

# PSYCHOSOCIAL HEALTH EFFECTS OF BROKEN HOMES ON HEALTH EDUCATION ACHIEVEMENTS OF UNDERGRADUATES IN THE UNIVERSITY OF BENIN, NIGERIA

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## **Abstract**

*One of the goals of university education is to build on desirable informal family values and norms acquired by the student from the home. Unfortunately, some students from broken homes have not been able to acquire such values, and so they experience a complex array of psychosocial health conditions which could influence their academic achievements in school. The study therefore, examined the psychosocial health effects of broken homes on Health Education achievements of undergraduates in the University of Benin. Four research questions and one hypothesis were evaluated at the 0.05 alpha level. The quantitative descriptive survey was used. Thirty eight (38) full time Health Education undergraduates from broken homes made up the population and sample for the study. An adapted, structured and validated Psychosocial Health Effect of Broken Home Scale (PHEBHS) and was used to collect data. A correlation coefficient of 0.71 was established with Cronbach alpha technique. Data obtained were analysed using descriptive and dependent sample t-test statistical tools. Results indicated that undergraduates from broken homes suffer moderate psychosocial health effects, they achieve fairly in Health Education courses and their psychosocial health effects significantly influence their Health Education achievements. Based on the findings, it was recommended that support materials, health counselling and follow up for fresh students from broken homes should be adopted by the university, NGOs, and the Department of Health Safety and Environmental Education in order to improve their living, social, and psychological conditions as well as their achievements in Health Education.*

**Keywords:** Psychosocial health effect, Health Education achievements, broken homes, undergraduate illegitimacy

## **Introduction**

The success of any tertiary educational system rests on a successful home. A successful home is one that has largely achieved, in its family members, social and psychological values needed to be fulfilled in any sphere of human existence. A child who is born into such a home would, to a large extent, be healthy psychologically and socially on the one hand, and academically on the other. Psychosocial health encompasses both psychologically and social aspects of one's life invariably connecting the social conditions to mental and emotional health.

With the birth of a child into a home, a family evolves. Within the family, children make contacts, through interactions with other members of the family. In the process, desirable or undesirable family social and psychological values are passed across to them to partly or wholly build their own psychosocial personality. Such values cover right/wrong, love/hate, sadness/happiness, and morals and religious attributes, which are either accepted or rejected by the family. It follows, therefore, that by the time a child attains five or seven years of age, he must have learnt what his rights, obligations and roles are within the society (Mustapha, 2011).

A child can be born, either, into a broken home or intact home. Alike and Edosa (2012) asserted that a broken home is one that is not structurally intact as a result of divorce, separation, death of one parent and illegitimacy. According to Frazer (2001), psychological home conditions arise mainly from illegitimacy of children, the label of adopted child, broken home, divorce and parental deprivation. A broken home is a disrupted family in which divorce, death of a parent or illegitimacy is the undertone of the separation of the man from the woman. A broken home is characterized by disfunctionality.

A broken home is less likely to offer adequate normative skills needed to succeed in education. For example, a child who is exposed to parental prejudice, violence, crime, alcohol and drugs, anger bouts, hunger, sexual abuse, environmental stress, and pressure is less likely to be well-adjusted in school. These features of a dysfunctional home are not reflective of psychosocial values and norms. An emotionally and mentally unhealthy home is one that the family members react negatively to family issues. Nonetheless, a child who has not imbibed adequate family psychosocial values and norms is less likely to be successful in a larger society. This is because, the home and family background of the child offers informal educational socialisation needed for psychosocial and intellectual advancements in life. Family parenting pattern, irrespective of structure (broken or intact) influences the child's psychosocial health and academic achievement which result in indelible character imprinted into the child invariably constituting his personality before transition to school. For example, children who have a combination of risk factors such as poverty, many siblings who are close in age, under the tutelage of single parent are at greater risk of poor academic

performance and other negative child development outcomes than children from double parent homes with higher incomes and fewer siblings (Yara & Tunde-Yara, 2010).

