8	3.88
I am quite good at managing the many responsibilities of my daily life.	9	4.5	11	5.5	25	12.4	74	36.8	82	40.8	4.04
I have been able to build a home and a lifestyle for myself that is much to my liking.	38	18.9	32	15.9	30	14.9	40	19.9	61	30.3	3.27
I am interested in activities that will expand my horizons	1	0.5	4	2.0	13	6.5	53	26.4	139	64.7	4.53
I think it is important to have new experiences that challenge how I think about myself and the world.	4	2.0	2	1.0	18	9.0	79	39.3	98	48.8	4.32
I have the sense that I have developed a lot as a person over time.	9	4.5	9	4.5	27	13.4	77	38.3	79	39.3	4.03

For me, life has been a continuous process of learning, changing, and growth.	2	1.0	2	1.0	4	2.0	36	17.9	157	78.1	4.71
Most people see me as loving and affectionate	8	4.0	6	3.0	25	12.4	77	38.3	85	42.3	4.12
I enjoy personal and mutual conversations with family members or friends.	6	3.0	7	3.5	13	6.5	72	35.8	103	51.2	4.29
People would describe me as a giving person, willing to share my time with others.	4	2.0	2	1.0	22	10.9	89	44.3	84	41.8	4.23
I know that I can trust my friends, and they know they can trust me.	12	6.0	11	5.5	35	17.4	80	39.8	63	31.3	3.85
When I look at the story of my life, I am pleased with how things have turned out.	10	5.0	3	1.5	19	9.5	68	33.8	101	50.2	4.23
In general, I feel confident and positive about myself.	2	1.0	7	3.5	10	5.0	48	23.9	134	66.7	4.52
I like most aspects of myself.	0	0.0	4	2.0	17	8.5	60	29.9	120	59.7	4.47
When I compare myself to friends, it makes me feel good about who I am.	2	1.0	3	1.5	7	3.5	64	31.8	125	62.2	4.53
I have a sense of direction and purpose in life.	0	0.0	1	0.5	8	4.0	55	27.4	137	68.2	4.63
I enjoy making plans for the future and working to make them a reality.	0	0.0	0	0.0	4	2.0	24	11.9	173	86.1	4.84
Some people wander aimlessly through life, but I am not one of them.	13	6.5	8	4.0	8	4.0	35	17.4	137	68.2	4.37

Legend very high (4.24-5.00), High (3.43-4.23), Moderate (2.62-3.42), low (1.81-2.61), very low (1.00-1.80)

Source: Primary data (2021)

The findings from the table 4.7 on whether, being not afraid to voice my opinions, even when they are in opposition to the opinions of most people showed that cumulatively the high

percentage (78.6%) of the respondents agreed while 12% disagreed and 9.5% were neutral. The high mean = 3.81 was close to code four which on the five-point Likert scale used to measure the items corresponded to agreed. Therefore, the results meant that the respondents indicated that being not afraid to voice my opinions, even when they are in opposition to the opinions of most people was high. With respect to whether decisions were not usually influenced by what everyone else was doing, cumulatively the larger percentage (65.7%) of the respondents agreed while 18.4% disagreed and 15.9% were neutral. The high mean = 3.64 was close to code four which on the five-point Likert scale used to measure the items corresponded to agreed. Therefore, the results suggest that the respondents indicated that decisions being not usually influenced by what everyone else was doing was high.

Regarding having confidence in opinions, even if they are contrary to the general consensus, cumulatively the high percentage (76.1%) of the respondents agreed while 12% disagreed and 10.9% were neutral. The high mean = 3.90 was close to code four which on the five-point Likert scale used to measure the items corresponded to agreed. Therefore, the results reveal that the respondents indicated that having confidence in opinions, even if they are contrary to the general consensus was high. As to whether judging myself by what I think is important, not by the values of what others think is important, cumulatively the higher percentage (80.8%) of the respondents agreed while 10.5% disagreed and 9% were neutral. The high mean = 4.18 was close to code four which on the five-point Likert scale used to measure the items corresponded to agreed. Therefore, the results suggest that the respondents indicated judging myself by what I think is important, not by the values of what others think is important was high.

The results of the study further indicated that feeling in charge of the situation in which I live had cumulatively bigger percentage (72.7%) of the respondents agreed while 16.9%

disagreed and 10.4% were neutral. The high mean = 3.94 was close to code four which on the five-point Likert scale used to measure the items corresponded to agreed. Therefore, the results suggest that the respondents indicated feeling in charge of the situation in which one lives was high. Fitting very well with the people and the community around, had cumulatively bigger percentage (72.1%) of the respondents agreed while 16.5% disagreed and 11.4% were neutral. The high mean = 3.88 was close to code four which on the five-point Likert scale used to measure the items corresponded to agreed. Therefore, the results suggest that the feeling of fitting very well with the people and the community around was high.

Regarding being quite good at managing the many responsibilities of daily life, cumulatively the high percentage (77.6%) of the respondents agreed while 10% disagreed and 12.4% were neutral. The high mean = 4.04 was close to code four which on the five-point Likert scale used to measure the items corresponded to agreed. Therefore, the results revealed that the respondents indicated that being quite good at managing the many responsibilities of daily life was high. As to whether I have been able to build a home and a lifestyle for myself that is much to my liking, cumulatively the average percentage (50.1%) of the respondents agreed while 34.8% disagreed and 14.9% were neutral. The moderate mean = 3.27 was close to code three which on the five-point Likert scale used to measure the items corresponded to neutral. Therefore, the results revealed that the respondents indicated that I have been able to build a home and a lifestyle for myself that is much to my liking was moderate

The study results in the table further show, being interested in activities that would expand horizons had cumulatively very high percentage (90.1%) of the respondents agreed while 2.5% disagreed and 6.5% were neutral. The very high mean = 4.53 was close to code five which on the five-point Likert scale used to measure the items corresponded to strongly agreed.

Therefore, the results suggest that the respondents indicated being interested in activities that would expand horizons was very high. As to whether I think it is important to have new experiences that challenge how I think about myself and the world, cumulatively the higher percentage (88.1%) of the respondents agreed while 3% disagreed and 9% were neutral. The very high mean = 4.32 was close to code four which on the five-point Likert scale used to measure the items corresponded to agreed. Therefore, the results revealed that the respondents indicated that it was important to have new experiences that challenge how one thought about myself and the world was high.

Regarding whether having the sense to have developed a lot as a person over time, cumulatively the high percentage (77.6%) of the respondents agreed while 9% disagreed and 13.4% were neutral. The high mean = 4.03 was close to code four which on the five-point Likert scale used to measure the items corresponded to agreed. Therefore, the results revealed that having the sense to have developed a lot as a person over time was high. As to whether life had been a continuous process of learning, changing, and growth, cumulatively the very high percentage (96.0%) of the respondents agreed while 2% disagreed and 2% were neutral. The very high mean = 4.71 was close to code five which on the five-point Likert scale used to measure the items corresponded to strongly agreed. Therefore, the results revealed that life being a continuous process of learning, changing, and growth was very high.

The results revealed that most people see me as loving and affectionate had cumulatively the higher percentage (80.6%) of the respondents agreeing while 7% disagreed and 12.4% were neutral. The high mean = 4.12 was close to code four which on the five-point Likert scale used to measure the items corresponded to agreed. Therefore, the results revealed that most people seeing me as loving and affectionate was high. As to whether personal and mutual conversations

with family members or friends were enjoyable, cumulatively the higher percentage (87.0%) of the respondents agreed while 6.5% disagreed and 6.5% were neutral. The very high mean = 4.29 was close to code five which on the five-point Likert scale used to measure the items corresponded to strongly agreed. Therefore, the results revealed that personal and mutual conversations with family members or friends were highly enjoyable.

As to whether people would describe me as a giving person, willing to share my time with others, cumulatively the higher percentage (86.1%) of the respondents agreed while 3% disagreed and 10.9% were neutral. The very high mean = 4.23 was close to code four which on the five-point Likert scale used to measure the items corresponded to agreed. Therefore, the results revealed people describing me as a giving person, willing to share my time with others was very high. As to whether I know that I can trust my friends, and they know they can trust me, cumulatively the high percentage (71.1%) of the respondents agreed while 11.5% disagreed and 17.4% were neutral. The high mean = 3.85 was close to code four which on the five-point Likert scale used to measure the items corresponded to agreed. Therefore, the results revealed “I know that I can trust my friends, and they know they can trust” was high.

Regarding, “when I look at the story of my life, I am pleased with how things have turned out”, cumulatively the higher percentage (84.0%) of the respondents agreed while 6.5% disagreed and 9.5% were neutral. The high mean = 4.23 was close to code four which on the five-point Likert scale used to measure the items corresponded to agreed. Therefore, the results suggest that “when I look at the story of my life, I am pleased with how things have turned out” was high. As to whether “In general, I feel confident and positive about myself”, cumulatively the very high percentage (90.6%) of the respondents agreed while 4.5% disagreed and 5% were neutral. The very high mean = 4.52 was close to code five which on the five-point Likert scale

used to measure the items corresponded to strongly agreed. Therefore, the results suggest that “In general, I feel confident and positive about myself”, was very high.

As to whether “I like most aspects of myself”, cumulatively the higher percentage (89.6%) of the respondents agreed while 2% disagreed and 8.5% were neutral. The very high mean = 4.47 was close to code four which on the five-point Likert scale used to measure the items corresponded to agreed. Therefore, the results suggest that “I like most aspects of myself”, was very high. As to whether “When I compare myself to friends, it makes me feel good about who I am”, cumulatively very high percentage (94.0%) of the respondents agreed while 2.5% disagreed and 3.5% were neutral. The very high mean = 4.53 was close to code five which on the five-point Likert scale used to measure the items corresponded to strongly agreed. Therefore, the results suggest that “When I compare myself to friends, it makes me feel good about who I am”, was very high

Lastly as to whether, “having a sense of direction and purpose in life”, cumulatively the very high percentage (95.6%) of the respondents agreed while 0.5% disagreed and 4% were neutral. The very high mean = 4.63 was close to code five which on the five-point Likert scale used to measure the items corresponded to strongly agreed. Therefore, the results suggest that, “having a sense of direction and purpose in life” was very high. Regarding “enjoying making plans for the future and working to make them a reality”, cumulatively the very high percentage (98.0%) of the respondents agreed while 2% were neutral. The very high mean = 4.84 was close to code five which on the five-point Likert scale used to measure the items corresponded to strongly agreed. Therefore, the results suggest that, “enjoying making plans for the future and working to make them a reality”, was very high.

