

**SOCIO-PERSONAL FACTORS AS PREDICTORS OF PSYCHOLOGICAL
WELL-BEING OF PUPILS WITH MILD INTELLECTUAL DISABILITY IN
THE SOUTH-WEST, NIGERIA**

BY

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CERTIFICATION

I certify that this work was carried out by Mrs. Ogechukwu Nkiruka **ENWEREONYE** in the Department of Special Education, University of Ibadan.

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DEDICATION

This study is dedicated to:

The Almighty God,

Who made heaven and earth

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What shall I render to the self-existing God, who alone can turn any situation around? I give all praises to the Alpha and Omega, the Giver of life, the great Provider, the only Authority that cannot be challenged in heaven and on earth, the Almighty God, who made the successful completion of this study possible. My Lord and God, thank you for supplying all that is needed for the success of this work and at your appointed time, everything has been made beautiful. All glory and honour be to God who reigns forever.

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ABSTRACT

Psychological well-being, a core feature of mental health that describes an individual's emotional state, is an indication for good quality of life. Reports show that many pupils with mild intellectual disability in the south-west, Nigeria usually experience deficits in psychological well-being. Previous studies focused more on the acquisition of functional academic and adaptive skills of Pupils with Mild Intellectual Disability (PsMID) than on socio-personal factors (self-esteem, social competence, loneliness and aggression) influencing their psychological well-being. This study, therefore, was carried out to investigate the socio-personal factors (self-esteem, social competence, loneliness, home background, depression, aggression and anxiety) as predictors of psychological well-being of pupils with mild intellectual disability in the South-west, Nigeria.

Ryff's Psychological Well-being and Vygotsky's Socio-cultural theories provided the framework, while the study adopted the descriptive design of the correlational type. The multi-stage sampling procedure was used. The six states in the south-west, Nigeria were enumerated. The purposive sampling technique was adopted to select 28 government-owned primary special schools within the six states. Based on the Slosson Intelligence Test-Revised, 350 PsMID with intelligence quotient of 52-68 were selected. The instruments used were Slosson Intelligence Test-Revised ($r=0.86$), Home Background Questionnaire ($r=0.75$), Self-esteem ($r=0.75$), Social Competence ($r=0.90$), Loneliness ($r=0.83$), Depression ($r=0.75$), Aggression ($r=0.72$), Anxiety ($r=0.87$) and Psychological Well-being ($r=0.75$) rating scales. Data were analysed using descriptive statistics, Pearson product moment correlation and Multiple regression at 0.05 level of significance.

The respondents' age was 14.48 ± 3.43 years, and 53.4% were male. The respondents' states of residence were Oyo (38.9%); Osun (20.3%); Lagos (18.9%); Ogun (8.0%); Ekiti (7.1%) and Ondo (6.9%). The respondents' levels of aggression ($\bar{x}=2.57$) and self-esteem ($\bar{x}=2.55$) were high against the threshold of 2.50, as well as their levels of anxiety ($\bar{x}=1.97$) and social competence ($\bar{x}=2.20$) against the threshold of 1.50 respectively; while their levels of loneliness ($\bar{x}=2.43$) and depression ($\bar{x}=2.31$), were low against the threshold of 2.50. Social competence ($r=0.23$) had a significant positive relationship, while loneliness ($r=-0.18$) had a significant negative relationship with psychological well-being of PsMID. There was a significant joint contribution of the independent variables (self-esteem, social competence, loneliness, home background, depression, aggression and anxiety) to the psychological well-being of PsMID ($F_{(7; 342)} = 4.85$; Adj. $R^2 = 0.072$), accounting for 7.2% of its variance. Social competence ($\beta=0.22$), loneliness ($\beta=-0.17$), and aggression ($\beta=0.12$) had significant contributions to the prediction of psychological well-being of PsMID.

Social competence positively influenced the psychological well-being of pupils with mild intellectual disability in the south-west, Nigeria, while loneliness negatively influenced their psychological well-being. Special educators, caregivers, parents and school administrators should pay attention to these factors to ensure optimal psychological well-being among pupils with mild intellectual disability.

Keywords: Intellectual disability, Pupils with mild intellectual disability, Depression, Psychological well-being, Social competence

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TABLE OF CONTENTS

Title Page	i
Certification	ii
Dedication	iii
Acknowledgements	iv
Abstract	vi
Table of Contents	vii
List of Tables	x
CHAPTER ONE: INTRODUCTION	
1.1 Background of the study	1
1.2 Statement of the problem	12
1.3 Purpose of the study	13
1.4 Objectives of the study	13
1.5 Hypotheses	13
1.6 Research questions	14
1.7 Significance of the study	14
1.8 Scope of the study	15
1.9 Operational definition of terms	16
CHAPTER TWO: LITERATURE REVIEW	
2.1 Conceptual Review	18
2.1.1 Concept of intellectual disability	18
2.1.2 The general concept of PWb	23
2.1.3 Self-esteem among pupils with mild intellectual disability (PsMID)	26
2.1.4 Social competence among PsMID	28
2.1.5 Aggression among PsMID	32
2.1.6 Home background and PWb of PsMID	36
2.1.7 Loneliness among PsMID	38
2.1.8 Depression among PsMID	40
2.1.9 Anxiety among PsMID	43
2.2 Theoretical review	45
2.2.1 Carol Ryff's theory of PWb (1989)	45

2.2.2	Vygotsky's Socio-cultural theory (1978)	48
2.3	Empirical reviews	49
2.3.1	Psychological well-being (PWb) of PsMID	49
2.3.2	Self-esteem and PWb among PsMID	50
2.3.3	Social Competence and PWb among PsMID	53
2.3.4	Aggression and PWb among pupils with intellectual disability	57
2.3.5	Loneliness and PWb among pupils with intellectual disability	59
2.3.6	Depression and PWb among pupils with intellectual disability	63
2.3.7	Anxiety and PWb among pupils with intellectual disability	66
2.4	Summary of literature	67
CHAPTER THREE: METHODOLOGY		
3.1	Research design	69
3.2	Population	69
3.3	Sample and sampling techniques	69
3.4	Inclusion Criteria of Respondents	70
3.5	Instrumentation	72
3.6	Procedure for data collection	76
3.7	Ethical consideration	76
3.8	Method of data analysis	77
CHAPTER FOUR: RESULTS AND DISCUSSION		
4.1	Presentation of Results	78
4.2	Research questions	87
4.3	Hypotheses	106
4.4	Discussion of findings	119
4.5	Summary of findings	128
CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS		
5.1	Summary	129
5.2	Conclusion	130
5.3	Limitations of the study	130
5.4	Recommendations	131
5.5	Contributions to knowledge	132

5.6	Suggestions for further studies	132
	References	134
	Appendices	148

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LIST OF TABLES

Table 2.1	Slosson classification chart	19
Table 3.1:	Distribution of sample based on school	71
Table 4.1:	Distribution of respondents by Gender, Age and States of respondents	79
Table 4.2:	Distribution of the respondents by school	81
Table 4.3:	Distribution of respondents by local government areas	83
Table 4.4:	Zero order correlation matrix showing the relationship between PWb, home background, anxiety, loneliness, depression, aggression, self-esteem, and social competence	85
Table 4.5:	Summary of measure of self-esteem among PsMID	8
Table 4.6:	Summary of measure of social competence	90
Table 4.7:	Summary of the measure of loneliness among PsMID	92
Table 4.8:	Summary of the measure of depression among PsMID	94
Table 4.9:	Summary of the measure of aggression among PsMID	96
Table 4.10:	Summary of the measure of anxiety among PsMID	98
Table 4.11:	Measure of Psychological wellbeing	100
Table 4.12:	Summary of regression analysis showing joint contributions of social and emotional factors on PWb of pupils with mild intellectual disabilities	102
Table 4.13:	Summary of regression analysis showing relative contribution of social and emotional factors on PWb of pupils with mild intellectual disabilities	104
Table 4.14:	Pearson product moment correlation (PPMC) showing relationship between self-esteem and PWb of pupils with mild intellectual disability	106
Table 4.15:	Pearson product moment correlation (PPMC) showing relationship between social competence and PWb of pupils with mild intellectual disability	108
Table 4.16:	Pearson product moment correlation (PPMC) showing relationship between aggression and PWb of pupils with mild	

	intellectual disability	110
Table 4.17:	Pearson product moment correlation (PPMC) showing relationship between home background and PWb of pupils with mild intellectual disability	112
Table 4.18:	Pearson product moment correlation (PPMC) showing relationship between loneliness and PWb of pupils with mild intellectual disability	114
Table 4.19:	Pearson Product Moment Correlation (PPMC) showing relationship between depression and PWb of pupils with mild intellectual disability	116
Table 4.20:	Pearson Product Moment Correlation (PPMC) showing relationship between anxiety and PWb of pupils with mild intellectual disability	118

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Psychological well-being is essential to all human beings. This is because individual psychological well-being henceforth: (PWb) includes dealing with the various stresses of daily life and realizing one's full potential as a contributing member of society. An individual's PWb is judged appropriate whenever he or she is able to demonstrate self-acceptance and independence, positive social interactions, purposeful living and a control of the environment.

It is a multi-dimensional term that refers to someone's well-being, fulfillment, hobbies, and quality of life. This is achievable by reaching equilibrium despite positive and negative issues of life. It implies a sound mental health, satisfactory and purposeful living. An utmost level is an indication of positive physical, emotional and social conditions of an individual. Well-being goes beyond living without sickness; rather it is more of happiness and contentment. Well-being can as well be explained as how an individual feels about himself or herself. It is of great importance to note that everyone values and searches for well-being because it means so many desired things as feeling happy, positive social interaction, contentment and purposeful living. According to Ndwigah, Asatsa and Macharia (2021), "well-being" is a complex concept made up of psychological, social, and subjective elements that affect how effectively people function as whole people and realize their full potential as members of society.

Individuals' PWb as well includes excersizing a good sense of self- autonomy, self-acceptance, individual development, life's purpose and self-esteem (Repetti and Bai, 2015). It also suggests different means wherein individuals assess their lives, including the degree to which they demonstrate their ability to coordinate with setting the objectives and performance. It is not only that an individual's PWb is assured to be one of his/her most valued desires and goals in life but it influences individual's mental health largely (Suh and Oishi, 2004).

In many aspects, PWb (is synonymous with other phrases that relate to good mental states, such as happiness or satisfaction, according to Robertson, (2018), and it may not be necessary to worry about the subtle differences between such terms. According to Robertson, if a person feels confident that they are content or living happily, it reveals that they have a high level of PWb. The inter- and intra-individual levels of affirmative functioning, which encompass a person's social interactions and attitudes, including how they feel they have control over a circumstance, are what are referred to as PWb (Burns, 2016).

There are three approaches involved in finding out what constitutes well-being according to Kelly, Kelly and Macdonald, (2016). The social sciences' legacy of using social indicators informs the first approach. This approach stresses the discovery of indicators that reveal the objective views of people on a broad variety of societal concerns that are viewed vital by the society's communal norms. The second approach bases its economic explanation of well-being primarily on the exercise of preferences. Here, the state of someone's well-being is assessed based on their purchasing decisions and behaviours, as well as their ability to pay for the things they want in relation to the resources at their disposal. Well-being considers people's varying experiences. The focus is on how people actually feel about their lives in terms of actual sentiments of joy, happiness, and contentment, which are the main factors through which quality of life is defined. In this method, well-being is assessed subjectively. Evaluation of negative emotions and the reasons why some people live happier lives than others are also topics of study in PWb (Seligman, 2003). Weiss and Lunsky, (2010) asserts that people's reflection on their entire lives is an important factor, although some people feel that how life is experienced (both positively and adversely) in the present moment should be more significant. Therefore, one can rightly say that PWb is not achieved just by the happiness of an individual but also by the personal fulfillment and self-actualisation of the individual.