The Nigerian school child as any other is born with basic needs such as need for food, water, shelter and social health needs. According to Obasuyi, Igudia and Idehen (2012), a dynamic relationship exists between all social health needs such as love and belonging needs, esteem needs, self-actualization needs and optimal health. In addition, children have some intellectual needs such as need for new experiences, the motivational need to be praised and recognized and the need for responsibility. However, any child whose needs are not adequately gratified at the formative stage of life would be fixated. Infants at this stage could develop a sense of mistrust under such circumstances. Therefore, the extent to which these needs are gratified before school age determines the degree to which the child is equipped to cope with psychosocial aspects of health and education. Hence impaired psychosocial health arising from unmet social and psychological health needs characteristic of broken home underpins school health and academic achievement of a school child.

Psychosocial health is complex and multidimensional in nature. It is often reduced by researchers to a single structure for operational purposes which are affected by a number of factors such as parental characteristics, style of child rearing, and family values. The goal of any educational system is to build on desirable informal family values and norms acquired by the child at home. Unfortunately, many families have on the one hand not been able to provide such values and on the other hand their children or wards have been influenced by their family members and peers in negative ways. Therefore, such children grow up in emotionally unstable, insecure and violent homes. Hence, a number of them find it difficult to make social, physical and psychological adjustments to a new learning environment. Sometimes, children's reactions to a broken home are not easily noticeable. While in school, some of them accumulate a number of failed courses especially in Health Education. Could the complex psychosocial trend contribute to the achievements of students from broken homes in Health Education? Therefore, it became imperative to examine the psychosocial health effects of broken homes on Health Education achievements of undergraduates in the University of Benin.

### ***Research Questions***

The underlisted research questions were raised and addressed in the study:

1. What are the psychosocial health effects of broken home on undergraduates?
2. What is the level of psychosocial health effects of broken home on undergraduates?
3. What is the level of Health Education achievement of undergraduates?

4. Does the psychosocial health effect of undergraduates from broken home influence their Health Education achievements?

### ***Hypothesis***

The following hypothesis was tested by the researchers: The psychosocial health effect of undergraduates from broken home does not significantly influence their Health Education achievements.

### **Methodology**

The study employed a quantitative technique of non-experimental descriptive survey for the study as it enabled the researcher to collect numerical data for answering the research questions and testing stated hypothesis on the psychosocial health effects, Health Education achievements and the levels of the effect and achievement. Of the two hundred and twenty nine (229) full time Health Education students, only thirty eight (38), during the 2014/2015 and 2015/2016 academic sessions in the Department of Health, Safety and Environmental Education University of Benin, were from broken homes (Office of the Departmental Course Advisers, 2016). Through census method, all the 38 students were purposively enlisted as sample for the study. The sampled students consisted of only 400 Level students for the 2014/2015 as well as 300 and 400 Levels students for the 2015/2016 academic sessions who took Health Education courses in the department. For the 400 Level students, their 100, 200, 300 and 400 Levels raw scores were used to compute each student Cumulative Grade point Average (CGPA). For the 300 Level students, their 100, 200 and 300 Levels sessional results were used to also calculate each student's CGPA. Three years were used because the 300 Level students had not completed their four-year educational programme as at the time of the study.

The Positive and Negative Affect Scale (PANAS) designed by Watson, Clark and Tellegen (1988) was adapted into the Psychosocial Health Effect of Broken Home Scale (PHEBHS) which was used for the study. Items adopted in the PANAS ranged from interested/irritable, through distressed/alert, scared/attentive to proud/afraid. These are items 5 to 14 in the PHEBHS. Therefore, PHEBHS was used by the researchers to collect data from respondents from broken homes. Each PHEBHS form was tagged with serial numbers 1, 2, 3...38 on the top right hand corner. The instrument consisted of four sections, A which assessed the bio characteristics of class level and nature of home of the respondents, B which determined their psychosocial health effects, C (informed consent) which solicited their consent and D which identified the respondents. In Section B, respondents were required to write '1' for 'very slightly or not at all', '2' for 'a little', '3' for 'moderately', '4' for 'quite a bit' and '5' for 'extremely' as well as tick their desired response option ranging from 'strongly agree', 'agree', 'undecided' through