Regarding “some people wander aimlessly through life, but I am not one of them”, cumulatively the higher percentage (85.6%) of the respondents agreed while 10.5% and 4% were neutral. The very high mean = 4.37 was close to code four which on the five-point Likert scale used to measure the items corresponded to agreed. Therefore, the results suggest that, “some people wander aimlessly through life, but I am not one of them”, was high. To find out the overall view of how the adolescents rated their psychological wellbeing, an average index of psychological wellbeing was computed for the 23 items measuring adolescents’ psychological wellbeing. The summary of the statistics on adolescents’ psychological wellbeing are presented in Table 4.8

Table 4.8: Summary statistics on adolescents’ psychological wellbeing

Descriptives		statistics	Std. Error	
Interpersonal relationship	Mean	4.19	0.027	
	95% Confidence Interval for Mean	Lower Bound	3.15	
		Upper Bound	3.45	
	5% Trimmed Mean	3.31		
	Median	4.22		
	Variance	0.15		
	Std. Deviation	0.39		
	Minimum	3.04		
	Maximum	5.00		
	Range	1.96		
	Interquartile Range	1.0		
	Skewness	-0.56	0.17	
	Kurtosis	-0.25	0.34	

The results in Table 4.8 show that the mean = 4.19 was close to the median = 4.22. Therefore, despite the negative skew (skew = -0.56), the results were normally distributed. The mean and median close to four suggested that adolescents’ psychological wellbeing was high because basing on the scale used, four represented agree (high). The low standard deviation =

0.39 suggested low dispersion in the responses. The curve in Figure 4.3 indicated normality of the responses.

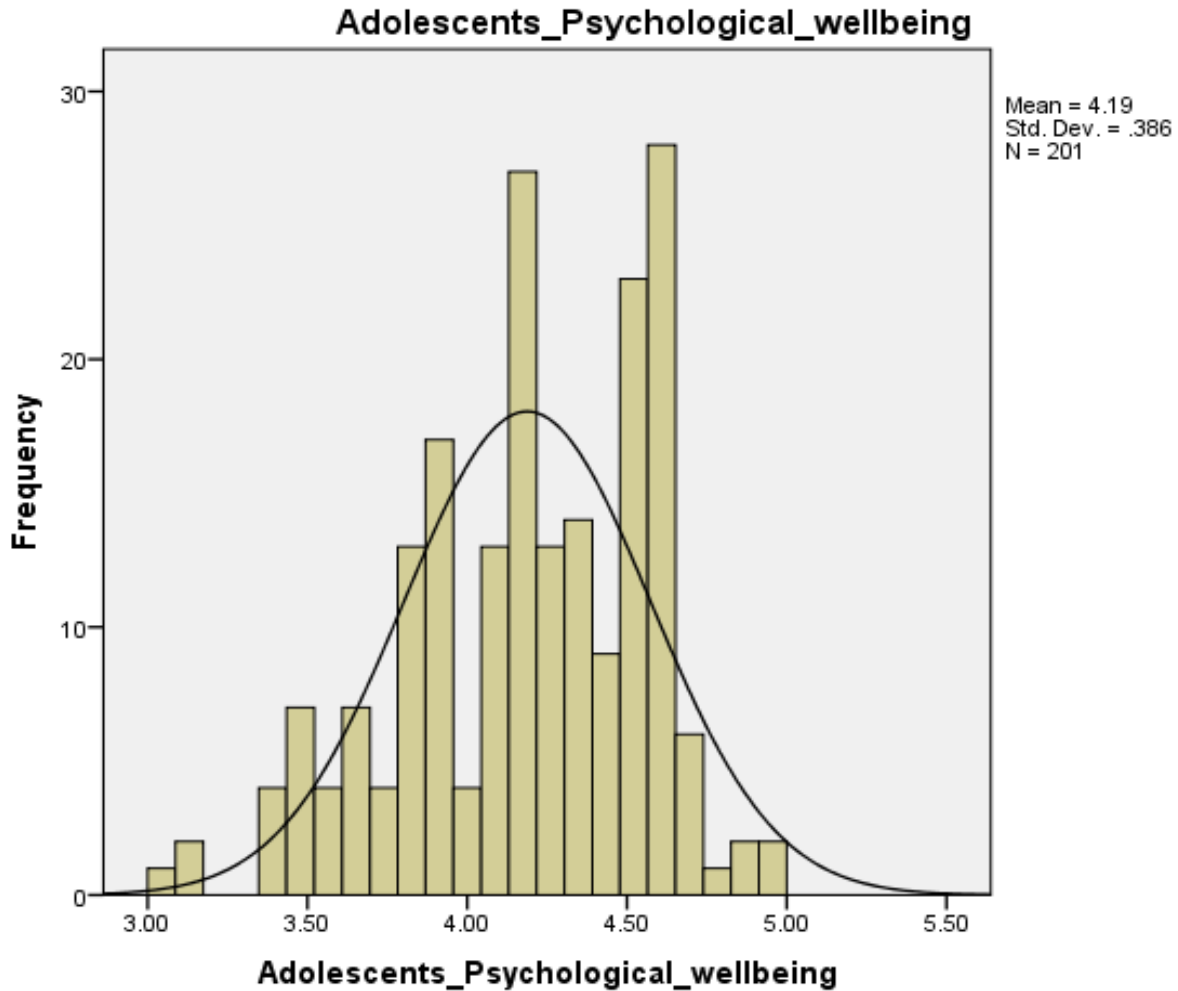


Figure 4.3: Histogram for adolescents' psychological wellbeing

Figure 4.3 indicate normal distribution of the responses obtained about adolescents' psychological wellbeing. This suggests that the data obtained on adolescents' psychological wellbeing could be subjected to linear correlation and regression and appropriate results obtained.

4.3 Results on family environment and adolescents' psychological wellbeing

The independent variable of the study was family environment. From this variable, three objectives were derived. The objectives were to establish the influence of interpersonal relationship in the family on adolescents' psychological wellbeing in Nyondo Sub-county in Mbale district; to examine the effect of personal growth in the family on adolescents' psychological wellbeing in Nyondo Sub-county in Mbale district; and to evaluate the effect of system maintenance in the family on adolescents' psychological wellbeing in Nyondo Sub-county in Mbale district. The hypotheses were stated as alternative. The hypotheses were as below;

- i. Interpersonal relationship has significant influence on adolescents' psychological wellbeing.
- ii. Personal growth has significant effect on adolescents' psychological wellbeing.
- iii. System maintenance has significant effect on adolescents' psychological wellbeing.

The results on the same follow below

4.3.1 Objective one: To establish the influence of interpersonal relationship in the family on adolescents' psychological wellbeing in Nyondo Sub-county in Mbale district

The first objective of the study sought to establish the influence of interpersonal relationship in the family on adolescents' psychological wellbeing in Nyondo Sub-county in Mbale district. The results on the first objective include descriptive statistics that include frequencies, percentages and means, correlation and regression.

4.3.1.1 Descriptive statistics on interpersonal relationship

Interpersonal relationship which was the main construct of the first objective was measured using 7 items. A 5-point Likert scale was used. The scale ranged from 1 to 5 with 1 representing strongly disagree, 2 representing disagree, 3 denoting neutral, 4 standing for agree

and 5 strongly agree. The descriptive statistics results include frequencies, percentages and means as presented in Table 4.9.

Table 4.9: Frequencies, Percentages and Means for interpersonal relationship

Item	SD		D		N		A		SA		Mean
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	
I and family members have a feeling of togetherness.	7	3.5	4	2.0	14	7.0	69	34.3	107	53.2	4.32
I and family members get along well with each other and really back each other up.	13	6.5	8	4.0	30	14.9	78	38.8	72	35.8	3.94
I and family members have a plenty of time and attention for everyone.	15	7.5	13	6.5	30	14.9	72	35.8	71	35.3	3.85
I and family members say anything we want to around home.	21	10.4	27	13.4	27	13.4	59	29.4	67	33.3	3.62
I and family members tell each other about our personal problem.	16	8.0	17	8.5	19	9.5	55	27.4	94	46.8	3.97
In our home, family members and I sometimes get so angry that we throw things at each other.	101	50.2	55	27.4	13	6.5	16	8.0	16	8.0	1.96
I and family members often criticize each other.	84	41.8	57	28.4	19	9.5	22	10.9	19	9.5	2.18

Lengend very high (4.24-5.00), High (3.43-4.23), Moderate (2.62-3.42), low (1.81-2.61), very low (1.00-1.80)

Source: primary data (2021)

The results in Table 4.9 on whether the family members have a feeling of togetherness showed that cumulatively the higher percentage (87.5%) of the respondents agreed while 5.5 % disagreed and 7% were neutral. The very high mean = 4.32 was close to code four which on the

five-point Likert scale used to measure the items corresponded to agreed. Therefore, the results meant that the respondents indicated that highly, the family members had a feeling of togetherness. With respect to whether family members got along well with each other and really backed each other up, the high percentage (74.6%) of the respondents agreed with 10.5% disagreeing and 14.9% neutral. The high mean = 3.94 was close to four which corresponded with agreed. This suggests that highly were family members getting along well with each other and backed each other up.

Regarding whether “I and family members have a plenty of time and attention for everyone”, cumulatively the high percentage (71.1%) of the respondents agreed with 14% disagreeing and 14.9% neutral. The high mean = 3.85 was close to four, which corresponded with agreed. This suggested that family members having a plenty of time and attention for everyone was high. With respect to whether the “family members say anything they want to around home”, cumulatively the larger percentage (62.7%) of the respondents agreed with 23.8.2% disagreeing and 13.4% neutral. The high mean = 3.62 close to four corresponded with agreed. This suggested that “the family members say anything they want to around home” was high.

As to whether the family members tell each other about our personal problems, cumulatively the high percentage (74.2%) of the respondents agreed while 16.5% disagreed and 9.5% were neutral. The high mean = 3.97 was close to four which corresponded with agree. This suggested that family members telling each other about their personal problems was high. With respect to whether family members and I sometimes get so angry that we throw things at each other, cumulatively the high percentage (77.6%) of the respondents disagreed while 16% agreed and 6.5% were neutral. The low mean = 1.96 was close to two which corresponded disagreed.

