



Influence of Traumatic Experience and Health Locus of Control on the Psychological Well-being of Adolescent Living in Orphanages in Ibadan, Nigeria.

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Abstract: *For some decades psychological well-being had been central to many health investigations, while fewer studies have been conducted among orphans in Nigeria in this respect. This study examined the influence of traumatic experience and locus of control on psychological wellbeing of adolescents living in orphanages in Ibadan metropolis. A cross-sectional research design was adopted to achieve the set objectives of the study. Three hypotheses were tested in the study. Results showed that traumatic experience had a significant negative relationship with psychological well-being { $R=-0.204$; $P<.01$ }. This implies that increase in the level of traumatic experience will lead to decrease in the level of psychological well-being among orphans in foster homes. Also, sex, age and religion had significant joint influence on psychological wellbeing { $R=0.206$; $R^2=0.042$, $F(3,277)=4.097$, $P<0.05$ }. The independent influence result indicates that only religion had significant contribution to psychological well-being among orphans at { $\beta=-.203$; $t=-3.374$; $P<.05$ }. Participants who reported internal health locus of control significantly scored higher on psychological well-being than those participants who reported external locus of control { $t(279)=-5.784$; $P<.05$ }. Traumatic experience and health locus of control are significant predictors of psychological well-being among orphans in the orphanages in Ibadan metropolis. The more religious an orphan is the higher their psychological well-being. Psychotherapeutic intervention programmes geared towards traumatic effect reduction should be organized periodically for orphans in homes so as to minimize their vulnerability and also promote healthy lifestyle among them.*

Keywords: Influence, traumatic, locus of control, adolescent.

1. Introduction

Feeling good incorporates not only the positive emotions of happiness and contentment, but also such emotions as interest, engagement, confidence, and affection. The concept of functioning effectively (in a psychological sense) involves the development of one's potential, having some control over one's life, having a sense of purpose like working towards valued goals and experiencing positive relationships. Social support, peer influence and environmental factors have been implicated in various studies as affecting psychological well-being of less-privileged children worldwide. However, the influence of traumatic experiences and health locus of control has not received adequate research attention especially in the African context. Psychological well-being can be defined as an individual coping response to life. What is not too certain is whether our coping response are precipitated by the level of exposure to traumatic experience or the inherent health locus of control individuals exhibits.

Trauma experienced by adolescents as a result of the death of a parent or both ends the child's relationship with someone of central emotional importance (Stokes, Reid, Cook, and Vanessa 2009). In the same vein, they observed that adolescent with traumatic experience usually experience symptoms of poor psychosocial well-being. Sometimes, changes in behavior and school performance occur as well. The results of studies examining how children fare after a parental death, however, are not uniform, and this has led to efforts to identify factors that either predispose children to or that mediate the impact of parental loss. Parental loss is potentially correlated with other, unobserved factors that affect children's welfare. The impacts of parental absence brought on by a death with absence because of divorce, arguing that the death of a parent is "more" exogenous with respect to child welfare than absence because of divorce.

Frattaroli (2006), investigated emotional trauma on health and psychological wellbeing of adolescent in orphanages, the result indicate that expressing emotions through writing about stressful or traumatic events has positive effects on both psychological and physical health and well-being. Evidence shows that people assigned to an expressive writing program show fewer psychological and physical symptoms than do control participants

Fronstin, Greenberg and Robins (2001), conducted a research on the influence of trauma on the education of adolescent who lost their parent, the result revealed that parental absence when a child is 11-15 years old is associated with reduced educational attainment for males and females. For males the association is larger in magnitude if the absence results from death rather than divorce, whereas for females, the associations are very similar in magnitude. Bicego, Rutstein and Johnson (2003), examined the levels, trends and differentials in orphan prevalence in five sub-Saharan Africa countries and result

indicate that losing one or both parents is associated with a reduced probability of being in the appropriate grade level for a child's age. Case, Paxson and Ableidinger (2004) observed that traumatic influence of orphanhood on the educational wellbeing of adolescent in orphanages found out that orphanhood is associated with reduced school attendance, and that this is largely explained by orphans who live with distantly or unrelated caregivers. They noted however that it is possible that these associations are driven by unobserved heterogeneity: children whose parents died may be less likely to attend school even if the parent had lived.