A condition known as intellectual disability (also known as mental retardation) affects a person's capacity to learn, solve difficulties of daily living, and perform necessary daily activities independently (Kitchener, Jorm, Kelly, Pappas, and Frize, 2010). The findings of these researchers Kitchener, Jorm, Kelly, Pappas, and Frize also

show that intellectual disability affects around 3% of the population and manifests itself in a variety of ways over a spectrum. It is typically a lifelong condition that becomes apparent in a person's early years of life. The impacts of intellectual disability on a person's daily life are numerous. Pupils with Intellectual Disabilities (PsMID) typically struggle with communication, memory, and understanding of social norms. They have difficulties with acquiring and using knowledge of cause and effect on daily events, proffering solutions to problems, logical thinking, reacting and socializing in ways that compare to what their peers can do (Kitchener et al., 2010). Mild to severe intellectual impairment is the most common in existence. Compared to children of similar mental age, pupils with mild intellectual disabilities (PsMID) have difficulties recognizing others' and their own emotional states. They also exhibit a difficulty reading emotional expressions on faces.

Emotional experience is derived through a cognitive assessment of a given situation. PsMID have deficits in concept formation and social skills acquisition. The dimensions of such concepts includes deficits skills in language, reading, mathematics, writing, memory, reasoning, knowledge retention among others while the social dimension includes empathy, judgement, interaction, creating and maintaining friends, and other social activities. PsMID might find it challenging to express their inherently human thoughts and feelings. Due to their deficient in self dependence, the PsMID lack self-determination and have low self-esteem.

The PWb of PsMID needs to be addressed as it affects the individual's behaviour, social life and relationship with people. Intellectual disability generally describes children with slow academic attainment, social and personal development compared to the normal children. Such children possess certain limitations in mental functioning, communication and language skills, self-help and social skills. According to Shree and Shukla (2016), intellectual disability (ID) represents delay in cognitive development often occurring during the developmental period from conception till age eighteen. Delay in cognitive acquisition during development greatly affects the adaptive reasoning of the PsMID resulting in deficits in functioning at the level of their age bracket. American Psychiatric Association (APA) (2013) states that during the developmental stage, intellectual

disability is a condition which impairs both intellectual and adaptive functioning in connection to the conceptual, social, and practical aspects.

Further analysis of the definition of PsMID by Lindblad (2013) shows that the following criteria must be present: reduced cognitive abilities, including reasoning, planning, problem-solving, abstract thought, judgement, and academic learning, are discovered through a combination of clinical examination and specialized, standardized testing. Lindblad 2013 indicated that PsMID are:

“due to deficiencies in adaptive functioning, failure to fulfill developmental requirements, which are signs of personal independence and social responsibility. The adaptive impairments will severely impair functioning in at least one daily task, such as independent living, social engagement, and communication in a range of contexts, including the family, school, workplace, and community, without assistance”. (Lindblad, 2013 pp 78)

Others scholars and groups such as Shree and Shukla (2016), American Psychiatric Association (2013) and Renfrew County District School Board (2008) also defined intellectual disability from their own perspectives. Pupils with mild intellectual disability according to Renfrew County District School Board (2008) usually experience delay ranging from two to more years in academic, social, language and cognitive development in comparison to pupils of the same age. Despite being slower in development than pupils of the same age, they are able to obtain academic and practical skills, find employment, and live independently after they graduate from school.

In clinical description, Katz and Lazcano-Ponce (2008) states that PsMID do acquire language though with much difficulty. Additionally, they develop the capacity to communicate effectively, engage in meaningful dialogue, and employ voice for everyday tasks. Even if their rate of growth is typically and noticeably slower than average, the majority of them also reach complete independence in practical and domestic skills as well as self-care (on how to eat, wash, cloth, bowel and bladder control). According to Lindblad (2013), full range of cognitive, interpersonal, and practical skills that people learn and use to their daily lives is referred to as adaptive behaviour. Conceptual skills include knowledge of language and reading, as well as concepts of time, money, and numbers. Conversely, includes societal responsibility, interpersonal skill, self-esteem,

contentment, and the capacity to follow social rules and regulations in order to avoid victimization are a part of social skills.

On the other hand, practical skills cover things like taking care of oneself, working at a job, taking care of one's health, following schedules and routines, being safe, managing money, and using the phone, among other things. Due to their developmental deficiencies, PsMID are more likely to exhibit social difficulties, attention issues, and aggressive behaviour (Katz and Lazcano-Ponce, 2020). The PsMID exhibited greater disruptive and anti-social behaviours than children with more severe intellectual disabilities, according to Buckley, Glasson, Chen et. al. (2020) research. In a comparison study of PsMID, Einfeld and Tonge further hypothesized that the group with minor intellectual disability had greater rates of depressive moods, emotional disorders, and anti-social behaviour. This might be because PsMID are usually smarter than the ones with very serious intellectual disabilities just as PsMID are also more conscious of it than people having severe or profound disabilities.

The PsMID are faced with various challenging factors that are possible predictors of PWb. Among such factors are; withdrawal, self-acceptance, making and keeping friends, and independence. Pupils in this category are faced with the challenges of withdrawal. Hence, one of the factors that can predict PWb is withdrawal. Withdrawal has to do with lack of interest in activities around an individual. That is the refusal to take part in even what could be regarded as favourite leisure activities or work. This is evident when the victims of withdrawal are unable to be cheered up, and easily decline to be part of activities, for example, watching television, listening to music or outdoor activities. Similarly, self-acceptance is another challenging factor facing PsMID which could as well be a possible predictor of PWb. A positive attitude will result from a healthy level of self-acceptance, which can increase life satisfaction. Self-acceptance is a fundamental part of self-actualization, which enhances psychological development and functioning. In essence, it refers to keeping a positive course for the future while also making peace with the past.

Furthermore, making and keeping friends is another factor that can predict PWb. In order for young ones to develop socially and emotionally, friendship and peer group are crucial. This is due to the fact that deep friendships with friends and classmates

provide young ones the chance to discover their identities and develop a positive feeling of self. However, it is different for PsMID. It can be much more difficult for this group to make and keep friends. And when quality friendship, social acceptance and support is lacking, these PsMID are more likely to experience delayed social and emotional development. Furthermore, PsMID are also faced with the challenges of obtaining independence. Independence is another possible factor that can predict PWb. The PsMID often depend on others to perform certain skills that are naturally personal skills. Such skills include personal care and hygiene, dressing, laundry process, food preparation, handling money, transportation, time management among others which are considered essential to enhancing independence.

Acquisition of these self-help skills leads to increased independence while lack of such skills will make such pupils dependent on care-givers. Literature suggest several factors that could promote or reduce PWb of PsMID such as self-concept, social support, purposeful living, independence, environmental mastery, making and keeping friends, social competence, self-esteem, depression, aggression, loneliness, anxiety among others. This study therefore, will focus on selected socio-personal factors. The selected factors include self-esteem, social competence, aggression, home background, depression, loneliness, and anxiety.

Self-esteem refers to one's perception of oneself as a result of one's feelings about oneself. High self-esteem is attitudinal determined. Amaechi (2008) states that self-esteem is when one feels happy concerning one's character and abilities. Similarly, Mruk (2013) defined self-esteem is the general subjective emotional evaluation of one's own value. Both a judgment of and an attitude toward oneself are involved. What one thinks about oneself is the foundation of self-esteem. Therefore, it can be claimed that having a positive self-belief will result in having a positive sense of self-worth. PsMID frequently suffer from low self-esteem.

Social competence is another factor selected for investigation in this study as a possible predictor of the psychological health of PsMID. The level of social skills a person has developed greatly influences how effectively they behave in social situations. The likelihood that someone will use the best social skill to manage a problem increases with the quality of social skills they have gained. Social competence changes from time

to time and consists of social abilities that function as regulators of social behaviour that triggers the individual competence in a given situation (Oh, Mathers, Hiscock, Wake and Bayer, 2020). Argyle (1999) defines social competence as the perfect acquisition of social abilities that enable the generation and activation of the intended result in interpersonal interactions.

Social competence can as well be explained as an enabling factor for one to engage in appropriate social behaviours leading to an interpersonal relationship that will not be considered harmful to other people. All of the categories of social, emotional, affective, cognitive, and even physical components should contain the unique abilities and behaviours associated with social competency. Social competence could be looked at as an infusion of constructs that involve social skills, adaptive behaviour and peer relationship variables. The PsMID have been proved to have difficulties in based on peer-relationship within the school setting. Social competence as well describes a person's capacity to appropriately use accessible social behaviour in light of available social information (Taborsky and Oliveira, 2012).

Social competence is established on the flexible nature of behaviour. Social competence is traditionally defined as an infusion of social abilities, habits, skills and knowledge (Oh, Mathers, Hiscock, Wake and Bayer, 2020). Oh et al. added that the mastery of social skills that enables a person to produce the intended effects on social relationships is known as social competence. According to Schneider (1993), social competence is the capability to act in a way that is acceptable to others and enhances interpersonal relationships. The level of social skills a person has developed greatly influences how effective their social behaviour will be. Progressive cognitive, physical and emotional development in children fosters the emergence of a variety of social abilities.

The PsMID face challenges in acquiring social abilities due to delay in cognitive, motor and emotional development. With respect to this view, aggression is considered a factor capable of predicting psychological wellbeing of PsMID. The term "aggression" is frequently utilised in describing behaviours such as physical assaults on coworkers, family members, or other individuals, as well as verbal threats, aggressive remarks, ominous body language, and property destruction, among other things. Aggression is any

behaviour that causes other people pain or that causes harm to oneself or property (Connor, Newcorn, Saylor, Amann, Scahill, Robb, Jensen, Vitiello, Findling and Buitelaar, 2006). In addition, any action taken with the aim to hurt, destroy, or cause discomfort to another person is considered human aggression. The victim must be actively trying to escape the aggressiveness, and the aggressor must believe and anticipate hurting the target as a result of their actions. As a result, aggression is not thought of as an accident. Aggression has also been defined from different angles all pointing to a resolve to cause harm or destroy life.

Aggression can be categorized and described on reactive and proactive dimensions. Reactive aggression is a hasty, harmful act that is committed in response to danger or provocation. Attacking the person who provoked you is the main goal of reactive aggression. It is characterized by extremely high emotional arousal that manifests as aggressive and self-defending behaviour. Aggression that is proactive is more controlled, well-planned, and less emotional. It started out seemingly without cause and was carried out after careful planning. Proactive aggressiveness is done for a fee or to get a specified benefit, such getting something, establishing control, or getting the approval of your friends. Its execution could for example be in form of bullying and coercive behaviours against weaker peers (Gendreau and Archer, 2005). It has been shown that those with intellectual disabilities are usually more aggressive (Tevis and Matson, 2022; Bowring, Painter and Hastings, 2019). On both a short-term and long-term basis, aggression can have detrimental effects on both the aggressor's and the victims' quality of life.