This suggested that family members sometimes getting so angry that they could throw things at each other was low.

Relating to whether family members often criticized each other, the results showed that cumulatively the high percentage (70.2%) of the respondents disagreed while 20.4% agreed and 9.5% were neutral. The low mean = 2.18 was close to two which corresponded with disagree meant that the respondents suggested that family members often criticizing each other was low.

To find out the overall view of how the respondents rated interpersonal relationship, an average index for the 7 items measuring interpersonal relationship was calculated. The results on the same were as presented in Table 4.10.

Table 4.10: Summary statistics on interpersonal relationship

Descriptives		statistics	Std. Error	
Interpersonal relationship	Mean	3.40	0.040	
	95% Confidence Interval for Mean	Lower Bound	3.15	
		Upper Bound	3.45	
	5% Trimmed Mean	3.31		
	Median	3.43		
	Variance	0.33		
	Std. Deviation	0.57		
	Minimum	1.00		
	Maximum	4.57		
	Range	3.57		
	Interquartile Range	0.92		
	Skewness	-0.53	0.17	
	Kurtosis	0.74	0.34	

The results in Table 4.10 show that the mean = 3.40 was close to the median = 3.43 indicating normality in the responses despite the negative skew (skew = -0.53). The mean 3.40 close to three implied interpersonal relationship was fair because basing on the scale used, three represented neutral that is the average or fair. The low standard deviation = 0.57 implied low

dispersion in the responses. The curve in Figure 4.4 confirms the suggested normality.

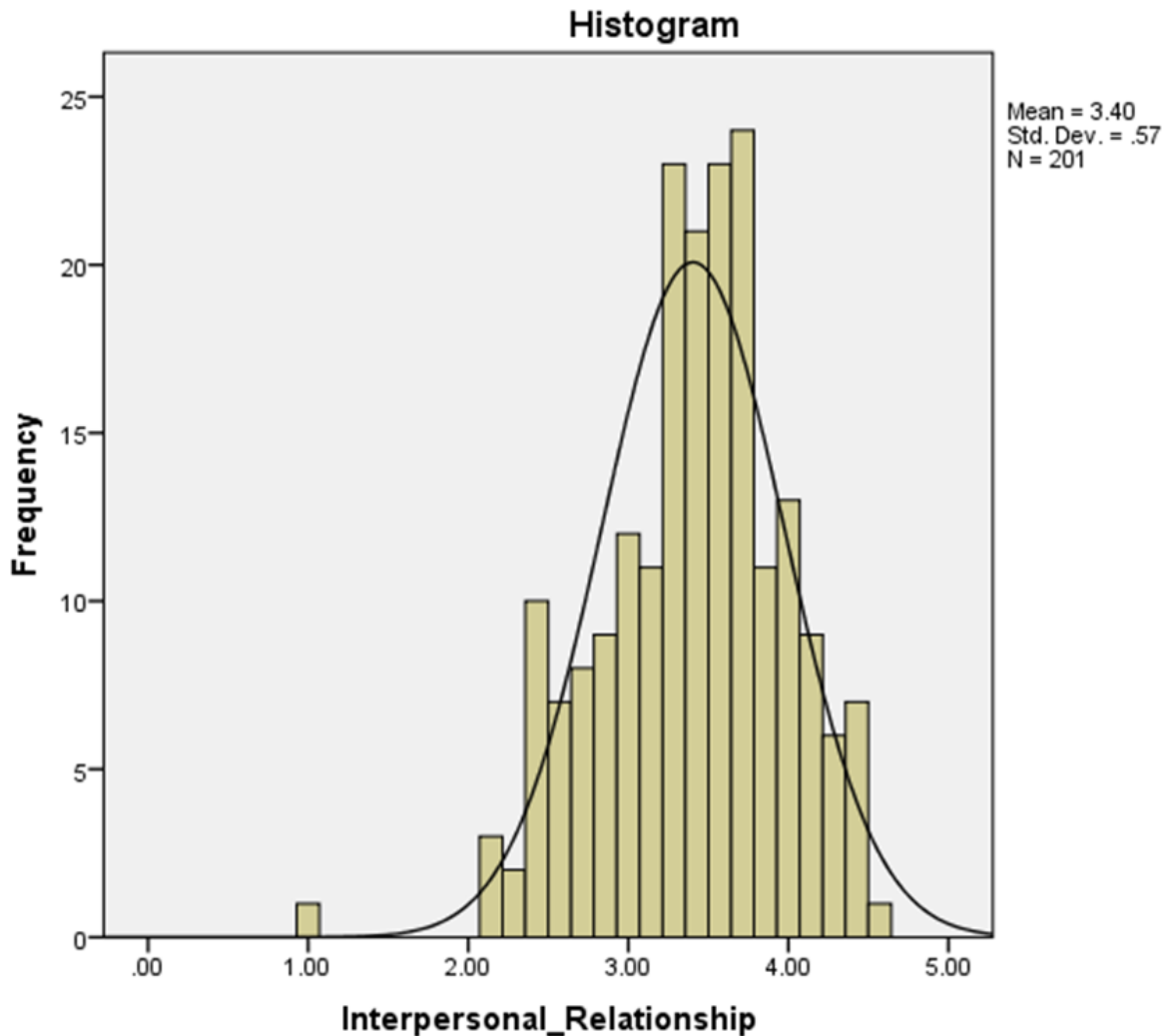


Figure 4.4: Histogram for interpersonal relationship

Figure 4.4 indicate normal distribution of the responses obtained on interpersonal relationship. This suggests that the data obtained on interpersonal relationship could be subjected to linear correlation and regression and appropriate results obtained.

In the interviews, the majority of the interviewees revealed that interpersonal relationships reduces stress in demanding situations and increase adolescent's focus on and interest in learning tasks which aid in enviromental mastry and this helps in sustaining

psychological wellbeing. Interpersonal relationship helps fight loneliness while also giving you a sense of purpose in life. For instance, one interviewee explained; “When there is interpersonal relationship in the family, adolescents feel connected and secure which fosters their motivation to behave in socially appropriate ways and concentrate on learning.” Another interviewee said; interpersonal “relationship creates the closeness with family members and then you feel the family is an essential part of your mental health support”.

Overall, the views above suggest that adolescents’ psychological wellbeing is positively influenced by interpersonal relationship in the family. These findings suggest that interpersonal relationship was good. Therefore, the results were closely consistent with the descriptive statistics which revealed that interpersonal relationship was fair.

4.3.1.2 Correlation between interpersonal relationship and adolescents’ psychological wellbeing

To establish whether there was a relationship between interpersonal relationship and adolescents’ psychological wellbeing, a correlation analysis was carried out. The results are presented in Table 4.11.

Table 4.11: Correlation between interpersonal relationship and adolescents’ psychological wellbeing

		Interpersonal relationship	Psychological wellbeing
Interpersonal relationship	Pearson Correlation	1	.386**
	Sig. (2-tailed)		.000
	N	201	201
Psychological wellbeing	Pearson Correlation	.386**	1
	Sig. (2-tailed)	.000	
	N	201	201

** . Correlation is significant at the 0.01 level (2-tailed).

The study findings in Table 4.11 suggest that there is a positive significant relationship between interpersonal relationship and adolescents' psychological wellbeing ($r = 0.386$, $p < 0.000$). The critical value was significant at below 0.05 level indicating the acceptance of the research hypothesis that interpersonal relationship has significant influence adolescents' psychological wellbeing.

4.3.1.3 Linear regression

At the confirmatory level, to ascertain whether interpersonal relationship predicted adolescents' psychological wellbeing, the dependent variable namely, adolescents' psychological wellbeing was regressed on interpersonal relationship the independent variable. The results are represented Table 4.12.

Table 4.12 the linear regression for interpersonal relationship and adolescents' psychological wellbeing

Model Summary							
Model	R	R Square	Adjusted R Square	Standardized (β)	F	p	Std. Error of the Estimate
1	.386 ^a	.149	.145	.386	34.806	.000	.35721

a. Dependent Variable: Adolescents' Psychological wellbeing

The study findings in Table 4.12 show that, interpersonal relationship explained 14.9% of the variation in adolescents' psychological wellbeing (adjusted $R^2 = 0.149$). This means that 85.1% was accounted for by other factors not considered in this model. The regression model was significant ($F = 34.806$, $p = 0.000 < 0.05$). There results showed that interpersonal relationship ($\beta = 0.386$, $p = 0.000$) significantly influenced adolescents' psychological wellbeing. Therefore the hypothesis that interpersonal relationship influence adolescents' psychological wellbeing was accepted.

4.3.2 Objective two. To examine effect of personal growth in the family on adolescents' psychological wellbeing in Nyondo Sub-county in Mbale district

The second objective of the study sought to examine effect of personal growth on adolescents' psychological wellbeing in Nyondo Sub-county in Mbale district. The results on the second objective include descriptive statistics that include frequencies, percentages and means, correlation and regression.

4.3.2.1 Descriptive statistics on personal growth

Personal growth which was the main construct of the second objective was measured using 9 items. A 5-point Likert scale was used. The scale ranged from 1 to 5 with 1 representing strongly disagree, 2 representing disagree, 3 denoting neutral, 4 standing for agree and 5 strongly agree. The descriptive statistics results include frequencies, percentages and means as presented in Table 4.13

Table 4.13: Frequencies, Percentages and Means for personal growth

Item	SD		D		N		A		SA		Mean
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	
I am strongly encouraged to be independent in our family.	44	21.9	35	17.4	17	8.5	23	11.4	82	40.8	3.32
I am encouraged by family members to think things out for myself and almost always rely on myself when a problem comes up.	71	35.3	22	10.9	17	8.5	49	24.4	42	20.9	2.85
My family members feel it is important to be the best at whatever I do.	10	5.0	9	4.5	14	7.0	44	21.9	124	61.7	4.31
I am encouraged by my family members try that hard to succeed and getting a head in life.	2	1.0	0	0	12	6.0	43	21.4	144	71.6	4.63
My family members often compare me with others as to how well I am doing at work or school.	7	3.5	11	5.5	17	8.5	107	53.2	59	29.4	4.00
I get in recreational activities outside work or school in our family.	18	9.0	15	7.5	27	13.4	58	28.9	83	41.3	3.86
I and family members sometimes attend courses or read lessons for some hobby or interest	23	11.4	25	12.4	23	11.4	69	34.3	61	30.3	3.60
I and Family members regularly attend temple and read religion books.	5	2.5	10	5.0	21	10.4	71	35.3	94	46.8	4.19
In our family we believe there are some things you just have to take on faith and if you sin you will be punished.	6	3.0	12	6.0	18	9.0	70	34.8	95	47.3	4.17

Lengend very high (4.24-5.00), High (3.43-4.23), Moderate (2.62-3.42), low (1.81-2.61), very low (1.00-1.80)

Source: primary data (2021)

The results in Table 4.13 on whether strongly encouraged to be independent in our family, the results that cumulatively the larger percentage (52.2%) of the respondents agreed while 39.3% disagreed and 8.5% were neutral. The moderate mean = 3.32 was close to code three which on the five-point Likert scale used to measure the items corresponded to neutral. Therefore, the results meant that the respondents felt fair satisfaction with being strongly encouraged to be independent in the family.