‘disagree’ to ‘strongly disagree’. For the negative items, ‘strongly agree’, ‘agree’, ‘undecided’, ‘disagree’ and ‘strongly disagree’ were scored 1, 2, 3 and 4 respectively while the positive item was scored in the reverse order. For Section C, respondents were needed to tick ‘yes’ or ‘no’. Section D consisted of a list of serial numbers 1, 2, 3... 38 and respondents were required to write their names against the corresponding serial number which appeared on the top right hand corner of their PHEBHS form. Both Sections C and D were only used to identify respondents who voluntarily obliged that their consents and corresponding Health Education raw scores be used for the study but that their names be not included with their raw scores. Respondents that ticked ‘no’ in both items and ‘yes’ or ‘no’ in either items of Section C were excluded from the study. However, form for Section D was discarded immediately the respondents had been identified against their Health Education raw scores. The PHEBHS was content validated by three experts in Health Education. Finally, the Cronbach alpha was used to determine the internal consistency of the PHEBHS and a reliability coefficient (r) value of 0.71 was obtained and this was considered moderate for the study.

Data were analyzed using descriptive statistics of frequency counts, percentages, mean and standard deviation to answer the research questions while the dependent sample t-test statistical tool was adopted to test the hypothesis at 0.05 alpha level of significance. Normative mean values of  $\geq 2.50$  for items 5 to 14,  $\geq 2.00$  for items 15 to 31 and  $\geq 72.00$  of the PHIBHS were accepted as criteria while lesser values were rejected. For the level of psychosocial health effect, mean scores  $\leq 1.99$ , and ranging between 2.00 to 3.99 and 4.00 to  $\geq 5.00$  were used to qualify ‘mild’, ‘moderate’ and ‘severe’ levels respectively. The student’s Health Education achievement was ascertained following the University of Benin Memo (2013) approving the National Universities Commission (NUC) classification of degree for Nigerian universities as follows: (1) 2013/2014 academic session of entry (CGPA range for First Class Division = 4.50 to 5.00, Second Class Upper Division = 3.50 to 4.49, Second Class Lower Division = 2.40 to 3.49, Third Class Division = 1.50 to 2.39 and Fail Class Division  $<1.50$ ) (2) 2012/2013 and 2011/2012 academic years of entry (CGPA range for First Class Division = 4.50 to 5.00, Second Class Upper Division = 3.50 to 4.49, Second Class Lower Division = 2.40 to 3.49, Third Class Division = 1.50 to 2.39 and Pass Class Division  $< 1.50$ ). Consequently, students that fell into first class and second class upper divisions, second class lower and third class, and pass and fail divisions were established as ‘good’, ‘fair’ and ‘poor’ levels of Health Education achievements respectively.

## Results

**Table 1: Mean ratings and standard deviation of the psychosocial health effects of undergraduates from broken homes**

Descriptive	N	Min.	Max.	Mean	SD	Decision	Descriptive	N	Min.	Max.	Mean	SD	Decision
Interested	38	0	5	2.89	1.49	Accepted	Enthusiastic	38	0	5	3.39	1.60	Accepted
Irritable	38	0	5	2.16	1.41	Rejected	Active	38	0	5	3.58	1.31	Accepted
Distressed	38	0	5	2.45	1.43	Rejected	Proud	38	0	5	2.29	1.45	Rejected
Alert	38	0	5	3.45	1.33	Accepted	Afraid	38	0	4	1.61	.97	Rejected
Excited	38	0	5	2.45	1.45	Rejected	Wanting to drop out	38	0	4	1.68	1.14	Rejected
Ashamed	38	0	5	2.21	1.28	Rejected	Wanting to revenge	38	0	4	1.74	1.22	Rejected
Upset	38	0	5	2.61	1.33	Accepted	Suicide inclined	38	0	4	1.21	.91	Rejected
Inspired	38	0	5	3.58	1.31	Accepted	Crime inclined	38	0	4	1.58	1.00	Rejected
Strong	38	0	5	3.74	1.31	Accepted	Violent	38	0	4	1.68	1.04	Rejected
Nervous	38	0	5	2.21	1.14	Rejected	Confident	38	0	4	2.74	1.41	Accepted
Guilty	38	0	5	1.87	1.30	Rejected	Teen pregnant/got someone pregnant	38	0	4	1.95	1.11	Rejected
Determined	38	0	5	4.37	1.22	Accepted	Low school attendance	38	0	4	1.82	1.11	Rejected
Scared	38	0	5	2.34	1.36	Rejected	Unconducive home environment	38	0	4	2.11	1.33	Accepted
Attentive	38	0	5	3.61	1.52	Accepted	Poor living conditions	38	0	4	2.00	1.29	Accepted
Hostile	38	0	5	1.74	1.39	Rejected	Alcohol/drug use	38	0	4	1.58	1.24	Rejected
Jittery	38	0	5	2.21	1.23	Rejected	Overall	38	33.00	108.00	74.76	16.03	Accepted