This study also focused at loneliness as a potential predictor of PsMID' PWb. The term "loneliness" describes how people respond to experiences and consider their lack of connections with others. It is through cognitive processes that people are able to examine the situation they find themselves. Loneliness is an emotionally linked factor capable of predicting the PWb of PsMID. It is as well a subjective state, a reaction to the way people perceive and feel about their social connections. Another way to put it is as the personal, depressing sensation of loneliness or loss of friendship.

The absence of a close person with whom one has close attachment such as a friend, partner or spouse is known as emotional loneliness. In contrast, social loneliness is

characterized by being cut off from a social network, such as a circle of friends. Loneliness is a virulent feeling that develops when an individual's circle of social connections is both inadequate in quantity and quality. It is as well a state perceived by the individual as one where pleasant, admissible and assured relationship is lacking. This encompasses circumstances when the number of relationships is lesser than what is acceptable or ideal and circumstances where the desired intimacy has not been attained. Thus, it is believed that how one experiences, perceives, and assesses their loneliness and lack of social interaction is a key component of loneliness.

Loneliness often sets in as a result of one's failure to embrace change. These changes could be because of losses, such as losing a spouse, loss of family members, loss of friends and the loss of health. The means and manner individuals are supported and their level of expectations may likely trigger the experience of loneliness. The PsMID are prone to different support mechanisms because they are much less likely to be married or have children (McCarron, McCallion, Burke, McGlinchey, Andrews, Foran, and Mulryan 2011). These PsMID interact with their families and friends less often than the general population (McCausland, 2016). PsMID have problems getting involved into the wider society, because of difficulties in interaction and skills deficits which have left them disadvantaged and even stigmatized.

Home background which involves domestic living is significant to the PWB of a child. The home setting where children are raised influences a child's psychological and behavioural development. Home setting is a basic and very crucial institution in human existence and continuity as well as in ensuring the development of the basic skills for appropriate interaction within a given environment. PsMID seem to be highly influenced by their home background especially in their early life under the direct influence of their parents and siblings. When compared to children of parents with higher income and educational levels, it has been found that children of low-income and undereducated parents are less likely to use the services that are offered (Chiri and Warfield, 2011). The reason for this may be that less educated parents have little or no knowledge about psychological wellness of PsMID and available services (Weiss and Lunskey, 2010). According to Chiri and Warfield (2011), international researches have shown that family income and healthcare insurances have great impact on persons with

impairments. It is the responsibility of parents or guardians of these pupils to provide an ideal home environment which will motivate and assist their wards study effectively.

In some homes, there are many materials and activities that can stimulate and sustain pupils' interest to learn such as computers, books, television, puzzles and so on; whereas certain homes has few or no resources that can contribute to the education of the pupils. The home, a strong institution that has a significant impact on children, particularly PsMID, and its value as a major factor of socialization, may either improve or worsen the students' PWb based on the social circumstances dominating the home. In the absence of support, individuals having intellectual disability are most likely to feel lonely and depressed. Depression is one of several noticeable challenges encountered by person's having intellectual disability. Schneider (1993) describes depression as a mental illness which results into constant sense of melancholy and boredom. It may result in a range of physical and mental issues, having impact on how one feels, thinks, and behaves.

A victim may find it difficult to complete everyday duties and, occasionally, believe that life isn't worth living (Schneider, 1993). The PsMID may find it challenging to express their feelings and worries due to communication issues. It is vital not to mistake depression to mean grief. Grief is a usual reaction to loss. The period one grieves and the way in which he/she does so vary. However, a long lasting grief and increased number of losses within a given time may likely enhance the risk of one suffering depression. The PsMID who suffer grief and loss, are prone to respond to their grief differently from the way the general population react to theirs. When compared to the general population, PsMID's grieving may also take on a different dimension and last longer. Similar circumstances are cited by young individuals with mild to moderate intellectual disability as the root of their depression.

They primarily blame their physical and medical issues, demanding lifestyle choices, social isolation, acclimating to maturity, and future planning for their distress. Maiano, Coutu, Tracey, Bouchard, Lepage, Morin and Moullec, (2018) study, discovered depressive disorder as the most common psychiatric disorder affecting PsMID. They also revealed that PsMID are probably far more prone than the general population to

experience depression, and it is thought that their prevalence of mental health issues may be up to 50% higher.

The following are some features of depression in persons having intellectual disability as recorded by Maiano et al., (2018): oversleeping, weight loss or increase, hunger loss, depression, waking up early, worries, social exclusion, lack of confidence, lack of sexual interest, self-blame and unwarranted guilt, distraction, and decision-making, lack of functional or self-care skills, suicidal thoughts/actions or other self-endangering behaviour. Medina-Rico, López-Ramos, and Quiñonez (2018) noted that it is a hectic task diagnosing depression among young people who have serious communication issues. He states further that diagnosis becomes more difficult as communication skills decrease. He also pointed out that there are gender differences in how depressed teens behave, with girls receiving more social support and boys hiding their emotions more.

Another variable that predicts the PWb of PsMID is the degree of anxiety they naturally experience. Anxiety appears to be an infusion of construct which constituting components include physiological, cognitive, affective and behavioural factors. An unpleasant emotional response brought on by perceived or actual threat and danger could be used to explain anxiety as a common response to stress. It is an emotion characterized by an unpleasant feeling of inner perplexity that is frequently accompanied by tense actions like pacing back and forth, (Davison, 2008). He added that it is the subjectively displeasing and fearful feelings of dread as a result of anticipated occurrence including the feeling of imminent death. Anxiety refers to a feeling of great worry and uncertainty often resulting from overreaction against an imagined condition and seen as threatening (Hemmings and Bouras, 2016). Consequently, it leads to tension, restlessness, fatigue and lack of concentration (American Psychiatric Association, 2013).

Hemmings and Bourach (2016) listed the following as the characteristics feature of anxiety in people having intellectual disability: Phobia, panic, fear of open spaces, screaming, self injury, scratching, sucking, shouting, sleeping disturbances and so on. Anxiety can manifest as a temporary "state" or a persistent "trait" over time. While anxiety is a worry about upcoming events, fear is a reaction to current events. These emotions may manifest as physical signs as shaking and a racing heartbeat.

Genetic and environmental factors are the major causes of anxiety disorders (Hemmings and Bourach, 2016)). The environmental factors according to them include trauma/bullying, crisis ridden homes, illness, stressful work and social situations. He listed the neurobiological factors as; sensory disintegration, genetic temperament of family, abnormal cardiovascular and electrodermal responses and dysregulation of autonomic nervous system activity. When problems involving schoolwork are seen as endangering one's self-worth, school anxiety refers to a discomfort response accompanied by unpleasant emotions and a state of distress. This study focused on socio-personal factors (self-esteem, social-competence, loneliness, home background, depression, aggression and anxiety) as possible predictors of psychological well-being among PsMID in order to enhance their psychological well-being.

1.2 Statement of the problem

Life satisfaction or PWb is one of people's deepest wants and the key objective that influences mental health in people than other factors. Pursuit of life skills that enable people, families, or communities to comprehend, interact with, and lead healthy lives is motivated by this feeling of well-being. Acceptance of oneself, good relationships, freedom, environmental control, personal development and having a purpose in life all influence PWb. The PWb of PsMID is very important as it affects their behaviour, social life and their interactions with people. PsMID due to their deficit in social skills may experience difficulty in the areas of behaviour and social relationship. There are so many predictive variables for PWb of PsMID. Some of these factors could be social, emotional, cognitive, behavioural and psycho-social.

In Nigeria, most studies centred on the aspect of cognitive development of PsMID especially on ways of teaching them different subjects. Little or no attention is paid to their attitudinal development which they needed most for day to day activities. The PsMID like every other human being deserves to be happy in life and actualize their full potentials in order to become useful and productive within the society. Their happiness and actualization of their full potentials can only be guaranteed if their PWb is positively stable. Additionally, as far as the researcher's knowledge, there is paucity of literature on the Socio-Personal Factors henceforth: (SPFs) as possible predictors of "well-being" in

PsMID. Consequently, this study was designed to look into SPFs (self esteem, social competence, loneliness, home background, depression, aggression and anxiety) as predictors of PWb of PsMID in the South-Western Nigeria.

1.3 Purpose of the study

This study's primary goal was to look at the predictive value of independent variables (SPFs): self-esteem, social competence, aggression, home background, loneliness, depression, and anxiety) on the dependent variable (PWb of PsMID).

1.4 Objectives of the study

The study's specific objectives were to:

1. examine the level of socio-personal variables among PsMID.
2. determine the relationship between SPFs (self-esteem, social competence, aggression, home background, loneliness, depression, and anxiety) and the PWb of PsMID .
3. establish the joint contribution of the independent variables (SPFs: self-esteem, social competence, aggression, home background, loneliness, depression, and anxiety) to the dependent variable (PWb of PsMID)
4. assess the proportional impact of the independent variables (self-esteem, social competence, loneliness, home back ground, depression, aggression and anxiety) to the dependent variable (PWb of PsMID).

1.5 Hypotheses

The following null hypotheses were developed and evaluated at a significance level of 0.05:

Ho₁: There is no significant relationship between self-esteem and psychological well-being of PsMID in the South-west, Nigeria.

Ho₂: There is no significant relationship between social competence and Pwb of PsMID in the South-west, Nigeria.

Ho₃: There is no significant relationship between aggression and Pwb of PsMID in the South-west, Nigeria.

- Ho₄: There is no significant relationship between home background and Pwb of PsMID in the South- west, Nigeria
- Ho₅: There is no significant relationship between loneliness and Pwb of PsMID's in the South- west, Nigeria
- Ho₆: There is no significant relationship between depression and Pwb of PsMID's in the South- west, Nigeria
- Ho₇: There is no significant relationship between anxiety and Pwb of PsMID's in the South- west, Nigeria

1.6 Research questions

The study employed the following research questions:

1. What is the level of socio-personal variables among PsMID with respect to:
 - a. Self-esteem
 - b. Social competence
 - c. Loneliness
 - d. Depression
 - e. Aggression
 - f. Anxiety
2. What does each independent variable contribute collectively (Social and emotional factors) on PWb of pupils with mild intellectual disabilities in the South West, Nigeria?
3. What is the relative contributions of the independent variables (social and emotional factors) on PWb of pupils with mild intellectual disabilities in the South-west, Nigeria?

1.7 Significance of the study

The findings from this study showed significant advantages for all types of teachers. (special educators and non-special educators), PsMID and regular school children alike. The findings of the study equipped parents, family members, relations and care-givers with relevant information on how to handle the behaviour of PsMID in order

to improve their PWb. These include providing these PsMID with necessary materials, adequate support and care and show of love among others.

The findings of the study equally provided insights to a needed guide in providing solutions to change in behaviour of PsMID. The outcomes from the study also avail an opportunity for better and deep understanding of the unique traits of PsMID to the teachers, parents and care-givers. The findings also lead to an increase in the levels of knowledge and awareness and ways to improve the psychological and social well-being of PsMID.

The findings of this study also offered useful guidance to those involved in developing curricula, making policy decisions, and other aspects of the education of pupils with mild intellectual disabilities on how to meet needs that could promote desirable functional skills and behaviour in this group of school children. The result from the study provided ways to foster an ideal partnership between home and school environments on assisting the PsMID in managing their social and emotional instincts for a better PWb.