With respect to whether encouraged by family members to think things out for self and almost always rely on self when a problem comes up, the moderate percentage (46.2%) of the respondents disagreed while 45.3.2% agreed and 8.5% were neutral. The moderate mean = 2.85 was close to three which on the five-point Likert scale used to measure the items corresponded to neutral. Therefore, the results meant that the respondents' level of agreement with being encouraged by family members to think things out for self and almost always rely on self when a problem comes up was moderate.

Regarding whether the family members feel it is important to be the best at whatever I do, cumulatively the higher percentage (83.6%) of the respondents agreed while 9.5% disagreed and 7.0% were neutral. The very high mean = 4.31 was close to four, which corresponded with agreed. This suggested that the respondents indicated family members feel it is important to be the best at whatever I do was very high. With respect to whether being encouraged by my family members try that hard to succeed and getting a head in life, cumulatively the very high percentage (93.0%) of the respondents agreed while 1.0% disagreed and 6.0% were neutral. The very high mean= 4.63 was close to five corresponded with strongly agreed. This suggested that being encouraged by my family members try that hard to succeed and getting a head in life, was very high.

As to whether family members often compare me with others as to how well I am doing at work or school, cumulatively the high percentage (82.6%) of the respondents agreed while 9.0% disagreed and 8.5% were neutral. The high mean = 4.00 was equal to four corresponded with agreed suggesting that family members highly compared each member with others as to how well they were doing at work or school. With respect to whether one got involved in recreational activities outside work or school in our family, cumulatively the majority percentage (70.2%) of the respondents agreed while 16.5% disagreed and 13.4% were neutral. The high mean = 3.86 was close to four which corresponded agreed. This suggested that the respondents indicated that highly does one got involved in recreational activities outside work or school in our family.

Regarding whether family members sometimes attend courses or read lessons for some hobby or interest, the results showed that cumulatively the majority percentage (64.6%) of the respondents agreed while 23.8% disagreed and 11.4% were neutral. The high mean = 3.60 close to four which corresponded with four in Likert scale indicate the respondents agreed. This suggested that the respondents indicated that highly do family members sometimes attend courses or read lessons for some hobby or interest. As to whether the family members regularly attended temple and read religion books, cumulatively the high percentage (82.1%) of the respondents agreed while 7.5% disagreed and 10.4% were neutral. The high mean = 4.19 close to four corresponded to agreed. This meant that highly did family members regularly attended temple and read religion books.

With respect to whether in family, members believed there are some things you just have to take on faith and if you sin you will be punished, cumulatively the high percentage (82.0%) of the respondents agreed while 9.0% disagreed and 9.0% were neutral. The high mean = 4.17 was

close to four which corresponded agreed. This suggested that the family, members highly believed there are some things you just have to take on faith and if you sin you will be punished.

To establish the overall picture of how the respondents rated on personal growth, an average index for the nine items measuring on personal growth was calculated. The results on the same were as presented in Table 4.14.

Table 4.14: Summary statistics on personal growth

	Descriptives		statistics	Std. Error
Interpersonal relationship	Mean		3.88	0.042
	95% Confidence Interval for Mean	Lower Bound	3.29	
		Upper Bound	3.59	
	5% Trimmed Mean		3.45	
	Median		3.89	
	Variance		0.36	
	Std. Deviation		0.598	
	Minimum		2.56	
	Maximum		5.00	
	Range		2.44	
	Interquartile Range		1.13	
	Skewness		-0.07	0.17
	Kurtosis		0.85	0.34

The results in Table 4.14 show that the mean = 3.88 was close to the median = 3.89 indicating normality in the responses despite the negative skew (skew = -0.07). The mean 3.88 close to four implied personal growth was good because basing on the scale used, four represented agreed that is good. The low standard deviation = 0.598 implied low dispersion in the responses. The curve in Figure 4.5 confirms the suggested normality.

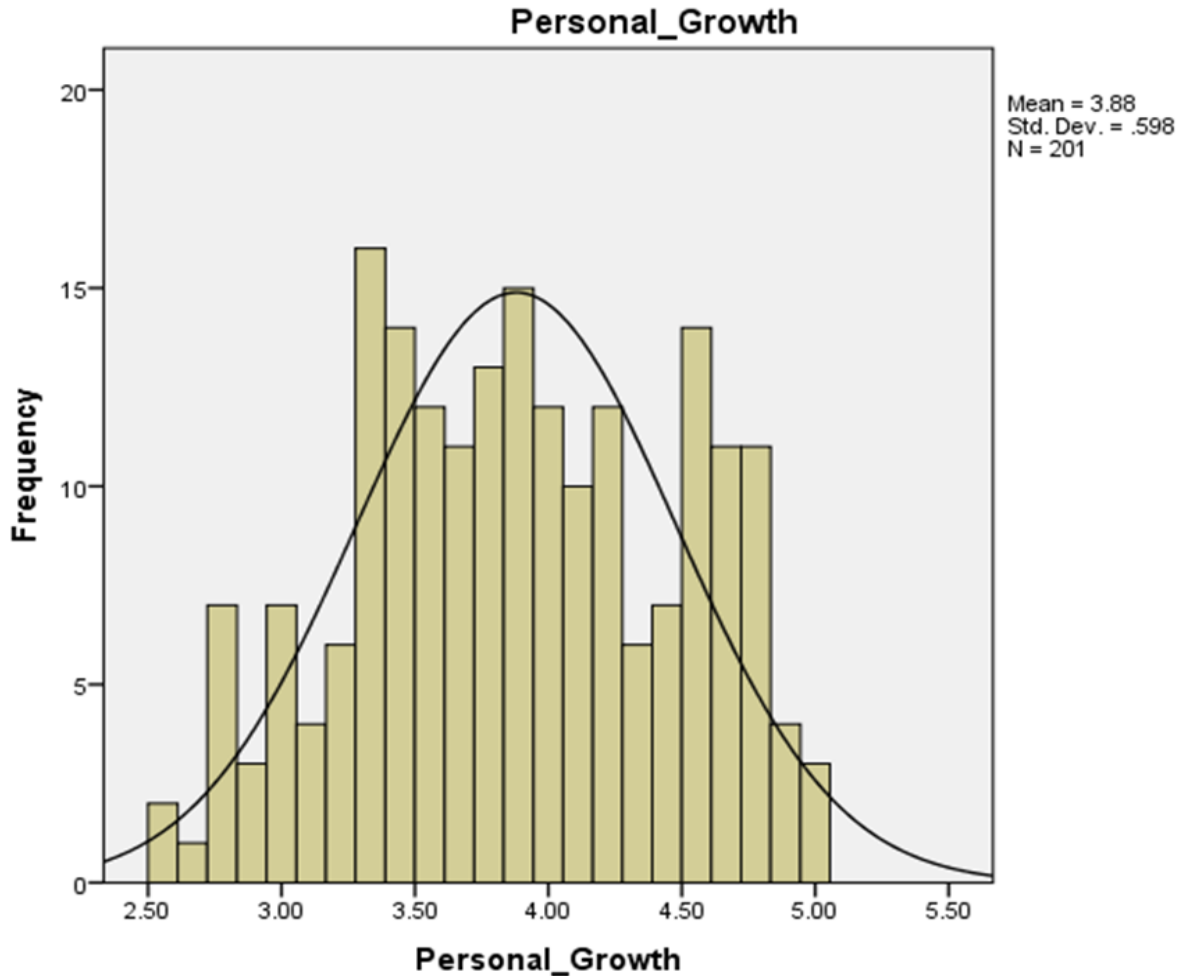


Figure 4.5: Histogram for personal growth

Figure 4.5 indicate normal distribution of the responses obtained on personal growth. This suggests that the data obtained on personal growth could be subjected to linear correlation and regression and appropriate results obtained.

In the interviews, the majority of the interviewees revealed that personal growth in the family positively affects the psychological being of the adolescents. For instance, one interviewee explained; “when the adolescents in the family are actively engaged in the process of self improvement, they are likely to feel good about themselves. And, those positive feelings are enabling adolescents focus more fully on learning, interacting, creating, and succeeding. They will also master their environments and develop independent thinking” Another interviewee said;

personal growth reinforces engagement of adolescents in behaviours that aim to fulfil ones potential and optimize functioning in life. The adolescents are able to identify opportunities for personal growth and searching for support to achieve personal growth

Overall, the views above suggest personal growth in the family positively affects the adolescents’ psychological wellbeing. Therefore, the results were closely consistent with the descriptive statistics which revealed that personal growth was good.

4.3.2.2 Correlation Analysis between personal growth and adolescents’ psychological wellbeing

To establish whether there was a relationship between personal growth and adolescents’ psychological wellbeing, a correlation analysis was carried out. The results are presented in Table 4.15.

Table 4.15: Correlation for personal growth and adolescents’ psychological wellbeing

		Personal growth	Psychological wellbeing
Personal growth	Pearson Correlation	1	.617**
	Sig. (2-tailed)		.000
	N	201	201
Psychological wellbeing	Pearson Correlation	.617**	1
	Sig. (2-tailed)	.000	
	N	201	201

** . Correlation is significant at the 0.01 level (2-tailed).

The study findings in Table 4.15 suggest that there is a positive significant relationship between personal growth and adolescents’ psychological wellbeing ($r = 0.617$, $p < 0.000$). The critical value was significant at below 0.05 level indicating the acceptance of the research hypothesis that personal growth affects adolescents’ psychological wellbeing.