Key: SD= standard deviation , N= sample size of broken home

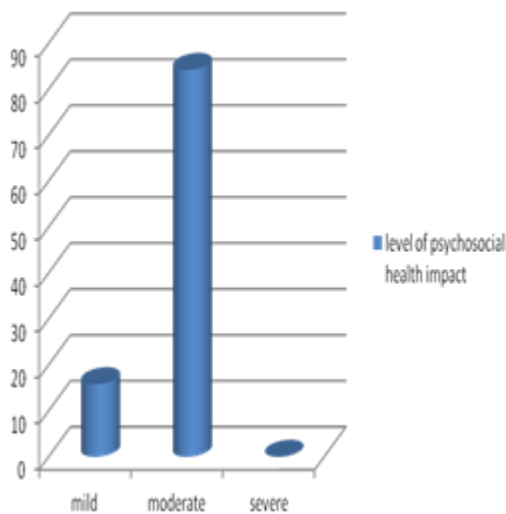
Table 1 shows the mean ratings and standard deviation of the psychosocial health effects of undergraduate students from broken homes. The mean score and standard deviation of the students who indicated that they were upset, had

unconducive home environment and poor living conditions were  $2.61 \pm 1.33$ ,  $2.11 \pm 1.33$  and  $2.00 \pm 1.29$  respectively. The highest mean score of 4.37 was recorded of students who were determined. With a grand mean score of 74.76, it was accepted that undergraduates from broken homes experience varied psychosocial health effects.

***Table 2: Level of psychosocial health effect of undergraduates from broken homes***

<b>Case</b>	<b>Mean</b>	<b>Level of Psychosocial health effect</b>	<b>Case</b>	<b>Mean</b>	<b>Level of Psychosocial health effect</b>
1	2.58	Moderate	20	2.65	Moderate
2	2.48	Moderate	21	2.87	Moderate
3	1.90	Mild	22	2.55	Moderate
4	2.74	Moderate	23	1.87	Mild
5	1.06	Mild	24	2.90	Moderate
6	3.26	Moderate	25	2.55	Moderate
7	2.61	Moderate	26	1.58	Mild
8	1.71	Mild	27	2.58	Moderate
9	2.03	Moderate	28	2.55	Moderate
10	2.10	Moderate	29	2.26	Moderate
11	3.48	Moderate	30	2.13	Moderate
12	2.97	Moderate	31	3.16	Moderate
13	2.00	Moderate	32	2.77	Moderate
14	2.77	Moderate	33	2.65	Moderate
15	2.52	Moderate	34	2.03	Moderate
16	2.55	Moderate	35	2.45	Moderate
17	2.32	Moderate	36	2.26	Moderate
18	1.26	Mild	37	2.26	Moderate
19	3.03	Moderate	38	2.19	Moderate
Overall Mean				2.41	Moderate

***Table 2 contd.: Summary of the level of psychosocial health effect of undergraduates from broken homes***



Level of psychosocial health effect	Frequency	Percentage (%)
Mild	06	15.8
Moderate	32	84.2
Severe	-	-
Total	38	100

Table 2 indicates the level of psychosocial health effect of undergraduates from broken homes. The mean score of the students who suffered mild psychosocial health effect

include 1.90, 1.06, 1.71, 1.26, 1.87 and 1.58. Six students representing 15.8% of them were at the mild level. Majority of the students representing 84.2% of them operated at the moderate level of psychosocial health effect. The result also revealed that no student experienced severe psychosocial health effect. With an overall mean score of 2.41, undergraduates from broken homes suffer moderate psychosocial health effect.