The result of this study provided immense contribution to counsellors in order to counsel parents, teachers and care-givers of PsMID on how best to manage their attitude and feelings for a better PWb. The findings served as a source of reference for future researchers who may want to conduct the same or similar study in other subjects or from other parts of the country. The results also added to the empirical findings of the possibility of achieving positive PWb in relation to PsMID.

1.8 Scope of the study

This study was delimited to the SPFs (self-esteem, social competence, aggression, home background, loneliness, depression, and anxiety) as predictors of PWb of PsMID in the south west, Nigeria. It was delimited to a few chosen government special schools where majority of PsMID were concentrated. The study involved only PsMID between ages 10-25 years.

1.9 Operational definition of terms

Socio-personal factors: These factors (self-esteem, social competence, loneliness, home background, depression, aggression and anxiety) entail expressions and management of emotions and the ability to enter into a positive and rewarding relationship with PsMID.

Mild Intellectual disability: this is a developmental delay often expressed in terms of persons' general sub average intelligence (52-68 IQ) as well as deficits in adaptive behaviour as tested with Slosson Intelligence Test (SIT) Revised Third Edition SIT-R3.

Self-esteem: This is an individual's whole subjective emotional evaluation of his or her own value. It is a self-evaluation and attitude toward oneself as determined by the Rosenberg Self-Esteem Scale.

Social competence: It refers the capacity of a person to use their social skills in a way that is acceptable for the situation or accessible social information, especially for PsMID.

Loneliness: It is an emotional factor and subjective concept that is specific to PsMID and yet has common features that are measurable at a population level.

Home background: The place or environment where one lives including its socio-economic and emotional status, literacy activities and parental support as determined by their answers to the questionnaire about pupils' home background.

Depression: This refers to the long standing unresolved grief as a result of losses as it relates to PsMID.

Aggression: This refers to any behaviour that makes oneself or others experience pain, including actions that are damaging to oneself, other people, or property.

Anxiety: It refers to the irrational, depressing fears associated with upcoming occurrences, such as the sense of impending doom. It can also be classified as an emotion marked by an unhealthful condition of internal confusion, which is frequently followed by tense behaviour.

Psychological well-being: It is a condition of an individual life expressed in terms of happiness, satisfaction, good health, environmental control and comfortable living, used as one of the dependent measure in the study.

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CHAPTER TWO

LITERATURE REVIEW

2.1 Conceptual review

2.1.1 Concept of intellectual disability

The ability to learn is connected with intellectual capabilities. Disability has existed throughout history, but language, attitudes, and perceptions of PsMID have changed over time. These perceptions range from unhealthy treatment which exclusion leballing ridiculing of pupils with intellectual disability.

Harris (2006) refers to intellectual disability as cognitive and developmental disability. According to APA (2013), intellectual disability impairs intellectual and adaptive functioning which sets in during formative stage. Intellectual disability is categorized according to severity. The categories include mild, moderate, severe or profound (APA, 2013). The degree of adaptive functioning determines the severity.

Intellectual disability can as well be explained through classification according to levels of disability. The table below from Slosson Intelligence Test Revised is a classification using Total Standard Score (TSS) to show different levels of disability.

Table 2.1 Slosson Classification Chart

TSS	Classification	School Accomplishment and Placement
148-above	Very superior	Gifted programme, college, graduate work
132-147	Superior	Gifted classes, college, graduate work
120-131	High	Gifted classes, college, graduate work
110-119	Above average	High school and college
90-109	Average	High school, junior college
80-89	Below average	Slow learner classes
69-79	Borderline M/H	Slow learner classes
52-68	Mild M/H	Classes for Educable
36-51	Moderate M/H	Classes for Trainable
35 – below	Severe/profound M/H	Classes for severe/profound

Bradley, (1985)

These are some ways that intellectual disability can have an impact on a person:

- i. It takes the individual longer to pick up new information.
- ii. The person can have trouble reading and writing.
- iii. The individual's capacity for communication is impacted.
- iv. Conceptual understanding may take longer for the person to grasp.
- v. It could be challenging for the individual to maintain eye contact.
- vi. The individual may struggle to comprehend abstract ideas.
- vii. It might impair someone's capacity for planning and problem-solving, as well as their
- viii. Capacity to adjust to novel or unfamiliar situations
(Sappok, Diefenbacher, and Winterholler, 2019)

There is evidence that adolescents with intellectual disabilities have fewer friends and feel more alone than typically functioning adolescents (Petrina, Carter, and Stephenson, 2014). In contrast to children who are ordinarily developing, PsMID have fewer and more limited peer contacts from an early age. They added that by the time children with intellectual disabilities are old enough to attend school, social exclusion and feelings of loneliness are known to persist, and by adolescence, youths with intellectual disabilities are known to participate at lower rates in social and recreational activities.

The PsMID typically lack the social abilities required to start, develop, and maintain reciprocal relationships, which may contribute to the noticeable deficiency in social activity participation (Petrina et al., 2014). The four interconnected processes that make up social competence are emotion management, shared understanding, socio-cognitive processes, and higher-order processing abilities, according to Guralnick, Neville, Connor and Hammond (2007), social-competence model for peers. The majority of these activities are hampered by the behavioural, cognitive, and communication issues that are frequently connected to intellectual disability. As a result, young ones with minor intellectual disability might not learn how to explore social tasks and relationships like joining peer groups, adhering to play norms, and resolving problems (Petrina, et. al. 2014).

The impact of these sociocognitive impairments on children's peer-related social competence is demonstrated by studies of peer interactions among children with

intellectual disability. Siperstein, Leffert, and Millikan (2000) discovered that children having intellectual disability have trouble picking the best social techniques and focusing on a variety of unexpected social cues. Children with intellectual disability in particular, had problems identifying social cues that came along with a bad occurrence. They also struggled to adapt their social strategies to different social conflicts. Similarly, Siperstein, Leffert, and Milikan (2000) found that socially rejected children had trouble choosing the right strategies to deal with social problems in a study that contrasted the social behaviour and social-cognitive abilities of children with intellectual disability who were socially accepted and those who were rejected.

For PsMID, behaviour issues, especially those involving emotion management, can be particularly detrimental to the formation of good peer connections (Petrina et al. 2014). According to studies, young ones are less accepting of and responsive to intellectually disabled young ones who exhibit severe behavioural issues like violence (Siperstein, Leffert and Milikan, 2000). As a result, young ones with more severe behavioural issues could find it more difficult to socialize with friends. According to Petrina et al., (2014) research, children with intellectual disability who demonstrated greater behavioural issues at age 3 reported feeling more alone at age 10. Another obstacle to making friends, aside from behavioural issues and social skill deficiencies, may just be a matter of not "fitting in." They pointed out that young people become increasingly conscious of individual differences during middle childhood and adolescence, which might result in the stigmatization and rejection of people with impairments. Children who are deemed to not suit the bigger peer group's qualities are less accepted and may have a harder time making friends. Children who suit the preferred traits of the peer group are typically those whose special qualities, including temperament, are accepted by their peers (Rubin, Coplan, Chen, Bowker, McDonald and Heverly-Fitt, 2015). Additionally, Rubin, Coplain, Chen, et al. (2015) reported that usually developing young ones who don't spend much time around or interacting with young ones who have mild intellectual disability tend to be less welcoming of them and less likely to involve them in their social activities. When children with mild intellectual disability do form friendships, they typically have lower quality connections in terms of things like companionship, security, and helpfulness (Rubin, Coplan, Chen, Bowker,

McDonald and Heverly-Fitt, 2015). Sandstrom and Sandra (2013) discovered that young children with intellectual disability typically have a disorganized and in their long-term research of peer relationships, they found a pattern of peer interactions that was conflict-prone. Additionally, their findings showed that these young ones' interactions with peers increased only moderately over a two-year period, whereas children with standard development experienced significant increases in peer relationships over the same time.

When Moore-Dean, Renwick and Schormans (2016) looked at friendships between young ones with and without intellectual disabilities, they discovered that these friendships had similar dysfunctional relationship configurations. Their findings demonstrated the absence of cooperative behaviour and group decision-making in these links, a lack of cooperative play and laughter, and a disorganized division of responsibilities. Findings from Moore-Dean, Renwick and Schormans (2016) longitudinal's study of the friendships of early children with intellectual impairment notably underscore the severity of the restrictions in the relationships and friendship networks of children with intellectual disability. When a sizable portion of their sample found it difficult to recruit shared friends for the study, the limitations of these relationships became clear. The authors had expected to investigate the social interactions taking place inside friendships of PsMID.

At both time points, one-third of moms of study participants with minor intellectual disability were unable to choose a friend to include, and those that they did mention didn't appear to be close friendships. Many people who were questioned about the connections claimed that the children simply tolerated one another or had no strong feelings for one another, and few of the friendships were claimed to be substantially reciprocated. Many of the identified friends were not considered to be regular playmates. Social contacts did not produce the high levels of persistent interactive play that actual friendships would, according to observations. The inability to accurately identify these children's friends for the study, the nature of their peer relationships, and the observed patterns of social interaction all pointed to a general lack of reciprocal friendships for these children.

According to research, friendships between PsMID and people who are of the same sex, close in age, and have interacted with each other more frequently are more

successful social interactions and relationships (Fidler, Barrett, and Most, 2005). Given the significance of strong friendships for the socioemotional development of generally functioning young ones and teens, it makes sense to presume that children with intellectual disability place a similar value on reciprocal connections (Petrina et. al. 2014). The PsMID may increase the probability of poor psychosocial outcomes and poor mental health outcomes if they don't have supportive peer networks and friendships (Petrina et. al. 2014). Research does indicate that PsMID have more psychiatric disorders and psychopathological symptoms than children with typical development, despite the lack of studies on the effects of friendships and peer relationships on the wellbeing of children with mild intellectual disabilities (Emerson and Hatton, 2007). Additionally, Emerson and Hatton, (2007) discovered that compared to their classmates who are usually developing adolescents with ID consistently report higher depressed symptoms throughout adolescence.

2.1.2 The general concept of PWb

Individual's PWb is commonly understood to be a combination of high level of effective functioning of a person and a positive affective state, such as happiness, particularly in his social life (Weiss and Lunsky, 2010). PWb is concerned about lives going well. It involves effective functioning in life as well as feeling good.

Seligman (2003) stated that PWb pays attention to the understanding of a person's experience of profound enjoyment, wisdom, toughness, bodily, and social well-being. A high degree of physical, emotional, social, and cognitive components make up PWb as well, and a decrease in negative deficiencies does not necessarily translate into an increase in positive well-being. The varied dimensional structure made up of life attitudes is woven around the PWb principle. There are no theoretically based explanations for PWb, as demonstrated by Ryff (1989). His research was based on the theoretical justifications for good mental health offered by personality and developmental psychologists. He developed a paradigm called "Multiple Facets of PWb." In this model, PWb was organized in a broad way questioning format with the purpose of determining whether a person is aware of his potential from his life goals to relationships; and from the quality of his interactions with others to how he feels about his life. It includes the

evaluation of PWb as well as physical, material, social, and emotional well-being. Everyone, according to Ryff (2014), has three fundamental psychological needs: competence, independence and connectedness. The satisfaction from these demands will result in both subjective and psychological wellness. According to Ryff and Keyes (1995), PWb is linked to traits like independence, self-reliance, and the ability to control one's attitude. They assert that there are six guiding principles for PWb. The guiding ideas include self-determination, personal development, environmental mastery, life purpose, constructive relationships, and acceptance of oneself.