4.3.2.3 Linear Regression Model for Personal Growth and Adolescents' Psychological wellbeing

At the confirmatory level, to ascertain whether, personal growth affected adolescents' psychological wellbeing, the dependent variable namely, adolescents' psychological wellbeing was regressed on personal growth the independent variable. The results are represented in Table 4.16

Table 4.16: Regression for personal growth and adolescents' psychological wellbeing

Model Summary							
Model	R	R Square	Adjusted R Square	Standardized (β)	F	p	Std. Error of the Estimate
1	.617 ^a	.380	.377	.617	122.164	.000	.30478

a. Dependent Variable: Adolescents' Psychological wellbeing

The study findings in Table 4.16 show that, personal growth explained 37.7% of the adolescents' psychological wellbeing (adjusted R² = 0.377). This means that 62.3% was accounted for by other factors not considered in this model. The regression model was significant (F = 122.164, p = 0.000 < 0.05). There results showed that personal growth (β = 0.617, p = 0.000) significantly affected adolescents' psychological wellbeing. Therefore, the hypothesis that personal growth has significant effect on adolescents' psychological wellbeing was accepted.

4.3.3 Objective three: To evaluate effect of system maintenance in the family on adolescents' psychological wellbeing in Nyondo Sub-county in Mbale district.

The third objective of the study sought to evaluate the effect of system maintenance on adolescents' psychological wellbeing in Nyondo Sub-county in Mbale district. The results on the third objective include descriptive statistics that include frequencies, percentages and means, correlation and regression.

4.3.3.1 Descriptive statistics on system maintenance

System maintenance which was the main construct of the second objective was measured using 7 items. A 5-point Likert scale was used. The scale ranged from 1 to 5 with 1 representing strongly disagree, 2 representing disagree, 3 denoting neutral, 4 standing for agree and 5 strongly agree. The descriptive statistics results include frequencies, percentages and means as presented in Table 4.17

Table 4.17: Frequencies, Percentages and Means for system maintenance

Item	SD		D		N		A		SA		Mean
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	
My activities in our family are pretty carefully planned.	9	4.5	9	4.5	23	11.4	109	54.2	51	25.4	3.92
I and my family members are generally very neat and orderly.	5	2.5	14	7.0	28	13.9	73	36.3	81	40.3	4.05
I being on time is very important in our family.	2	1.0	4	2.0	20	10.0	98	48.8	77	38.3	4.21
My duties are clearly defined in our family.	5	2.5	14	7.0	33	16.4	91	45.3	57	28.8	3.92
I have set ways of doing things at home.	6	3.0	6	3.0	21	10.4	102	50.7	66	32.8	4.07
I and family members have a strong emphasis on following rules in our family.	4	2.0	12	6.0	21	10.4	76	37.8	88	43.8	4.15
I have pretty inflexible rules follow in our family.	20	10.0	24	11.9	32	15.9	82	40.8	43	21.4	3.52

Lengend very high (4.24-5.00), High (3.43-4.23), Moderate (2.62-3.42), low (1.81-2.61), very low (1.00-1.80)

Source: primary data (2021)

The results in Table 4.17 on whether activities in our family were pretty carefully planned, cumulatively the high percentage (79.6%) of the respondents agreed while 9.0% disagreed and 11.4% were neutral. The high mean = 3.92 was close to code four which on the five-point Likert scale used to measure the items corresponded to agreed. Therefore, the results meant that the respondents felt that activities in family being pretty carefully planned was high. With respect to whether family members were generally very neat and orderly, the high percentage (76.6%) of the respondents agreed while 9.5% disagreed and 13.9% were neutral. The high mean = 4.05 was close to four which corresponded with agreed. This implied that the respondents indicated that family members being generally very neat and orderly was high.

Regarding whether being on time is very important in our family, cumulatively the higher percentage (87.1%) of the respondents agreed while 3.0% disagreed and 10.0% were neutral. The high mean = 4.21 was close to four, which corresponded with agreed. This suggested that the respondents highly agreed that being on time was very important in the family. With respect to whether the duties were clearly defined in the family, cumulatively the high percentage (74.1%) of the respondents agreed while 9.5% disagreed and 16.4% were neutral. The high mean = 3.92 close to four corresponded with agreed. This suggested that the respondents highly agreed that the duties were clearly defined in the family.

As to whether set ways of doing things were present at home, cumulatively the higher percentage (83.5%) of the respondents agreed while 6.0% disagreed and 10.4% were neutral. The high mean = 4.07 close to four corresponded with agreed suggesting set ways of doing things at home were defined and present. With respect to whether family members had a strong emphasis on following rules in the family, cumulatively the higher percentage (81.6%) of the respondents agreed while 8.0% disagreed and 10.4% were neutral. The high mean = 4.15 was

close to four which corresponded agreed. This suggested that the family members having a strong emphasis on following rules in the family was high.

Regarding whether pretty inflexible rules to follow in the family were present, the results showed that cumulatively the larger percentage (63.2%) of the respondents agreed while 21.9% disagreed and 15.9% were neutral. The high mean = 3.52 close to four which corresponded with agreed. This implied that having pretty inflexible rules follow in the family was high.

To establish the overall picture of how the respondents rated on system maintenance, an average index for the seven items measuring on system maintenance was calculated. The results on the same were as presented in Table 4.18.

Table 4.18: Summary statistics on system maintenance.

Descriptives		statistics	Std. Error	
Interpersonal relationship	Mean	3.98	0.038	
	95% Confidence Interval for Mean	Lower Bound	2.87	
		Upper Bound	3.14	
	5% Trimmed Mean	3.02		
	Median	4.14		
	Variance	0.29		
	Std. Deviation	0.54		
	Minimum	2.14		
	Maximum	5.00		
	Range	2.86		
	Interquartile Range	1.0		
	Skewness	-1.03	0.17	
	Kurtosis	1.18	0.34	

The results in Table 4.18 show that the mean = 3.98 was close to the median = 4.14. Therefore, despite the negative skew (skew = -1.03), the responses were normally distributed. The mean = 3.98 close to four implied personal growth was good because basing on the scale used, four represented agreed that is good. The low standard deviation = 0.54 implied low dispersion in the responses. The curve in Figure 4.6 confirms the suggested normality.

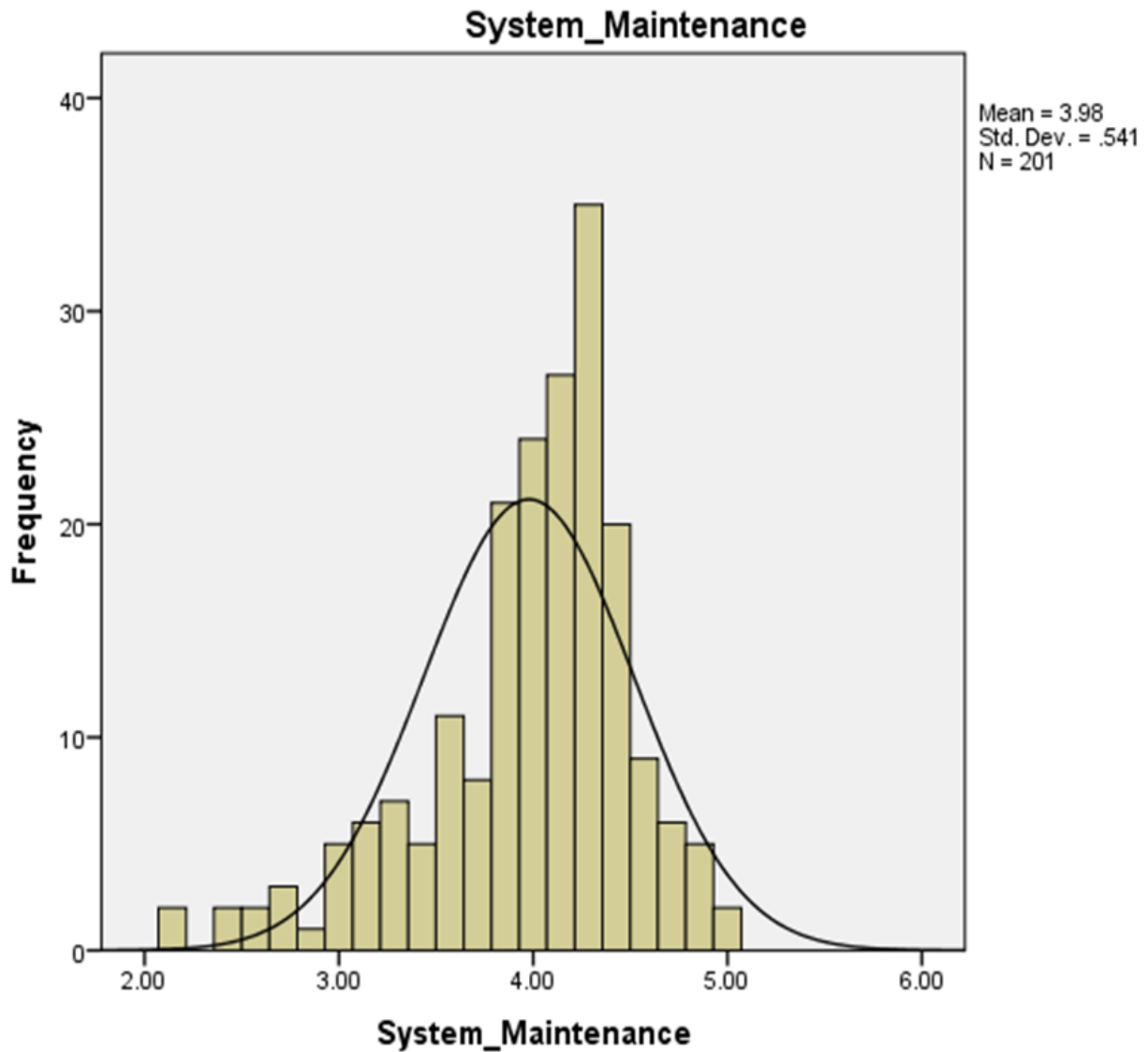


Figure 4.6: Histogram for system maintenance

Figure 4.6 indicate normal distribution of the responses obtained on system maintenance. This suggests that the data obtained on system maintenance could be subjected to linear correlation and regression and appropriate results obtained.

In the interviews, the majority of the interviewees revealed that system maintenance in the family positively affects the psychological being of the adolescents. For instance, one interviewee revealed that; “system maintenance can provide insight into family and refelections

of its identity and become a meaningful way to increase connections in the family, enhance adolescent development and promotes psychological wellbeing.” Another interviewee said; “system maintenance counteract the effects of high risk environments for example family members dealing with alcohol abuse. It allows family members to engage activities that will help maintain physical health. It is protective for adolescents in unstable and chaotic environments and in turn these practices appear to affect psychological adjustment.”