**Table 3: Level of Health Education achievement of undergraduates from broken homes**

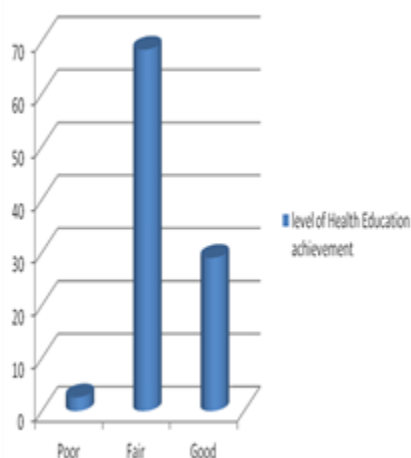
Case	Year of Entry	CGPA	Class of Degree	Level of achievement	Case	Year of Entry	CGPA	Class of Degree	Level of achievement
1	2013/2014 ACADEMIC SESSION	4.03	2 <sup>1</sup>	Good	19	2012/2013 ACADEMIC SESSION	2.41	2 <sup>2</sup>	Fair
2		3.45	2 <sup>2</sup>	Fair	20		1.82	3 <sup>0</sup>	Fair
3		2.40	2 <sup>2</sup>	Fair	21		2.38	3 <sup>0</sup>	Fair
4		4.05	2 <sup>1</sup>	Good	22		2.47	2 <sup>2</sup>	Fair
5		1.99	3 <sup>0</sup>	Fair	23		3.09	2 <sup>2</sup>	Fair
6		3.97	2 <sup>1</sup>	Good	24		3.15	2 <sup>2</sup>	Fair
7		3.23	2 <sup>2</sup>	Fair	25		4.09	2 <sup>1</sup>	Good
8		2.22	3 <sup>0</sup>	Fair	26		3.40	2 <sup>2</sup>	Fair
9		3.64	2 <sup>1</sup>	Good	27		3.65	2 <sup>1</sup>	Good
10		1.97	3 <sup>0</sup>	Fair	28		3.16	2 <sup>2</sup>	Fair
11		2.10	3 <sup>0</sup>	Fair	29		2.85	2 <sup>2</sup>	Fair
12		0.96	F	Poor	30		3.08	2 <sup>2</sup>	Fair
13		3.44	2 <sup>2</sup>	Fair	31		2.63	2 <sup>2</sup>	Fair
14		3.80	2 <sup>1</sup>	Good	32		3.28	2 <sup>2</sup>	Fair
15		3.67	2 <sup>1</sup>	Good	33		3.42	2 <sup>2</sup>	Fair



16		1.56	3 <sup>0</sup>	Fair	34	<b>2011/2012 ACADEMI</b>	3.75	2 <sup>1</sup>	Good
17		3.25	2 <sup>2</sup>	Fair	35		3.01	2 <sup>2</sup>	Fair
18		3.61	2 <sup>1</sup>	Good	36		3.63	2 <sup>1</sup>	Good
Overall		3.02	2 <sup>2</sup>	Fair	37		2.88	2 <sup>2</sup>	Fair
					38		3.44	2 <sup>2</sup>	Fair

Key: 2<sup>1</sup> = Second Class Upper Division; 2<sup>2</sup> = Second Class Lower Division; 3<sup>0</sup> = Third Class Division; F = Fail

**Table 3 contd.: Summary of the level of Health Education achievement of undergraduates from broken homes**



Level of health education achievement	Frequency	Percentage (%)
Good	11	29.0
Fair	26	68.4
Poor	01	2.6
Total	38	100

Table 3 reveals the level of Health Education achievement of undergraduates from broken homes. Across the 2013/2014, 2012/2013 and 2011/2012 academic sessions of entry, the CGPA of students who had good achievement in Health Education were 4.03, 40.5, 3.75, 3.97, 3.64, 3.80, 3.67, 3.61, 4.09, 3.65 and 3.63. These were eleven students representing 29.0% who had Second Class Upper Division. During the same academic sessions, the CGPA of some of the students who achieved fairly in Health Education were 3.45, 1.56, 2.41, 3.15, 3.01 and 2.88. Therefore, twenty six representing 68.4% of the students, with Second Class Lower and Third Class Divisions, had fair achievements in Health Education courses. During the 2013/2014 academic session, the CGPA of a student who achieved poorly in Health Education courses was 0.96, a Fail Class Division. This was 2.6% of the number of students from broken homes. With a grand CGPA of 3.02, undergraduates from broken homes achieve fairly in Health Education courses.