Autonomous functioning is linked to personal development or self-actualization. A fully functional person is defined as having a locus of internal control and evaluating oneself according to one's own standards as opposed to following the fears and beliefs of the group. The ability of an individual to select or construct situations that will suit his or her unique physical conditions is correlated with environmental mastery. Seligman (2003) stressed that having strong and trusted interpersonal relationships, having positive reciprocal relationships with others, and having the capacity to love and preserve emotional balance are all important components of PWb. A different aspect of PWb is the emotional and cognitive assessment of individuals and their lives in relation to happiness, contentment, and life satisfaction. Personality traits including curiosity, aberrant behaviour, and self-esteem can have a significant impact on PWb levels.

Ryff (1989) enumerated some factors that constitute PWb as independence, mastery of the environment, wholesome social connections, a sense of direction in life, reaching one's full potential, and acceptance of oneself. The PWb represents individual's view of his or her level in life if assessed within the society in which he or she lives with due consideration of the value systems in such society as well as his or her objectives, standards, concerns, and quality. It is a wide concept that is intricately impacted by a person's physical and mental health, as well as their beliefs and interactions with their social network and other specific aspects of their surroundings (World Health Organisation, 2001).

Weiss and Lunsky (2010) outlined three approaches relevant in defining what PWb entails. The first is found in the social sciences' social indicators. The major goal of this strategy is to identify a range of indicators that represent people's goals across the

diverse range of societal domains that society as a whole deems relevant. The second method looks at happiness from an economic perspective, mostly using a preference scale with the backing and assistance of contemporary economic theory. In this sense, consumer decisions and behaviours are taken into account, as well as a person's ability to receive the things they deserve in light of their financial situation and available resources. The third viewpoint defines well-being in terms of individuals' various subjective experiences. This kind of thinking emphasizes the subjective nature of well-being, focusing on how people actually feel about their lives in terms of the primary qualities that characterize life's quality which are joy, happiness, and satisfaction among others. Due of this, subjective well-being (SWB) has come to be associated with happiness, but it is far more nuanced than that.

However, the criteria for what constitutes subjective experiences and PWb are still up for debate. Certain experts assert that the most important issue is how people view their lives overall, while others contend that how life is experienced right now (positively and adversely) should come first in importance (Ryan and Deci, 2001). However, others see self-actualization and personal fulfillment as more important than happiness when measuring PWb.

The field of Intellectual Disability (ID) is significantly impacted by the Quality of Life paradigm (QoL). According to Morisse, Vandemaele, Claes, and Vandeveldel (2001), in ideas like empowerment, liberation, inclusivity, and self-determination. They continued by saying that adopting these QoL principles can be difficult for specialists in daily practice, as ideas are turned into obvious behaviours. Morisse, et al., (2001) regret that QoL concepts were not applied more effectively, which would have improved outcomes for social involvement, independence, and well-being in a typical situation, appears linked with jeopardy because expert's records show how empowerment occasionally replaced by actions, especially those meant to "control" dominate, exclude, and stigmatize people with ID and other mental health issues.

2.1.3 Self-esteem among pupils with mild intellectual disability (PsMID)

Seligman, (2003) properly defined self-esteem as a person's thoughts about themselves that influence how they see themselves. These viewpoints consist of one's own observations, feelings, and understanding of oneself. Self-esteem is influenced by psychological factors. Self-esteem, according to Amaechi (2008), is the sentiment of being content with one's personality and skills. It is a clear, delightful sense of inner calm that is based on a sound self-respect and self-acceptance.

According to Mruk (2013), Evaluation and emotion, two psychological processes, are used to describe self-esteem. Self-esteem is characterized by two psychological processes: evaluation and emotion. The relevance of feelings in regard to one's self-esteem is highlighted by affect, evaluation emphasizes the significance of cognition. A sense of oneself, the value one places on oneself, or the worth one attaches to oneself are all synonyms for self-esteem. The fundamental self-belief is self-esteem. Therefore, it follows that having a positive self-concept will result in having a positive sense of self. According to Culhaoglu and Akmanoglu, (2022), fear and suspicion were linked to reduced self-esteem. But MacKenzie, Kowalchuk, Agarwal, Costa-Dookhan, Caravaggi, Gerretsen, Chintoh, Remington, Taylor, Müeller, Graff-Guerrero and Hahn (2018) did not discover any relationship over time between fear/suspicious and self-esteem. Self-esteem will be maintained if illusions are used as a defense, so it is fair and likely that the two don't go together (Jones and Rhodewalt. 2010). However, MacKenzie et al., (2018) did not go far enough in their analysis to refute their critics, which consequently had a negative impact on internal validity.

The Self-Esteem Rating Scale (SERS), which has been validated in individuals with psychosis, was used by Bentall and Kaney, (1996), They found that their sample of individuals with paranoid delusions had a bigger, mood-independent "pessimistic explanatory style" that included low self-esteem. Although those with grandiose and/or persecutory delusions might have a healthy or high explicit self-esteem, the defense theories postulated that they would have a low implicit self-esteem (Bentall and Kaney, 1996). Because implicit assessments have been interpreted differently by many studies, it is highly disputed if some methods used to gauge self-perception actually tap into unconscious feelings.

According to Bentall and Kaney, (1996), the sense of worth is an instrument that is thought to be the most accurate at gauging implicit self-esteem implicit association test (SE-IAT). This instrument assesses the relationship between the attribute concepts and the target concepts (self or others) (positive or negative). When self- and favorable terms are presented combined, the general public has a predisposition toward responding more quickly. Studies utilizing the SE-IAT to examine the connection between implicit self-esteem and paranoia yielded conflicting findings, and the bulk of these studies were deemed to be of low quality. The defense theory, however, was not supported by a study that was of middling quality and discovered that individuals with persecutory delusions had normal implicit self-esteem equivalent to nonclinical controls (MacKenzie et al., 2018).

Higher quality research and more trustworthy metrics are needed to accurately explore the defensive role of self-esteem in delusions. In defense theories, people's explicit self-esteem should be greater than their implicit self-esteem if delusions are successful in keeping them from developing low self-esteem. Some authors claim that this theory is not necessarily invalidated by low explicit self-esteem as long as implicit self-esteem is higher than explicit self-esteem (MacKenzie et al., 2018). In a review of their original idea, Bentall and Kaney, (1996) suggested that self-defense strategies may not always be effective and that people may differ in their capacity to protect themselves from low self-esteem.

There are fewer differences between explicit and implicit self-esteem in this "weak" interpretation of the defense theory, and explicit self-esteem may be low. According to some academics, there are two distinct definitions of good and negative self-esteem. as better ways to better conceptualize self-esteem. While Bentall and Kaney, (1996) independent of depressed symptoms, Smith (2010) discovered that degrees of poor self-esteem significantly predicted the intensity of paranoia, Culhaoglu and Akmanoglu (2022) discovered no evidence of a connection between persecutory delusions and poor self-esteem after controlling for depression, anxiety, and general psychotic symptoms.

Important factors on research of mildly impaired intellectual capacity include self-concept and self-esteem. According to research cited by Vaughn, Sinagub and Kim,

2004), these disabled people are frequently aware of society's negative image of them, which typically portrays them as being infantile, laughable, or dangerous. As people evaluate themselves in relation to others, all of these are crucial to the growth of self-esteem. Given this, their self-esteem will be threatened by any negative information gleaned from this process as a result of severe deficiencies in intellectual functioning or in any of the adaptive abilities. Sometimes PsMID may have some strong emotional reactions towards their unique nature, that they are unable to acknowledge and accept their limits. They may feel the need to defend themselves from criticism and make up for it by giving themselves excessively high ratings for their self-concept and self-esteem. They may also develop a denial technique when it is obvious that their many challenges and learning to reject accusations of inferiority are overwhelming.

2.1.4 Social competence among PsMID

Social motives and social skills that are capable of arranging social behaviour and initiating the operation of the system's individual components make up the dynamic system known as social competence. According to Oh, Mathers, Hiscock, Wake and Bayer, (2020), social competence is typically understood as a complex system of interpersonal skills, knowledge, and behaviours. How well a person expresses social conduct is significantly influenced by the breadth and depth of their acquired social skills. The likelihood that a person will use the best skill to handle a circumstance increases with the richness of the set. Oh et al. (2020) also sees social competence as the ability, the mastery of social skills, which make it possible for an individual to appropriately function within a given social environment. Similarly, Schneider (1993) also defined, social competence is the capacity to act in a way that is acceptable to others and enhances interpersonal relationships. A child acquires various social skills as his or her cognitive, motor, and emotional capacities grow. Child Trends (2022) defines social competence as a collection of positive qualities required to get along with people and contribute to groups, including showing respect and expressing gratitude for others. Additionally, it involves being able to collaborate and work in diverse groups, offer ideas and listen to others' opinions.

The ability to effectively express social behaviour based on the social knowledge at hand is referred to as social competency (Taborsky and Oliveira, 2012). Individuals' ability to navigate various social behaviours in a variety of social circumstances is influenced by their social competency. The term "social competence" describes a person's ability to exert social control over their behaviour in order to maximize the benefits of their social relationships (Taborsky and Oliveira, 2012). Individuals with social competence are better able to develop and take advantage of opportunities in the social environment, express the proper reactions to demands, and eventually improve their fitness. In terms of the skills and behaviours necessary to function well in a variety of social circumstances, social competence is most usually characterized as the capacity to initiate, respond to, and maintain social connections.

The specific skills and behaviours that are associated with social competence cut across the social, emotional, affective, cognitive, and even physical domains. These common talents appear to be derived from feelings, but even if they are not, they can still be taught, acquired, and properly applied. But frequently, adolescents with modest disabilities still struggle to perform at their best in the classroom, in the community, with their classmates, and sometimes even within the context of their family, in spite of specialized programming and support (Vaughn, Sinagub and Kim, 2004). Consider social competence to be the umbrella term for a number of other factors that when combined, enable the development and demonstration of successful interpersonal relationships. Some of the elements that affect social competency include specific social skills, social awareness, self awareness, and self perception.

It takes a lot of social skills to get by on a daily basis, whether it's with family, in a classroom, with classmates, or at work. The ability to properly present oneself, initiate or participate in conversation, concentrate, hear others out, enquire related questions, labor alone or jointly, convey feelings, or react to situations is a basic requirement. Without these fundamental abilities, it is impossible to interact socially in daily tasks. Petrina et. al. (2014) stated that particular social abilities provide the framework for social competence. These social capabilities are essential in creating successful interpersonal and communication interactions.

The training of social skills is necessary for social competence development. Even after learning the skills and mastering them under supervision or in small groups, a person may not be able to consistently apply them in unfamiliar contexts. Simply said, developing social competence requires using the abilities on the fly. An individual must first develop a feeling of social awareness before they may use successful social skills. To put it another way, the ability to use one's abilities when necessary depends on one's awareness of societal standard and expectations. If a person lacks confidence in the situation where or when to exhibit the behaviour, knowing what to do or how to perform it will not enough. Before using the social skills they have learnt, a certain amount of social awareness and an understanding of the expected social norms must be developed (Vaughn, Sinagub and Kim, 2004). When a skill is used as predicted, it means that a suitable skill has previously been identified and acquired. That approach can be extremely difficult for individuals who have mild difficulties (Vaughn, Sinagub and Kim, 2004).