Adams, Mannion, and Dolan (1999) examined effect of back pain on the health wellbeing of adolescent living in orphanage, also look into risk factors for first-time development of back pain in 403 healthcare workers, ages 18-27 years, with no history of "serious" back pain. They administered the MHLC at baseline with other physical and psychological measures, and gathered information about back pain occurrence along with the physical and psychological measures up to 36 months following baseline measurement. They found that IHLC and PHLC subscales of the MHLC did not consistently predict the occurrence of serious back pain or any back pain. CHLC predicted the occurrence of severe back pain reported at 12 months but not 36 months. Therefore, in a study with potential to elucidate predictive relationships between HLOC and physical outcomes, chance expectancies appeared inconsistently predictive of subsequent pain. The result of these studies support that internal health locus of control coincide with less score on wellbeing of the orphans and that external (chance) health locus of control expectancies coincide with more score on adolescent orphan's wellbeing, the findings do not lead to consistent conclusions regarding the causal relationship between HLOC and the occurrence of pain.

Lefcourt (1982) conducted a research on the effect of internal and external health locus of control on the wellbeing of adolescent living in an orphanage, and in line with Macaskill, (2007) concluded that adolescents with an external locus of control tend to be more stressed and prone to clinical depression. Dun (2007) findings indicate that internalized adolescent with an internal locus of control has been found better able to manage incidents of aggression in others, external health locus of control have often reported more higher state anxiety and more negative mood than internals and they more readily reported incidents of depression.

Murad Ali Khan, Kabir Shah Khan and Abdul Azeej Khan (2011) conducted a research study to compare the psychological wellbeing upon health beliefs (Health Locus of Control) among female University level athletes. A total numbers of 100 athletes (50 track athletes and 50 field athletes) were selected from all India University athletics. After

distributing and collecting the questionnaires among the athletes, independent sample t-test was used to find out the significance of difference among the high and low performers female athletes on above mentioned psychological variables. The findings of the statistical analysis revealed that high and low performance female athletes show significance difference ($P < 0.05$) on internal health locus of control.

2. Hypotheses

- (i) Adolescents high on trauma experience will significantly report higher psychological well-being than those with low traumatic experience among adolescents living in orphanages in Ibadan.
- (ii) Adolescents with internal locus of control will report significantly higher psychological well-being than those with external locus of control among adolescents living in orphanages in Ibadan.
- (iii) There will be a significant joint and independent influence of demographic factors (sex, age and religion) on psychological well-being of adolescents in orphanages in Ibadan.

3. Methods

Research Design

This study is cross-sectional with an ex-post facto design (after-the-effect). A total of 281 adolescents from 6 selected orphanages participated in the study. These orphanages were randomly selected (stratified) from a list containing 25 orphanages presented by the Oyo State Ministry of Women Affairs and Child Welfare. 187 (66.5%) males while, 94 (33.5%) were female, Age ranges from 14 to 19 years. Approval to conduct the research was obtained from the authorities of the various orphanages, before conducting the research among the respondents. All the participants were adolescents that indicated their willingness to participate in the study and they were assured of confidentiality. Of the 300 questionnaire administered, 281 (93.67%) were appropriately completed.

Instrument

Psychological wellbeing was measured using Psychological Wellbeing Index (PWBI) by Carol Ryff (1980). The scale consists of 18 items that are reversely scored. Scoring ranges from 1=strongly disagree to 6=strongly agree. The scale had a Cronbach alpha coefficient of 0.770.

Traumatic experience was measured using the PTED self-rating Scale by Linden, Baumann, Lieberei and Rotter (2003). The 17-item scale ranges from (0) 'not true at all' to (4) 'extremely true'. The internal consistency of the scale is .79., and a test-retest reliability $r=0.75$.

Health Locus of Control was measured by the Multidimensional Health Locus of Control Scale (HLC) by Wallston and Wallston, (1978). It consists of 18-item measuring questions related to three dimensions: internal, powerful others, and chance HLC. For the purposes of this study, internal and external HLC are the only dimensions that were examined. Items are scored on a five-point Likert-format ranging from strongly disagree (1) to strongly agree (5). This scale has been found to have “adequate” reliability (0.68) and satisfactory valid (Norman & Bennett, 1996).

4. Results and Findings

Table 1: Effect of traumatic experience on psychological wellbeing of adolescent in orphanages.

Psychological Wellbeing	Traumatic experience	N	Mean	Std Deviation	df	T	Sig
	Low		224	58.55	14.72	279	-5.107
High		57	46.96	17.37			

Table 1 above indicates that there was a significant effect of traumatic experience on psychological wellbeing of adolescents in orphanages ($t(279) = -5.107$; $p < .05$). Adolescents with high traumatic experience ($\bar{X} = 46.96$, $SD = 17.37$) had less psychological well-being than adolescents that were low ($\bar{X} = 58.55$, $SD = 14.72$).

Table 2.: The effect of Health Locus of Control (HLC) on Psychological wellbeing of adolescents in orphanage homes.