Overall, the views above suggest system maintenance in the family positively affects the adolescents’ psychological wellbeing. Therefore, the results were closely consistent with the descriptive statistics which revealed that system maintenance was good.

4.3.3.2 Correlation Analysis between system maintenance and adolescents’ psychological wellbeing

To establish whether there was a relationship between system maintenance and adolescents’ psychological wellbeing, a correlation analysis was carried out. The results are presented in Table 4.19.

Table 4.19: Correlation for system maintenance and adolescents’ psychological wellbeing

		System maintenance	Psychological wellbeing
System maintenance	Pearson Correlation	1	.580**
	Sig. (2-tailed)		.000
	N	201	201
Psychological wellbeing	Pearson Correlation	.580**	1
	Sig. (2-tailed)	.000	
	N	201	201

** . Correlation is significant at the 0.01 level (2-tailed).

The study findings in Table 4.19 suggest that there is a positive significant relationship between family maintenance and adolescent psychological well being ($r = 0.580$, $p=0.000$). The

critical value was significant at below 0.05 level indicating the acceptance of the research hypotheses that there is an effect of system maintenance on adolescents' psychological wellbeing

4.2.3.3 Linear Regression Model for system maintenance and adolescents' psychological wellbeing

At the confirmatory level, to ascertain whether system maintenance affected adolescents' psychological wellbeing as the dependent variable namely, adolescents' psychological wellbeing was regressed on system maintenance the independent variable. The results are represented Table 4.20

Table 4.20: Regression for system maintenance and adolescents' psychological wellbeing

Model Summary							
Model	R	R Square	Adjusted R Square	Standardized (β)	F	p	Std. Error of the Estimate
1	.580 ^a	.377	.333	.580	100.998	.000	.31535

a. Dependent Variable: Adolescents' Psychological wellbeing

The study findings in Table 4.20 show that, system maintenance explained 33.3% of the adolescents' psychological wellbeing (adjusted R² = 0.333). This means that 66.7% was accounted for by other factors not considered in this model. The regression model was significant (F = 100.998, p = 0.000 < 0.05). There results showed that system maintenance (β = 0.580, p = 0.000) significantly influenced adolescents' psychological wellbeing. Therefore, the hypothesis that system maintenance affects adolescents' psychological wellbeing was accepted.

CHAPTER FIVE

DISCUSSION, SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

The study examined the relationship between family environment and adolescents' psychological wellbeing in Nyondo Sub-county in Mbale district. This chapter presents the summary, discussions, conclusions and recommendations about the statistical data and the areas for further research.

5.1 Discussion of the findings

5.1.1 Influence of interpersonal relationship on adolescents' psychological wellbeing

The first objective of the study sought to establish the influence of interpersonal relationship on adolescents' psychological wellbeing in Nyondo Sub-county, Mbale district. Therefore, the first hypothesis was to the effect that interpersonal relationship has a significant influence on adolescents' psychological wellbeing. Regression results revealed that the hypothesis was accepted. This finding is consistent with the findings of previous scholars. For instance, Ma and Huebner, (2008) in the study of 587 American middle school students revealed that in early adolescence psychological wellbeing was much more tied to positive relationships (in terms of attachment perceptions of trust, support, care) with parents than with friends. The adolescents were found to possess self-esteem, positive attitudes and feelings and also able to manage their stress and negative thoughts.

Similarly, Thomas, Liu, and Umberson (2017) found out that that interpersonal relationship provide resources that can help adolescent to cope with stress, engage in healthier behaviors, and enhance self-esteem leading to higher psychological wellbeing and poor interpersonal relationship can take toll on adolescents' psychological wellbeing. This could be due to the fact that interpersonal relationship provides a greater sense of meaning and purpose as

well as social and tangible resources that benefit wellbeing(Hartwell& Benson, 2007; Kawachi& Berkman, 2001). This kind of relationship in the family provides secure environment where adolescents can freely express themselves. The discussion above indicated that the findings of the study concurred with the findings of previous scholars. This suggests that interpersonal relationship has a significant influence on adolescents' psychological wellbeing

5.1.2 Effect of personal growth on adolescents' psychological well-being

The second objective of the study sought to examine the effect of personal growth on adolescents' psychological well-being in Nyondo sub-county, Mbale district Therefore, the second hypothesis was to the effect that personal growth has a significant effect on adolescents' psychological wellbeing. Regression results showed that the hypothesis was accepted. This finding agreed with the findings of previous scholars. For example, findings in this study has collaborated with findings of cross-sectional empirical research in which it was found that personal growth is positively related to facets of psychological wellbeing and negatively related to aspects of psychological distress(Shigemoto, Low, Borowa, & Robitschek, 2016). Adolescent with high personal growth might be better in recognizing explicit approach to counter distressing condition, experience more assertiveness in his/her capability to determine the problem and consequently feel a lesser amount of distress.

Additionally, the findings of the study are in agreement with the results of systematic review on personal growth initiative and psychological wellbeing, this review indicated that personal growth was positively associated with the variables related to a state of increased wellbeing and negatively related to factors associated with states of lower levels of wellbeing in adolescents(Koller et al., 2016). A possible reason for this finding is that personal growth reduces the risk of psychological distress, promotes better well-being as higher level of personal is a sign of psychological wellbeing.

Also, the findings are in line with another study in which it was found that personal growth was positively related to the dimensions of self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth of psychological well-being (Ayub & Iqbal, 2012). This suggests that adolescents with high personal growth may be capable of looking forward to difficulties and keenly effort to avert the problems from happening than individuals low in personal growth. With the finding of the study consistent with the findings of previous scholars, it implies that personal growth significantly affects adolescents' psychological wellbeing.

5.1.3 Effect of system maintenance on adolescents' psychological well-being

The third objective of the study sought to evaluate the effect of system maintenance on adolescents' psychological well-being in Nyondo Sub-county, Mbale district. Therefore, the third hypothesis was to the effect that system maintenance has significant effect on adolescents' psychological well-being. Regression results revealed that the hypothesis was accepted. This finding concurred with the findings of previous scholars. For example, Fuligni, Alvarez, Bachman, and Ruble, (2005) revealed that family system maintenance provides sense of purpose and belonging for children and this sense may help them cope with the potential challenges that may affect their psychological wellbeing. Also The findings are in line with the findings of a correlation research which focused on family system maintenance influence on psychological wellbeing (Muzaffar, 2017). Statistical analysis revealed the presence of significant positive relationship between system maintenance and adolescent psychological wellbeing.

Similarly, Telzer & Fuligni, (2009) studied family system maintenance (organization of daily activities) and the psychological wellbeing of adolescents from Latin America, and European backgrounds. It was revealed that daily assistance in the family was associated with higher levels of psychological wellbeing due to sense of role fulfillment is provided and such

finding is in conformity with the findings of this research. System maintenance serves as a support network, provides peer interaction, cooperation as well as a challenge to test individual abilities. This help in psychological adjustment with increased competence, communication and coordination. With the findings of the study in agreement with the findings of previous scholars, this suggests that system maintenance has a significant effect on adolescents' psychological wellbeing

5.2 Summary of the findings

5.2.1 Interpersonal relationship and adolescents' psychological wellbeing

The study found out that interpersonal relationship ($\beta = 0.386$, $p = 0.000$) has significant influence on adolescents' psychological wellbeing. The findings suggest that family environment with positive interpersonal relationship will positively influence adolescents psychological being. This infers that there is association between interpersonal relationship and adolescents' psychological wellbeing

5.2.2 Personal growth and adolescents' psychological wellbeing

The study established that personal growth ($\beta = 0.617$, $p = 0.000$) has significant effect on adolescents' psychological wellbeing. The findings suggest that family environment with personal growth promote adolescents' psychological wellbeing. This indicates that there is an association between personal growth and adolescents' psychological wellbeing.

5.2.3 System maintenance and adolescents' psychological wellbeing

The study found out that system maintenance ($\beta = 0.580$, $p=0.000$) has significant effect on adolescents' psychological wellbeing. The findings suggest that adolescents' psychological wellbeing depends on system maintenance. This indicate that there is association between system maintenance and adolescents' psychological wellbeing.

5.3 Conclusion

5.3.1 Interpersonal relationship and adolescents' psychological wellbeing

Interpersonal relationship in the family is important for adolescents' psychological wellbeing when are based on inference, love, solidarity, regular interactions, or some other type of social commitment. Family interpersonal relationship provide resources that can help an individual cope with stress, engage in healthier behaviors, and enhance self-esteem, leading to higher psychological well-being.

5.3.2 Personal growth and adolescents' psychological wellbeing

Personal growth in the family is an essential construct capable of enhancing adolescents' psychological wellbeing when comprehended as a personal resource, as it encompasses a set of skills that contribute to making changes that promote positive development in adolescents.

5.3.3 System maintenance and adolescents' psychological wellbeing

System maintenance in the family has positive effect on adolescent psychological wellbeing. This occurs when there is clear organization and structure in planning family activities and responsibilities and presence of set rules, procedures used to run family life.

5.4 Recommendations

From the findings, the study recommends the following.

5.4.1 Interpersonal relationship and adolescents' psychological wellbeing

Basing on the findings of the study, the researcher recommends that the parents should regard interpersonal relationship in the family as key aspect of family environment that affects adolescent psychological wellbeing. They should therefore be able to initiate and maintain healthy relationships within the family.

Mental health professionals should emphasize the importance of interpersonal relationship in the family in enhancing the mental health of the members during their community outreach programmes so that more people are acquainted with such information.

5.4.2 Personal growth and adolescents' psychological wellbeing

In line with the second objective, the study recommends that the Ministry of Education and Sports should design educational activities that enhance personal growth during and out of school time to help the learners especially adolescents to engage in personal growth that the findings of the research show that it has significant effect on psychological wellbeing of adolescents.

Ministry of Health in her policing making should recommend the setting up adolescent guidance clinics where adolescence and their parents can access information and psychological support to help them navigate difficult development stage and enrich independence and achievement orientation.

The study recommends that mental health professionals should utilize the psychological support strategies such as psycho-education to expose the parents and adolescents to the benefits of personal growth initiative in the family and how it contributes to adolescents' psychological wellbeing.