In actuality, a good deal of foresight, anticipation, and prediction are needed during social encounters. Social situations can be threatening and anxiety-inducing for people with interpersonal issues. In addition to being aware of others' behaviours and feelings, it is also necessary to be aware of broader social norms and the value of socially mutual understanding in order to grasp what others are saying, feeling, and expecting (Vaughn, Sinagub and Kim, 2004). Not all young ones, and particularly those with mild difficulties, are able to express their emotions in detail and, on a deeper level, correctly identify the emotion, the capacity to comprehend one's emotions in light of others and the knowledge of what to do and how to react in particular situations are both empowered by self-awareness. People with moderate disabilities frequently experience self-awareness problems, which makes any type of social interaction difficult for them. Forging any kind of connection with others requires social skills. These skills are largely impacted by a variety of social agents that exist in the community and can be gradually learned. Social competence is the term used to describe these abilities when they are used correctly. Socialisation is the process of learning and acquiring of knowledge and skills in society through interaction. According to Vaughn, Sinagub and Kim, (2004), social skills and adaptable conduct are both components of social competence. Due to the effect of the

home, neighborhood, and school environments; all significant societal pillars, children range substantially in their social qualities. Children with intellectual disabilities, however, represent a diverse population of individuals with various requirements. They pick up information more gradually than other young ones their age. They exhibit developmental delays such being slow to grin, move, show interest in objects, sit, and walk. They have deficit in one or more areas, such as self-care, domestic living, social and communication skills. They struggle with both intellectual functioning and activity performance. The social and language abilities these young ones need to build and maintain relationships are found to be lacking.

An individual must first develop a feeling of social awareness before they may use successful social skills. In other words, in order to perform the talents at the proper moment, one must be aware of social norms and expectations. Knowing what to do or how to do it is insufficient if a person lacks confidence in the circumstances in which to exhibit the behaviour. Before using the social skills they have learnt, a person must have a certain level of social awareness. PsMID may find it challenging to accomplish that task (Vaughn, Sinagub and Kim, 2004). In addition to being aware of their behaviours and feelings, fully comprehend others opinion, feeling, and anticipation, one must also be aware of broader social standards and the importance of social reciprocity. Not all children can effectively articulate how they are feeling on a deeper level and recognize their feelings, especially those who have mild difficulties. Moreso, they could not be as self-aware as they ought to be, which entails learning how to detect one's sentiments in relation to those of others and knowing what to do and how to behave in specific circumstances. Inadequate self-awareness, particularly of affective awareness, frequently leads to social rejection, loneliness, and isolation (Petrina, Carter, and Stephenson, 2014). Before deciding on a good answer, one must accurately grasp and evaluate a situation in order to reply effectively. If the issue is misunderstood, selecting the proper answer is undoubtedly unlikely. It can be difficult for someone with a moderate handicap to assess a situation on the spot, rely on the cues that are available, and choose a response that appears appropriate (Vaughn, Sinagub and Kim, 2004).

A sizable amount of research has emphasized the challenges initiating, forming, and participating in friendships for PsMID. They participate in less social activities with

friends and, according to their parents, have fewer reciprocal friendships than their peers who are typically developing (Solish, Perry and Minnes, 2010). Adults are also less socially active, and they frequently hang out with people who have intellectual disabilities (Lippold and Burns, 2009). Bigby and Knox (2009) claim that PsMID tended to limit their social interactions to paid staff, family, and other close friends. However, there is a chance that PsMID will have significantly better psychological wellbeing provided required support is given in a way that encourages participation and builds capacity. McCarthy and Guerin (2022) reported that PsMID have shown that capacity building practices increase psychological wellbeing and provide opportunities to receive needed services.

2.1.5 Aggression among PsMID

According to Gendreau and Archer (2005), aggression is any behaviour that causes harm to another person. It can also be described as acts of destruction toward oneself, other people, or property (Connor, Newcorn, Saylor, Amann, Scahill, Robb, Jensen, Vitiello, Findling and Buitelaar, 2006). Additionally, any behaviour directed at another person that is done with the intention of harming them can be categorized as human aggressiveness. Though it's not necessary, harm can nonetheless occur. In addition, the attacker must think and anticipate that the victim will suffer injury as a result of the aggression, and the victim must be motivated to resist the aggression. Therefore, it is important to avoid thinking about hostility as a chance occurrence (Lukasik, Waris, Soveri, Lehtonen and Laine, 2019).

According to different definitions, aggression can result from an action intended to end life (psychoanalytical theories), be a learned response to upsetting circumstances (psychological theories) (Shaver and Mikulince, 2011), have biological origins (Lukasik, Waris, Soveri, Lehtonen and Laine, 2019) or share a goal to promote different functions (ethological theory) (Lukasik et al., 2019). The principal theories of aggressiveness in the literature at the moment include social interaction theory, script theory, social learning theory, and neoassociationist theory. In addition, aggression can be addressed from a variety of perspectives. When attempting to explain the causes and situations where aggression originates, the problem with these approaches is that they only define

aggression from a narrow perspective, ignoring alternative viable solutions (Shaver and Mikulincer, 2011).

Aggression can be divided into reactive and proactive aspects. Aggression that is reactive-or "affective"-occurs when someone threatens us or provokes us. It intends to harm the aggressor. High emotional arousal predominates in reactive aggressiveness, which manifests as hostile and self-defeating behaviour. Proactive (instrumental) aggression, on the other hand, is more controlled, more planned out, and less emotionally reactive. It starts off without any overt provocation and happens more deliberately. Proactive aggression is employed to accomplish predetermined objectives or rewards, such as obtaining things, gaining control, or dominating one's peers. Examples of how it manifests itself include bullying and using force against comparably weaker peers (Gendreau and Archer, 2005).

The effects of aggressive behaviour on oneself and others can be used to assess it. An aggressive behaviour is frequently evidenced by injury to others or property destruction. Physical or psychological hurt, such as mental discomfort or assault-related physical injuries, are also examples of harm. Indirect hostility is an example of psychological harm. Being the target of violent behaviour can also have a harmful impact on cognitive and social performance. The legitimacy of injury as a factor in identifying aggressive behaviour, however, is subject to debate.

First, since harm appears to be present in all forms of aggression, it has no selective value. Second, the fragility of the victim and the type of violent behaviour influence the judgment of the harm done.

The displays of aggression in behaviour can also be used to describe it. Aggression can be categorized into physical-verbal, active-passive, and direct-indirect manifestations (Gendreau and Archer 2005). The use of physical force against another individual is considered physical aggression, including punching, kicking, scratching, spitting, hurling things, biting, pinching, pulling hair, or strangling, or as a patient's use of objects to damage oneself (Weltens, Bak, Verhagen, Vandenberk, Domen, Amelvoort and Drukker, 2021). On the other hand, verbally abusive behaviour is defined as rudeness, profanity, or threats of damage.

Direct forms of hostility include physical attack and other verbal acts that may be hostile in content or tone. These verbal aggressive behaviours might show up with or without physical aggression. Along with overt forms of aggressiveness, nonverbal aggressive behaviour can also manifest itself in the form of threatening body language or gestures. Actions that create a social barrier between the attacker and the victim are considered indirect aggression, such as gossiping, which strains peer relationships. However, the psychological effects could be severe and last for a very long period (Gendreau and Archer 2005).

Aggressive behaviour's correlates have been researched. Regardless of developmental handicap, aggression has been linked to epilepsy. Seizure disorders are more common in people with developmental disabilities, especially if such deficits are severe or profound. Epilepsy has so been suggested as a potential etiology in this population (McGrother, Bhaumik, Thorp, Hauck, Joanna and Watson 2006). McGrother et al (2006) also concluded that there was insufficient data to conclusively link seizure disorder to violence or self-harm. Espie, Watkins, Duncan, Sterrick, Mcdonach, and Mgarvey (2003) discovered that behavioural problems such as irritability, agitation, lethargy, social withdrawal, stereotypic behaviour, hyperactivity, non-compliance, and incorrect speech were less frequent than standards in their sample of 186 people with developmental impairments and epilepsy.

An integrative framework for aggression hypotheses that are domain-specific is the generic aggression model (GAM). Three elements—inputs, routes, and outcomes—are the emphasis of GAM. In order to prevent violent acts, GAM puts the individual first and considers both personal and situational inputs, including personality traits, gender, attitudes, beliefs, values, expectations, aspirations, and history, as well as aggressive cues, provocation, pain and discomfort, and drugs. Second, the three internal states that these input elements produce have an impact on the arousal of violent behaviour. By affecting cognition, input factors can encourage hostility (for example, by inciting hostile thoughts or aggressive scripts), emotion (for example, by making a person feel pain makes them angry), or arousal (physical/psychological). These three routes' material is closely related to one another and might even interact. Third, outcomes comprise numerous intricate decision-making and assessment processes where a person evaluates

the circumstance, which may lead to deliberate action or impulsive action (DeWall and Pond 2011).

Violence is the most extreme manifestation of physical antagonism with the intention of causing great bodily harm, such as aggravated assault that results in severe physical harm or even death (Shaver and Mikulineer, 2011). Hostility is always violent, although not all forms of aggression are violent. They went on to define violence as the intentional and repeated use of physical force, threatened or actual, against oneself, another person, or a group that results in significant physical harm, death, or serious psychological harm.

Aggressive behaviour is more prevalent, severe, and frequent among adolescents and young adults, and it typically decreases in middle and later age (Vereenooghe and Langdon, 2013)). As a result, many families are left with no choice but to deal with aggressiveness for years on end, frequently with little to no assistance from professionals. Both the aggressor and others around them suffer grave consequences as a result of aggressive behaviour. The client is frequently vulnerable to stigmatization and social rejection. Aggressive people frequently suffer reprisals from their peers and other victims.

The clients could also miss out on prospects for housing arrangements, integrated schooling, and other such advantages (Vereenooghe and Langdon, 2013). Clients' lives may also be restricted by knowledgeable management techniques used by employees and family members who are unwilling to include them in activities with others. Counseling is widely utilized with people who have borderline, mild, and moderate intellectual disabilities in order to reduce the instances of violence, according to Vereenooghe and Langdon (2013). Such counseling uses a variety of behavioural techniques, including relaxation training, problem-solving techniques, and anger control techniques. Counseling may be appropriate for certain individuals with autism or intellectual difficulties. In cognitive therapy, the therapist aims to change the client's beliefs and views of the world in order to improve behaviour.

In addition, a few of the aggressive symptoms could harm the psychological health of students with mild intellectual disability. Aggression in students with mild intellectual disability has been found to be highly and negatively correlated with peer

social belonging and overall self-worth in both adolescents and adults with intellectual impairments (Paterson, McKenzie and Lindsay, 2012). Also, PsMID show signs of hostility at a rate that is two times higher than the average for the population.

2.1.6 Home background and PWb of PsMID

The home, being a powerful primary agent of socialisation has a great influence on the child at the early stages of his/her life when his/her mind is most receptive. A child frequently observes their parents, siblings, activities, and items around them. Everything a youngster experiences is crucial and has the power to either improve or worsen his or her sense of academic success and self-worth (Ekanem, 2004). The direct surrounding of the child makes up his or her home environment. It is the duty of the child's parents, guardians, or carers to create a home environment that supports optimal learning for their charges. The home setting has everything required for the child's everyday requirements and education, including both live organisms and inanimate objects like toys, books, televisions, and radios among other things. As a result, the family remains the fundamental institution that fosters a child's first socialization and provides the required framework for other agents of socialisation build on.