Psychological Wellbeing	HLC	N	\bar{X}	S.D	df	T	Sig.
	Internal		143	59.46	16.71	279	5.784
External		138	56.96	15.18			

Table 2. indicates that there was a significant effect of health locus of control (HLC) on psychological wellbeing of adolescents in orphanages in Ibadan ($t(279) = -5.784$; $p < 0.05$). Participants who reported internal health locus control ($\bar{X} = 59.46$, $SD = 16.71$) scored higher on psychological well-being than those participants who reported external locus control ($\bar{X} = 56.96$, $SD = 15.18$).

Table 3: Influence of sex, age and religion on Psychological Well-Being of adolescents in orphanages

Predictors	B	T	Sig.	R	R ²	F	P
Sex	0.04	0.682	>.05				
Age	0.019	0.314	>.05	0.21	0.04	4.09	<.05
Religion	-0.203	-3.374	<.05				

Table 3 indicates that demographic variable (sex, age and religion had significant joint influence on psychological wellbeing of adolescents in orphanage homes in Ibadan metropolis ($R^2=.042$, $F(3,277)=4.097$, $P<.05$). However, these variables jointly contributed about 4% of the prediction on the psychological wellbeing of the population of study. At their individual prediction only religion had a significant on psychological wellbeing ($\beta=-.203$; $t=-3.374$; $p<.05$). Sex ($\beta=0.04$; $t=0.682$; $p>.05$) and age ($\beta=0.019$; $t=0.314$; $p>.05$) were not significant.

5. Discussion

Adolescents low on traumatic experience significantly reported high psychological wellbeing than adolescents that reported high traumatic experience. The plight of losing one’s parents or guardian is naturally traumatic for any child. This will further have an implication on their psychological well-being. This finding is similar to the findings of Stokes, et al. (2009) that adolescent with traumatic experience usually experience symptoms of poor psychosocial well-being. Also supporting this view is Frattaroli, (2006) who observed that expressing emotions through writing about stressful or traumatic events has positive effects on both psychological well-being and physical health. Additionally, Case, et al (2004) observed that traumatic influence of orphan-hood had significant effect on the psychological wellbeing of adolescent in orphanages.

Adolescents with internal HLC had a higher psychological wellbeing than adolescents with external HLC. This findings is related to the findings of Adams et al (1999), that adolescent orphans with internal health locus of control had less score on wellbeing and that external (chance) health locus of control expectancies coincide with more score on adolescent orphan’s wellbeing. In another related study, Murad Ali Khan et al. (2011) supported the findings of this study. They observed that external (powerful others) health locus of control expectancies are correlated with higher levels of distress, while internal control expectancies are related to less distress on the adolescent orphan wellbeing.

The demographic factors (sex, age, religion) jointly predicted psychological wellbeing of the adolescents. Nevertheless only religion had an independent significant influence. This finding is similar to the study of Chatterji et al. (2005) that orphans of all ages report low

stress, than non-orphans and score did not appear to differ by sex. But in contrast, the findings of Nyamukapa et al. (2006), indicated that orphans have more psychological disorders and more severe illness for both sexes. There were greater psychological trauma disorders in girls, but no significant differences according to age.

In conclusion therefore, it is imperative that adolescents who has been exposed to trauma before their reference to the orphanage homes should be exposed to different psychotherapy sessions. There is also the need to expose the adolescents to schemes that help build psychosocial skills that enable them to take responsibility for their actions and not to blame others. Psychological wellbeing of adolescents in orphanages remains the same irrespective of age and sex. However, there remains a significant gap between the type of religion the others.

Age has also been suggested as another factor that could influence psychological well-being. Logically, the older an individual is, the greater the tendency for him or her to have more resilience in coping with stress and vice-versa. Thus, the welfare of the younger ones should be of priority to both correctional institutions and welfare homes. This finding is also relevant in kindergarten and primary schools. The African factor often comes to the fore. Thus, most teachers are known for their disciplinary approach in instilling learning objectives in their students. The age of young learners is an indication of the fact that their level of comprehension is still at its early stage. Stern approaches used in classes could have negative consequences on their psychological well-being. This finding should be a relevant cue that could help in curtailing the excesses of teachers if adhered to.

6. Conclusion and Recommendations

Traumatic experience that adolescent Orphans undergo usually affects their psychological well-being. This traumatic experience can be regulated with internal health locus of control. Additionally it was observed that the more religious an orphan is the higher their psychological well-being. Therefore, Psychotherapeutic intervention programmes geared towards improving the psychological well-being of Orphans in Orphanages should include programmes that encourage religiosity so as to minimize their vulnerability and also promote healthy lifestyle among them.

7. References

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