5.4.3 Maintenance system and adolescents' psychological wellbeing

The study recommended that the Ministry of Gender, Labour and Social Development together with her partners should disseminate The Uganda National Parenting Guidelines to the masses and be translated to all local languages to benefit the majority of parents and guardians who do not speak, read and understand English language.

Non-Government Organizations should run radio programs to enlighten the parents on the importance of family organization and control on the development and growth of adolescents.

5.5 Areas for further research

Future studies should address the effects of family environment and adolescents' psychological wellbeing in other Sub-counties and Urban settings. Studies on adults' psychological wellbeing in view of the relationship with adolescents should be conducted. It is important for such a study to establish whether parents' psychological wellbeing is affected by the way they relate to their children. A replica of this study can be done with a further scope to include more Sub-counties in Uganda other than Nyondo Sub-county. A similar study can be done with other classes of population for comparison purposes.

REFERENCES

- Amin, E. M. (2005). *Social science research: conception, methodology and analysis*. Kampala: Makerere University Printery.
- Armsden, G. C., & Greenberg, M. T. (1987). (2007). The inventory of parent and peer attachment: Individual differences and their relationship to psychological wellbeing in adolescence. *Journal of Youth and Adolescence.*, 16.
- Ayub, N.& Iqbal S. (2012). The Relationship of Personal Growth Initiative , Psychological Well-Being , and Psychological Distress Among Adolescents. *Journal of Teaching in Physical Education*, (December).
- Bakken, A. (2018). *Ungdata 2018: Nasjonale resultater. (Nova-rapport 8/2018)*. Retrieved from <http://www.hioa.no/Om-OsloMet/Senter-forvelferds-ogarbeidslivsforskning/NOVA/Publikasjonar/Rapporter/2018/Ungdata-2018.-Nasjonale-resultater>.
- Basangwa, D. (1994). *Ministry of Health. Child and Adolescent Mental Health Report*. Retrieved from: <http://health.go.ug/cgi-sys/suspendedpage.cgi>.
- Blackie, L. E. R., Jayawickreme, E., Forgeard, M. J. C., & Jayawickreme, N. (2015). The protective function of personal growth initiative among a genocide-affected population in Rwanda. *Psychological Trauma*, 7.
- Blomqvist, I. et al. (2019). "Increase of internalized mental health symptoms among adolescents during the last three decades." *European Journal of Public Health*, 29(5).
- Bryman, A. (2012). *Social Research Methods* (4th ed.). New York: Oxford University Press.
- Burton, L. M. (2007). Childhood adultification in economically disadvantaged families: A conceptual model. *Family Relations*, 56.
- Chen, P., & Harris, K. M. (2019). Association of Positive Family Relationships With Mental Health Trajectories From Adolescence to Midlife. *JAMA Pediatr.*, 173(12).

- Choi, A. (2018). "Emotional well-being of children and adolescents: Recent trends and relevant factors". (No. 169).
- Creswell, J. (2008). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (3rd ed.). New Jersey: Prentice Hall.
- De Silva, R. N. A., Van de Bongardt, D., Baams, L., & Raat, H. (2017). Bidirectional associations between adolescents' sexual behaviors and psychological well-being. *Journal of Adolescent Health, 62*(1).
- Field, A. P. (2005). *Discovering Statistics Using SPSS*. SAGE Publications, Inc.
- Foddy, W. H. (1994). *Constructing questions for interviews and questionnaires: Theory and practice in social research (New ed.)*. Cambridge, UK: Cambridge University Press.
- Fulgini, A. J., & Pedersen, S. (2002). Family obligation and the transition to young adulthood. *Developmental Psychology, 38*.
- Fulgini, A. J., Alvarez, J., Bachman, M., & Ruble, D. N. (2005). (2005). *Family obligation and the academic motivation of young children from immigrant families*. In C. R. Cooper, C. Garcı́a Coll, C. T. Bartko, W. T., Davis, H., & Chatman, C. (Eds.), *Development*. New York: Routledge.
- Gabbard, C., & Krebs, R. (2012). Studying environmental influence on motor development in children. *The Physical Educator, 69*.
- Giel, R., & Harding, T. W. (2006). Psychiatric priorities in developing countries. *The British Journal of Psychiatry, 128*(6).
- Grolnick WS, S. M. (1994). Parents' involvement in children's schooling: A multidimensional and conceptualization and motivational model. *Child Dev, 65*.

- Han, W. (2006). Academic achievement of children in immigrant families. *Educational Research and Review, 1*.
- Hartwell, S. W., & Benson, P. R. (2007). *Social integration: A conceptual overview and two case studies*. In W. R. Avison, J. D. McLeod, & B. Pescosolido (Eds.), *Mental health, social mirror*. New York: Springer.
- Henderson, J. et al. (2017). "Integrated collaborative care teams to enhance service delivery to youth with mental health and substance use challenges: protocol for a pragmatic randomised controlled trial." *BMJ Open, 7*(2).
- K, J. R. and V. P. (2017). RELATION BETWEEN PARENTING STYLE AND SOCIAL ANXIETY AMONG ADOLESCENTS BELONGING TO LOW SOCIO-ECONOMIC CLASS. *Research Scholar, Bharathiar University, Coimbatore, (June)*.
- Kashubeck-West, S., & Meyer, J. (2008). The well-being of women who are late deafened. *Journal of Counseling Psychology, 55*(4).
- Kawachi, I., & Berkman, L. F. (2001). Social ties and mental health. *Journal of Urban Health-Bulletin of the New York Academy of Medicine, 78*.
- Klockner, K. D., & Hicks, R. (2008). My next client: Understanding the Big Five and positive personality dispositions of those seeking psychosocial support interventions. *International Coaching Psychology Review, 3*.
- Koller, S. H., Pinto, C., Freitas, P. De, Damásio, B. F., Tobo, P. R., Kamei, H. H., & Koller, S. H. (2016). Systematic Review about Personal Growth Initiative Throughout life , individuals are likely to experience challeng-. *Anales de Psicología, 32*(August).

- Letourneau, N. L., Duffett-Leger, L., Levac, L., Watson, B., & Young-Morris, C. (2013). Socioeconomic status and child development: A meta-analysis. . *Journal of Emotional and Behavioral Disorders, 21*(3).
- Liddle, I., & Carter, G. F. A. (2018). Liddle, I., & Carter, G. F. A. (2015) Emotional and psychological wellbeing in children: The development and validation of the Stirling children's well-being scale. *Educational Psychology in Practice, 31*(2), 174–185.
- Litwin, M. S. (1995). *How to measure survey reliability and validity*. New York: Sage Publications.
- Lopez, A., Sanderman, R., Ranchor, A. V., & Schroevers, M. J. (2018). *Compassion for others and self-compassion: Levels, correlates, and relationship with psychological well-being. Mindfulness, 9*(1). Retrieved from <https://doi.org/10.1007/s12671-017-0777-z>
- Lu, C., Li, Z., & Patel, V. (2018). Global child and adolescent mental health: The orphan of development assistance for health. *PLoS Medicine, 15*(3),15(3).
- Ma, C. Q., & Huebner, E. S. (2008). Attachment relationships and adolescents' life satisfaction: Some relationships matter more to girls than boys. *Psychology in the Schools, 45*.
- Mathet et al. (2003). Prevalence of depressive disorders in children and adolescents attending primary care. A survey with the Aquitaine Sentinelle Network. *L'Encéphale, 29*(5).
- McIntosh, J. M., Lyon, A. R., Carlson, G. A., Everette, C. D. B., & Loera, S. (2008). Measuring the mesosystem: A survey and critique of approaches to cross setting measurement for ecological research and models of collaborative care. *Families, Systems, & Health, 26*.
- McMillan, J.H. and Schumacher, S. (2010). *Research in Education evidence based inquiry* (7th ed.). New Jersey: Pearson.

- Melissa A Cortina, Mina Fazel, P. G. R. (2012). Prevalence of Child Mental Health Problems in Sub-Saharan Africa A Systematic Review. *JAMA Pediatrics*, 166(3).
- Moos, R., & Moos, B. (1986). *Family Environment Scale manual* (2nd ed.). Palo Alto, CA.: Consulting Psychologists Press.
- Moos, R. H., & Moos, B. S. (2003). *Family Environment Scale Manual: Development, Applications, Research* (3rd ed.). . Palo Alto, CA: Mind Garden, Inc.
- Mugenda, O. M., & Mugenda, A. G. (2003). *Quantitative and Qualitative Research Methods*. USA: Cengage Learning.
- Muzaffar, N. (2017). Role of Family System , Positive Emotions and Resilience in Social Adjustment among Pakistani Adolescents. *Journal of Educational, Health and Community Psychology*, 6(2).
- Nalugya .J. (2004). *Depression amongst secondary school adolescents in Mukono district*, Uganda (Doctoral Dissertation). Makerere University.
- Nighat Gull, Nasreen Ghani, S. M. A., & Farhana Kazmi, A. A. S. (2017). FAMILY SYSTEM ' S ROLE IN THE. *KMUJ*, Vol. 9(No. 1), 1–4.
- Onwuegbuzie, A. J., Collins, K. M. T., & Frels, R. K. (2013). Using Bronfenbrenner's ecological systems theory to frame quantitative, qualitative, and mixed research. *International Journal of Multiple Research Approaches*, 7.
- Orellana, M. F. (2001). The work kids do: Mexican and Central American immigrant children's contribution to households and school in Califor- nia. *Harvard Educational Review*, 71.
- Manikandan, K. (2017). Role of Self-efficacy and Family Environment in Regulating Psychological Well Being of Adolescents. *Journal of Sociology and Social Work*. Vol. 5, No. 1,4(12).