Parental education and employment may have an impact on the PWb of PsMID. It has been discovered that children of parents with lower educational levels are less likely than children of parents with higher educational levels to use programs that will support their overall development to a sufficient degree (Chiri and Warfield, 2011). It's possible that families with lower levels of education know less about services and the psychological wellness of PsMID (Katz and Lazcano-Ponce, 2020). Douma, Dekker, and Koot, 2006), international studies show that family finances and health insurance coverage have an impact on the availability of healthcare services and the psychological well-being of young ones with disabilities (Chiri and Warfield, 2011). This, however, largely relates to children who reside in nations like Nigeria where access to healthcare is more difficult. Socioeconomic Status has not been proven to affect access to healthcare in nations where it is not reliant on financial capacity, (Zwaanswijk, Verhaak, Bensing, Vander Ende, and Verhulst, 2003).

More so, home background and the school setting represent a further microsystem for the PWb of PsMID (Bronfenbrenner, 1979). Parents of PsMID have expressed worry about the selection of school. They frequently don't know which schools will be best for their wards. While some parents favor integrated classrooms and others separate ones, others see the benefits of both environments. Self-contained courses are preferred by some parents who claim that these settings provide PsMID students with the right resources for assistance, specialized teachers, and friendships. These classes are also intimate and generally more relaxed. However, PsMID in these classes run the risk of isolating themselves from peers without disabilities, and teachers run the risk of failing to effectively push the young ones' academic growth. In contrast, an integrated environment may be less stigmatizing, and connection with young ones who don't have disabilities may enhance a PWb of PsMID's development. However, if support resources are insufficient, learning possibilities may be constrained. There is a chance that a school environment could affect PWb of PsMID.

Bronfenbrenner and Ceci (1994) believe that for parents of PsMID to obtain the skills they need to promote their children's growth and PWb, they may need some basic training or orientation. Another hypothesis is that parents with higher levels of education are better able to advocate for their children and get the family's needs addressed because they are more knowledgeable about the resources that are offered and better equipped to do so. Families with working mothers expressed less need for assistance and discovered a beneficial relationship between paid employment and the psychological health of PsMID'S parents. Parents who felt very self-sufficient reported having less need for information, including knowledge on services that were available. This is consistent with other studies that demonstrated a connection between lower caregiver self-efficacy and inadequate knowledge of the services available to families of PsMID (Wakimizu, Fujioka, Nishigaki and Matsuzawa, 2018). This could be attributed to the fact that parents can more easily relate to a child's service requirements and give them the necessary support for overall progress, the more information they have about their child's impairment, its impacts, and resources that are available.

2.1.7 Loneliness among PsMID

A subjective, unpleasant experience of lack or loss of companionship might be thought of as loneliness. Loneliness is defined by Newall, Chipperfield, Clifton and Perry (2010) as the unwanted and typical melancholy experience that results from losing one's social network, whether in terms of quantity or quality. They went on to say that loneliness is a state of affairs in which there is an unpleasant obvious absence of established quality relationships. This includes situations where the number of partnerships is less than what is considered satisfactory or ideal, as well as situations where the desired level of closeness has not been obtained. Thus, a crucial aspect of loneliness is seen to be how a person feels, perceives, and evaluates their loneliness and social connection deprivation.

According to this definition, loneliness has a wide range of meanings. The first dimension deals with the feelings of emptiness or abandonment brought on by the loss of a close friend, romantic partner, spouse, or work colleague. The second factor is with the temporal perspective (do people perceive their loneliness as hopeless or as something that can be changed and addressed; or do they blame others or themselves for the circumstance they find themselves in?). The third element consists of a variety of emotional elements, including grief, melancholy, and emotions of guilt, shame, exasperation, and desperation (Newall, et al. 2010).

Since most relationships are mutually reciprocal and the underlying causes of these interactions are difficult to separate, it is practically impossible to pinpoint the primary components that determine loneliness (DeWall and Pond, 2011). DeWall and Pond (2011) gave the example that longitudinal research is necessary should research the relationship between loneliness, one's physical and mental health state as well as the impact of social connections and social care because it's probable that one's health influences one's social integration and, in turn, how lonely one is. Among the factors that affect loneliness are:

- 1) Partner and household composition: ones status as in living alone or with children, or being widowed, divorced, separated, or never married, increases the risk of loneliness.

- 2) The state of one's health, particularly when a chronic, protracted, or terminal sickness is present.
- 3) Limitations resulting from one's home, such as those associated with living in an urban as opposed to a rural area.
- 4) Socio-cultural constraints: these are the rules and values that govern how older men and women define themselves and the roles they play in accordance with the culture and traditions of their society.
- 5) In addition, the individual's standing in terms of social skills, personal limitations include low self-esteem, impotence, emotions of rejection, expectations of personal competency, and an unease with others that one perceives in oneself (Bandari , Khankeh, Shahboulaghi, Ebadi, Keshtkar and Montazeri, (2019).

Depression, difficulty sleeping, erratic appetite, and other symptoms of decreased wellbeing are typically brought on by loneliness. Therefore, loneliness is one of the factors that contribute to hospitalization and nursing home placement. The most pathological impacts of loneliness, such as alcoholism, low self-esteem, severe forms of anxiety, and stress, are more likely to be experienced by adults who develop personality and adaptation issues (DeWall and Pond, 2011).

Addiction to alcohol and smoking are two unhealthy behaviours and way of life that have been connected to loneliness (DeWall and Pond, 2011). According to Newall, et al. (2010), lonely persons are less physically active, more likely to be fat, and show more cognitive deterioration as they age. People with intellectual disabilities are more likely than people without such difficulties to experience mental health issues. Their standard of living is routinely proven to be lower, their physical health is noticeably worse, and many struggle to lead healthy lives. However, for those who are intellectually disabled whose life options are already limited to varied levels of functioning, these issues are of great concern, especially if they are brought on by things that can be avoided or changed.

It is challenging to have a thorough grasp of loneliness and minor intellectual disability because of a variety of problems with how those concepts are conceptualized and loneliness is quantified. People who choose not to be a part of a social group experience emotional solitude (Burns, 2016). PsMID showed higher incidence of mental health concerns as children and adults compared to students without intellectual

disabilities (Vereenoghe, Flynn, Hastings, Adams, Chauhan, Cooper, Gore, Hatton, Hood, Jahoda, Langdon, McNamara, Oliver, Roy A., Totsika and Waite, (2018). Their quality of life is routinely found to be lower, their physical health is noticeably worse, and many struggle to maintain a healthy lifestyle (Bigby and Beadle-Brown, 2018).

The lack of study on loneliness and the psychological health of PsMID indicate that it is unknown how much loneliness affects these outcomes. As a result, mental health conditions like Loneliness, physical and cognitive decline, the PWb of PsMID, decreased physical activity, and other factors can all cause or exacerbate depression and anxiety.

2.1.8 Depression among PsMID

The primary purpose of emotions like happiness, sorrow, rage, and fear is to facilitate communication. These feelings are communicated through facial expressions, vocal inflections, gestures, and postures (Maiano, Coutu, Tracey, Bouchard, Lepage, Morin and Moullec, 2018). Sadness that one experiences on a daily basis is not a necessary component of major depressive illnesses. Sadness is a common response among people to failure, loss, loss of life, disappointment, and other difficulties. Additionally, trying to garner the support of close friends and family may be a wise move. Additionally, transient depression episodes might result from certain stressors and losses (Maiano, Coutu, Tracey et al. 2018). A person's affective temperament, which are natural tendencies or characteristics that emerge in early life and affect how they react to certain circumstances, may also control how their mood and effect are expressed. One of the main causes of unhappiness and one of the most common mental health conditions among persons with learning impairments is depression, and these conditions are becoming more and more common (Maiano, Coutu, Tracey, et. al., 2018). They noted that every other year, 6% of the general population suffers from depression. Studies show that about 20% of people with learning difficulties will undoubtedly experience depression. According to a recent study by Daniels, Bergeson, Pricks, Ashenden, and Powell (2012), several young individuals with intellectual disabilities are likely to have untreated, unrecognized mental health conditions that have a continuing negative impact on their daily life.

People who struggle with learning are more susceptible to depression when one analyzes the causes of the condition (Daniels et al, 2012). It's possible that the biological or genetic causes of the learning problem are connected. In addition to having greater rates of poverty, negative life events, mental illness, and familial unemployment, which are all recognized risk factors for depression and other mental health problems - children who have both learning difficulties and mental illness also have higher rates of these conditions. When faced with new problems, children with intellectual disabilities are less certain they will succeed and find less satisfaction in problem-solving (Daniels, et. al., 2012). According to numerous researches, people with intellectual disabilities are more prone to experience poor self-esteem, which is a predictor of depression and other mental disorders like antisocial behaviour, eating disorders, and suicidal ideation (Daniels et al. 2012).

The ability to live independently in a community and to effectively cope at work are all impacted by depression on a daily basis. This affects the price of care provisions while also taking into account the social and emotional effects on the person, their family, and their work (Daniels, 2012).

Maiano et al., (2018) list a wide range of symptoms of depression, including:

- i. waking up early in the morning
- ii. too much sleep
- iii. weight gain or loss
- iv. decline in appetite
- v. low mood, whether or not it varies throughout the day anxiety
- vi. Social exclusion
- vii. loss of sex enthusiasm
- viii. decline in confidence
- ix. Self-blame and unjustified guilt
- x. incapacity to make choices
- xi. having trouble concentrating
- xii. slower rate of thought
- xiii. loss of self-care or functioning abilities
- xiv. death-related ideas

- xv. acts of suicide or other self-destructive behaviour
- xvi. depressive hallucinations
- xvii. aggression and
- xviii. irritability

Anxiety, repetitive behaviours, obsessional thoughts, and physical symptoms can also be signs of depression (Daniels, et al., 2012). It is fairly typical to discover that various forms of problematic behaviours are triggered by or intensified by depression. Being able to recognize and keep an eye on any behaviour that a sad person exhibits is essential when they are unable to articulate their feelings. When depressed, people with intellectual disabilities lose their enthusiasm for life and their favorite activities (Maiano et al., 2018). Despite the fact that these symptoms are more challenging to characterize in people with more severe intellectual disabilities, there is no reason to think that weariness and loss of interest are not experienced subjectively.

According to NCCMH (2015), depression is becoming acknowledged as a significant contributor to morbidity in people having intellectual disabilities. Reports revealed that people in this community may exhibit uncommon and unusually challenging behavioural symptoms of depression. Depression is estimated to be present in people having intellectual disability at a rate of between 3% and 6% (Buono, Zagaria, Recupero, Elia, Kerr, Nuovo and Ferri, 2020).

It is well known that depression poses a serious public health problem. Due to their negative impacts on health, functioning, and production, depressive and anxiety disorders are regarded to have a major impact on public health, according to Spijker, De Gruaf, Bigh, Beekman, Ormel, and Nolen (2004). Both conditions frequently have a significant reoccurring etiology, placing a heavy weight of disease on the patient's life. Among the most trustworthy and potent predictors are basic clinical factors including the onset age, the severity and duration of the index episode, and the co-morbidity of anxiety and depression, according to the majority of predictive research (Spijker et al, 2004).