**Table 4: Dependent sample t-test analysis of the psychosocial health effect of undergraduates from broken homes and their Health Education achievements**

	Mean	N	SD	Paired differences in Mean	Paired differences in SD	t	df	Sig. (2-tailed)
Pair1 Psychosocial impact	2.4113	38	.51697	-.61316	.93961	-4.023	37	.000
Health Education Achievement	3.0245	38	.76014					

Table 4 indicates the dependent sample t-test of the psychosocial health effect of undergraduates from broken homes and their Health Education achievements. Results revealed that the psychosocial health effect of the students is statistically significantly different from their Health Education achievements ( $t = -4.023$ ,  $df = 37$ ,  $p < 0.0005$ ). The hypothesis that the psychosocial health effect of undergraduates from broken homes does not significantly influence their Health Education achievements is rejected. Thus, the psychosocial health effect of undergraduates from broken homes significantly influences their Health Education achievements.

### Discussion of findings

Results showed that undergraduates from broken homes experience varied psychosocial health effects including being upset, having unconducive home environment and poor living conditions. For unconducive home environment, many students find it difficult to manage with such conditions and no wonder Buchanan, Maccoby and Dornbusch (1991) indicated that children who were involved in their parent's disagreements and who felt they had to manage their parent's relationship to make things run smoothly were the most likely to feel depressed.

Findings also unveiled that undergraduates from broken homes suffer moderate psychosocial health effect. The varied psychosocial health effects suffered by the students are a reflection of this level of their experiences as a majority representing 84.2% of them is in this category. This finding is not consistent with that of Manjubala and Charlie (2015) that 11.1% of the 63 students purposively sampled at Mother Theresa Post Graduate and Research Institute of

Health Sciences had medium risk of psychosocial health, while 85.7% and 3.1% had low and high risks respectively.

The result of the study also revealed that undergraduates from broken homes achieve fairly in Health Education courses. This result is in line with finding of Michalek (2008) that lack of parental support affects student academic achievement. The finding could also be due to the fact that undergraduates with poor living conditions, unconducive home environment, and who are upset are more likely to be depressed. Depression can culminate into weakness and then lack of interest in aspiring for good CGPA in Health Education courses.

The findings also indicated that the psychosocial health effect of undergraduates from broken homes significantly influences their Health Education achievements. This result could probably be due to the students who moderately suffer psychosocial health effect and, all things being equal, could contribute to influencing their level of Health Education achievements. The state of the home affects the individual since the parents are the first socializing agents in the individual's life (Ajila & Olutola, 2007). Many undergraduates from broken homes show respect for teachers and their peers but, however, do not exhibit good manners for their counterparts and are disobedient to school rules and regulations. One reason that could be responsible for these trends is the violence which either parent is exposed to in the face of conflict which is characteristic of broken homes. Hence, students tend to show respect to teachers but display undesirable manners toward their counterparts and disobedience towards school rules and regulations.

## **Conclusions**

Undesirable family values and norms could be passed unto students if their home is broken. Some students reared under such circumstances have psychosocial health dispositions. Aside psychosocial health effects of undergraduates many more factors determine achievement in Health Education including among others students' physical and spiritual health status, number of hours allotted for teaching Health Education per week, availability of health instructional materials, methods of health instruction used, staff commitment to delivering health instruction, staff strength, and quality of health instruction. In other words, the study was delimited to only those psychosocial indices of undergraduates, not of staff members, outlined in Table 1. Thus, the following were concluded from the study: (1) that undergraduates from broken homes experience varied psychosocial health effects including being upset, having unconducive home environment and poor living conditions, (2) undergraduates from broken homes moderately suffer psychosocial health effect, (3) undergraduates from broken homes achieve fairly in Health Education courses, (4) the psychosocial health effect of undergraduates from broken homes significantly influences their Health Education achievement.

## Recommendations

Based on the findings, it was recommended that:

- 1) support materials in the form of scholarships and relief items should be provided through the University of Benin and Non-governmental organizations to the students from broken homes to improve their living conditions;
- 2) health counselling should be organized by the Guidance and Counselling Unit in collaboration with the Department of Health, Safety and Environmental Education, University of Benin for the students from broken homes to address their psychological challenges; and
- 3) lecturers of the Department of Health, Safety and Environmental Education in the University of Benin should be able to identify fresh students from broken homes during orientation exercises and follow up their learning as this may foster good achievements in Health Education.

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