- Polanczyk, G. V., Salum, G. A., Sugaya, L. S., Caye, A., & Rohde, L. A. (2015). Annual research review: A meta-analysis of the worldwide prevalence of mental disorders in children and adolescents. *Journal of Child Psychology and Psychiatry*, 56(3).
- Potrebny T, Wium N, L. M. (2017). Temporal trends in adolescents' self-reported psychosomatic health complaints from 1980-2016: a systematic review and meta-analysis. *PLoS One*, 12(e0188374.).
- Poulin, K. L. (2007). Teaching qualitative research: Lessons from practice. *The Counseling Psychologist*, 35.
- Robitschek, C., & Keyes, C. L. M. (2009). Keyes's model of mental health with personal growth initiative as a parsimonious predictor. *Journal of Counseling Psychology*, 56(2).
- Ryff, C. D., & Singer, B. H. (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of Happiness Studies*, 9(1).
- S., C. (2015). Annual research review: secular trends in child and adolescent mental health. *J Child Psychol Psychiatry*, 56.
- Saunders, M., Lewis, P. & Thornhill, A. (2012). *Research Methods for Business Students* (6th ed.). Pearson Education Limited.
- Schulte-Körne, G. (2016). Mental health problems in a school setting in children and adolescents. *Deutsches Ärzteblatt International*, 113(11).
- Sharma, S. K., & Rani, R. (2013). Relationship of Personal Growth Initiative with Self-Efficacy among University Postgraduate Students. *Journal of Education and Practice*, 4(16).
- Shigemoto, Y., Low, B., Borowa, D., & Robitschek, C. (2016). Function of personal growth initiative on posttraumatic growth, posttraumatic stress, and depression over and above adaptive and maladaptive rumination. *Journal of Clinical Psychology*, 73.

- Stafford, M., Kuh, D. L., Gale, C. R., Mishra, G., Richards, M., Stafford, M., ... Mishra, G. (2016). Parent – child relationships and offspring ' s positive mental wellbeing from adolescence to early older age. *The Journal of Positive Psychology, 11*(3).
- Symister, P. (2003). The influence of social support and problematic support on optimism and depression in chronic illness: A prospective study evaluating self-esteem as a mediator. *Health Psychology, 22*.
- Telzer, E. H., & Fuligni, A. J. (2009). Daily Family Assistance and the Psychological Well-Being of Adolescents From Latin American , Asian , and European Backgrounds. *Developmental Psychology, 45*(4), 1177–1189.
- Thomas, P. A., Liu, H., & Umberson, D. (2017a). Family Relationships and Well-Being. *Innov Aging, 1*(3).
- Thomas, P. A., Liu, H., & Umberson, D. (2017b). Family Relationships and Well-Being. *Innovation in Aging, 1*(3), 1–11.
- UBOS. (2016). *The National Population and Housing Census 2014 – SubCounty Report*. Kampala.
- UNICEF. (2019). *SITUATION ANALYSIS OF CHILDREN IN UGANDA - 2019*. Kampala.
- Upton, P. (2012). *Psychology Express: Developmental Psychology*. Essex, United Kingdom: Pearson Education Limited.
- Vartanian, L. R., Smyth, J. M., Zawadzki, M. J., Heron, K. E., & Coleman, S. R. M. (2014). Early adversity, personal resources, body dissatisfaction, and disordered eating. *International Journal of Eating Disorders, 47*.
- Weigold, I. K., Porfeli, E. J., & Weigold, A. (2013). Examining tenets of personal growth initiative using the Personal Growth Initiative Scale–II. *Psychological Assessment, 25*(4).

- White, R. and Z. (2012). Neighborhood Contexts, Fathers, and Mexican American Young Adolescents' Internalizing Symptoms. *J Marriage Fam.* 2, 74(1).
- WHO. (1999). *The ICD-10 classification of mental and behavioural disorders*. Retrieved from <https://www.who.int/classifications/icd/en/bluebook.pdf?ua=1>.
- WHO. (2017). *Tackling child and adolescent mental health in Uganda*. Kampala.
- WHO. (2018). *Adolescent mental health*. Retrieved from <https://www.who.int/news-room/factsheets/detail/adolescent-mentalhealth>.
- Wiklund M, Malmgren-Olsson E-B, Öhman A, et al. (2014). Subjective health complaints in older adolescents are related to perceived stress, anxiety and gender e a cross-sectional school study in Northern Sweden. *BMC Public Health* 2012;12:993., 12(993).
- Yang, H., & Chang, E. C. (2014). Examining the structure, reliability, and validity of the Chinese Personal Growth Initiative Scale-II: Evidence for the importance of intentional self-change among Chinese. *Journal of Personality Assessment*, 96.

APPENDICES

Appendix i: Questionnaire

Dear esteemed respondent,

I am ALEMU TIMOTHY, a student at University of Kisubi pursuing a Master's degree in Clinical and Psychological counseling. I am undertaking a research study under the topic: "Family environment and adolescents' psychological well-being in Nyondo sub-county Mbale district." You have been selected to be part of the study therefore feel free to respond to the few questions I am going to ask in relation to the study. Your answers will be treated with maximum confidentiality and used for academic purpose only as well as your identity will not be revealed.

SECTION A: DEMOGRAPHIC DATA OF RESPONDENTS

Kindly place a tick on your best choice

1. Gender response

Male () Female ()

2. Age Bracket

13-14 years () 16-17 years () 18-19 years ()

3. Level of Education

Primary () Secondary () Tertiary () University () Others please specify ()

4. Marital status of parent/guardian

Married () Divorced () Widowed ()

SECTION B: Influence of interpersonal relationship on adolescents' psychological wellbeing.

Please indicate your degree of agreement (using a score ranging from 1-5 Strongly Disagree (SD) to Strongly Agree (SA) to the following sentences. **(1=STRONGLY DISGREE, 2= DISGREE, 3= NEUTRAL, 4=AGREE, 5=STRONGLY AGREE)**)

ITEM	SD	D	N	A	SA
I and family members have a feeling of togetherness.	1	2	3	4	5
I and family members get along well with each other and really back each other up.	1	2	3	4	5
I and family members have a plenty of time and attention for everyone.	1	2	3	4	5
I and family members say anything we want around home.	1	2	3	4	5
I and family members tell each other about our personal problem.	1	2	3	4	5
In our home, family members and I sometimes get so angry that we throw things at each other.	1	2	3	4	5
I and family members often criticize each other.	1	2	3	4	5

SECTION C: The effect of personal growth on adolescents' psychological well-being

Please indicate your degree of agreement (using a score ranging from 1-5 Strongly Disagree (SD) to Strongly Agree (SA) to the following sentences. **(1=STRONGLY DISGREE, 2= DISGREE, 3= NEUTRAL, 4=AGREE, 5=STRONGLY AGREE)**)

ITEM	SD	D	N	A	SA
I am strongly encouraged to be independent in our family.	1	2	3	4	5
I am encouraged by family members to think things out for myself and almost always rely on myself when a problem comes up.	1	2	3	4	5
My family members feel it is important to be the best at whatever I do.	1	2	3	4	5
I am encouraged by my family members try that hard to succeed and getting a head in life.	1	2	3	4	5
My family members often compare me with others as to how well I am doing at work or school.	1	2	3	4	5
I get in recreational activities outside work or school in our family.	1	2	3	4	5
I and family members sometimes attend courses or read lessons for some hobby or interest	1	2	3	4	5
I and Family members regularly attend temple and read religion books.	1	2	3	4	5
In our family we believe there are some things you just have to take on faith and if you sin you will be punished.	1	2	3	4	5

SECTION D: Effect of family system maintenance on adolescents' psychological well-being

Please indicate your degree of agreement (using a score ranging from 1-5 Strongly Disagree (SD) to Strongly Agree (SA) to the following sentences. (1=STRONGLY DISGREE, 2=DISGREE, 3= NEUTRAL, 4=AGREE, 5=STRONGLY AGREE)

ITEM	SD	D	N	A	SA
My activities in our family are pretty carefully planned.	1	2	3	4	5
I and my family members are generally very neat and orderly.	1	2	3	4	5
I being on time is very important in our family.	1	2	3	4	5
My duties are clearly defined in our family.	1	2	3	4	5
I have set ways of doing things at home.	1	2	3	4	5
I and family members have a strong emphasis on following rules in our family.	1	2	3	4	5
I have pretty inflexible rules to follow in our family.	1	2	3	4	5

SECTION E: PSYCHOLOGICAL WELLBEING

Please indicate your degree of agreement (using a score ranging from 1-5 Strongly Disagree (SD) to Strongly Agree (SA) to the following sentences. (1=STRONGLY DISGREE, 2=DISGREE, 3= NEUTRAL, 4=AGREE, 5=STRONGLY AGREE)

ITEM	SD	D	N	A	SA
I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5
My decisions are not usually influenced by what everyone else is doing.	1	2	3	4	5
I have confidence in my opinions, even if they are contrary to the general consensus	1	2	3	4	5
I judge myself by what I think is important, not by the values of what others think is important.	1	2	3	4	5
In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5
I fit very well with the people and the community around me	1	2	3	4	5
I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5
I have been able to build a home and a lifestyle for myself that is much to my liking.	1	2	3	4	5
I am interested in activities that will expand my horizons	1	2	3	4	5
I think it is important to have new experiences that challenge how I think about myself and the world.	1	2	3	4	5
I have the sense that I have developed a lot as a person over time.	1	2	3	4	5
For me, life has been a continuous process of learning, changing, and growth.	1	2	3	4	5
Most people see me as loving and affectionate	1	2	3	4	5
I enjoy personal and mutual conversations with family members or friends.	1	2	3	4	5
People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5
I know that I can trust my friends, and they know they can trust me.	1	2	3	4	5
When I look at the story of my life, I am pleased with how things have turned out.	1	2	3	4	5
In general, I feel confident and positive about myself.	1	2	3	4	5
I like most aspects of myself.	1	2	3	4	5
When I compare myself to friends, it makes me feel good about who I am.	1	2	3	4	5
I have a sense of direction and purpose in life.	1	2	3	4	5
I enjoy making plans for the future and working to make them a reality.	1	2	3	4	5
Some people wander aimlessly through life, but I am not one of them	1	2	3	4	5

End

Thank you for participating

Appendix ii: interview guide

Interview guide

Date of Interview.....

Time of Interview.....

1. Why is family cohesion considered as a big factor in ensuring psychological wellbeing of adolescents?
2. How does free expression in the family influence the development of adolescent?
3. Do the conflicts in the family affect adolescents' psychological wellbeing, If so how?
4. How does achievement orientation influence their psychological wellbeing?
5. Why is it necessary for the adolescents' to be involved in recreation activities in the family?
6. How does moral-religious orientation of adolescents help in ensuring their psychological well-being?
7. How does family organization affect the psychological well-being of adolescents?
8. Why are family rules and regulations very important for adolescents' development and growth?

Appendix iii: De Morgan's table

<i>Table for Determining Sample Size of a Known Population</i>									
N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	1000000	384

Note: N is Population Size; S is Sample Size *Source: Krejcie & Morgan, 1970*