Bender, Rosenkrans, and Crane (1999) discovered that mild intellectual impairment students who show signs of depression also exhibit sentiments of inadequacy as students; alternatively put, academic difficulties predict students' feelings of

inadequacy, which in turn fuels the presence of severe depression signs. Therefore, classrooms with rigid teaching methods, difficult-to-complete activities, low expectations, or solutions to students' behavioural issues that don't consistently address their underlying learning needs have a negative effect on students' PWb.

2.1.9 Anxiety among PsMID

Anxiety is an uncomfortable feeling of inner perplexity that is frequently accompanied by tense behaviours like pacing back and forth, excessive whining, and introspective meditation. It is the terrible emotions that one has in anticipation of something, such as a sense of impending peril or death (Davison, 2008). An overwhelming response to a situation that is just perceptually harmful characterizes anxiety, which is often unfocused and broad (Bouras and Holt, 2007). According to American Psychiatric Association (APA, 2013), muscle tension, restlessness, weariness, and concentration difficulties are frequently present in conjunction with it (APA, 2013). Anxiety can manifest as both a transient “period” and a persistent “trait” throughout time. Trait anxiety is the concern about upcoming events, as opposed to anxiety disorders, a group of mental disorders characterized by emotions of dread and terror. Alcohol, caffeine, and other substances, as well as drug withdrawal from previous drug addiction, can all contribute to anxiety disorders, which are partially genetic in nature. In particular, eating disorders, major depressive disorder, bipolar disorder, and certain personality disorders typically co-occur with them. Treatment options include counseling, medication, and alterations to one's way of life.

Anxiety disorders are a group of mental illnesses that are marked by unease and apprehension (APA, 2013). Anxiety is a worry about upcoming events, whereas fear is a reaction to recent ones. These feelings may cause physical symptoms, such as a quick heartbeat and shaking. Only a handful of the anxiety disorders that exist include generalized anxiety disorder, particular phobias, social anxiety disorder, separation anxiety disorder, agoraphobia, panic disorder, and selective mutism. The cause of the symptoms varies depending on the disease. Many people suffer from many anxiety disorders. There are a number of inherited and environmental factors that contribute to anxiety disorders (Abubakar, Sani, Malami, Yaro, Jahan, Adnan, Kumar, Islam, Dutta,

Charan, Haque, 2021). Child maltreatment in the past, mental illness in the family, and poverty are all risk factors. Other mental illnesses, such as anxiety disorders typically co-occur with personality disorders, substance use disorders, and major depressive illness. According to Abubakar et al., (2021), heart illness, caffeine, alcohol, or cannabis usage, as well as withdrawal from specific substances, are additional issues that may cause symptoms that are comparable. If untreated, anxiety issues frequently persist. Medications, counselling, and lifestyle modifications are among potential treatment options. Typically, counselling uses a form of cognitive behavioural therapy. Beta blockers and antidepressants, for example, may also help in resolving the problem (Abubakar et al., 2021).

The two most prevalent are disordered social anxiety, affecting 10% of people at some time in their lives, and particular phobia, which affects over 12% of people. They are most prevalent in people between the ages of 15 and 35, and they are less frequent in people beyond the age of 55. It appears that rates are greater in the US and Europe (Abubakar et al., 2021).

Developmental disabilities, such as mental retardation, autism, and those with pervasive developmental disorder, are frequently linked to anxiety and anxiety disorders (Faulkner, 2015). He added that anxiety is hard to see in clients with intellectual disability because:

- a) they find it difficult describing internalizing symptoms of anxiety
- b) communication, social, and intellectual functioning are all impaired in those with intellectual disabilities
- c) perplexing behaviours of the intellectual disability may cover up anxiety.

Characteristics/symptoms of anxiety in clients with intellectual disability according to Faulkner (2015) include; phobia, panic, obsessive compulsive disorder, self-injury (picking, scratching, biting, sucking), stereotypes (flapping, shouting, rocking), sleep disturbances, aggression, selective mutism and generalised anxiety disorders.

However, according to Serrat (2017) research, moderate intellectually disabled students' brain activity, cognitive function, and psychological health can all be severely impacted by anxiety. Many students with mild intellectual disability experience an

anxiety condition when they are young, and because it is frequently left untreated, the symptoms and harmful effects endure and take many different forms (American Psychiatric Association, 2013). According to Lee's (1999) research, anxiety and the psychological health of students with mild intellectual disability are significantly correlated. The psychological healths of PsMID and anxiety have been linked in a complex way, according to Smith (2010). Smith (2010) also noted that a variety of emotional factors can influence students' academic anxiety.

2.2 Theoretical review

2.2.1 Carol Ryff's theory of PWb (1989)

Ryff (1989) created the PWb multidimensional model, which consists of six dimensions: personal development, healthy interpersonal relationships, environmental mastery, self-acceptance, autonomy, and life purpose. These six factors—which both theoretically and practically constitute Ryff's concept of PWb—identify what encourages effective life mastery as well as emotional and physical health. According to Ryff's theory, a person's position on two dimensions determines how well they are doing: one of positive effect and the other of negative effect. According to this hypothesis, a person's well-being is highest when a positive effect outweighs a negative effect, and it is lowest when a negative effect outweighs a positive benefit. Additionally, it seems that age does not seem to affect the dimensions, self-acceptance, or pleasant relationships.

Ryff's dimensions of PWb were separately outlined for explanation purposes.

a) Autonomy

Autonomy is the capacity to control one's own conduct through internal mechanisms. A fully functioning individual has an elevated degree of internal assessment, evaluating oneself based on one's own criteria and accomplishments while at the same time not relying on other people's standards. According to the hypothesis, having a high level of autonomy denotes independence, while having a low level reveals a serious worry about one's own perception. Ryff also emphasized the significance of internal locus of control as a factor in motivation.

b) **Personal growth**

Ryff (1989) states that personal development is the capacity to grow and expand oneself to the point of self-actualization and goal achievement, or to become a fully functioning individual. The highest level of psychological functioning can only be attained by continuing to evolve as a person in all facets of life.

This calls for continual improvement and problem-solving, which diversifies one's talents and abilities. A high rate of personal development is associated with continual advancement, while a low rate is associated with stagnation. Being receptive to a wide range of novel and varied experiences is necessary for a growth mindset. According to Ryff, the aspect of PWB that is most personal to an individual may be personal growth.

c) **Environmental mastery**

Ryff (1989) explains that environmental mastery is the capacity to exert physical and/or mental control over one's immediate environment as well as an imagined one. A low level of environmental mastery is associated with an inability to successfully create control over one's environment, whereas a high level demonstrates control over one's context. A mature person is usually able to interact with and relate to a variety of people in a variety of situations and can easily change contexts. Being an environmental master implies being able to manage challenging environmental and personal circumstances and embrace opportunities when they arise. But to do this, one must be willing to push themselves past their comfort zones.

d) **Purpose in life**

According to Ryff (1989), a person's purpose in life is their predetermined reason for existing, and it involves setting and achieving goals that enhance life pleasure. Life purpose gives direction, which eliminates avoidable distractions. Setting goals is crucial to achieving success. Having a distinct sense of intentionality is a sign of maturity. The process of developing and achieving objectives can be inspirational and motivating, which promotes psychological health.

e) **Positive Relations with Others**

Belonging to a network of friends and groups as well as developing strong and durable relationships depend on having positive relationships with others. Poor relations can lead to frustration and hopelessness, whilst strong relations lead to an understanding of others. Good interpersonal relationships are a sign of strong mental health and wellbeing. Positive interpersonal interactions frequently lead to increased knowledge, empowerment, and better performance.

f) **Self-Acceptance**

The factor that shows up most frequently in determinants of PWb is self-acceptance. It is a crucial component of good mental health and effective functioning. Self-acceptance at healthy levels leads to a good outlook and increased life satisfaction. Higher achievement and acceptance are correlated with moderate levels of confidence. It's critical to have supportive comments from others in order to keep one's self-esteem and beliefs intact. Self-acceptance entails keeping goals for the future while also accepting the past and present.

This Ryff's theory of PWb not only relevant but a good pointer to this work. The major concern of the researcher in this work is how to ensure that PsMID develop positive PWb so as to live a happy and productive life in the society. The theory makes the following postulations:

- (a) that the capacity for positive interpersonal interactions is a sign of mental health and wellbeing.
- (b) that PWb, or a good attitude and increased life satisfaction, are produced by healthy levels of self-acceptance.
- (c) that a high level of personal growth is associated with positive PWb
- (d) that an individual will be high in well-being when his/her positive life perception dominates the negative aspect. All these postulations are related to the SPFs (self-esteem, social competence, aggression, home background, loneliness, depression and anxiety) being investigated as possible predictors of PWb among PsMID.

2.2.2 Vygotsky's Socio-cultural Theory (1978)

The sociocultural theory was developed by Vygotsky in opposition to behaviourism. The theory's central thesis is that social interactions and exposure to other cultures have an impact on how mentally capable individuals are. In any civilization or culture, learning is a social process that is the source of human intelligence, based on the socio-cultural paradigm of human learning developed by Vygotsky. Vygotsky's theoretical framework's central thesis is that social interaction is essential to cognitive formation. He was a fervent believer that a person's development is significantly influenced by the society and culture in which they are raised.

Every activity in a child's cultural development, according to Vygotsky, occurs twice which are (a) Inter-psychological ie between the child and other people and (b) intra-psychological ie within the child. In other words, this shows that a lot of very important learning by the child occurs through social interaction with an experienced and skillful teacher or adult member of the society. When a teacher models behaviour or gives vocal directions to a student, this is known as cooperative or collaborative communication in Vygotsky's theory. The youngster tries to comprehend the teacher's actions or directions, (parents, siblings, uncles, aunts etc), then internalizes the information and uses such information to guide or regulate his/her own performance. Vygotsky identified MKO (more knowledgeable other) and ZPD (zone of proximal development) as principles guiding this kind of learning. The MKO is a term used to describe someone who is more knowledgeable than the learner about a given action, procedure, or idea. On the other hand, the ZPD focuses on the difference between what a child can get done by self and achieve with guidance and encouragement from a qualified partner. This teaching technique, also known as the competence children achieve with assistance from more skilled peers within the classroom, was developed by Vygotsky, who believed that pupils' ability can develop in the classroom through peer contact.

In reaction to this theory, Winsler (2003) indicates that there are several elements specific to social constructivism. In the first place, the activities, language, and education that young ones are exposed to are influenced by their culture, which benefits young ones' development. Second, while some higher level developments are impacted by society, some are intrinsically predetermined or biologically driven. Vygotsky's idea,

according to Wrenn and Wrenn (2009), was an attempt to explain consciousness as the result of socialization. For instance, when a child is first learning a language, their initial utterances with peers or adults are meant to facilitate communication; nevertheless, once they have mastered the skill, their "inner speech" becomes internalized and alienating. According to Wrenn and Wrenn (2009), socio-cultural theory examines how a social group's culture, values, beliefs, customs, and skills are passed down to the next generation, particularly with the aid of social interaction and children must engage in cooperative conversations with more seasoned members of society in order to learn the patterns of thinking and acting that define a community's culture.

Vygotsky's socio-cultural theory's central assumption is that social interaction is essential for a person's growth. Vygotsky was adamant that an individual's environment, including their society and culture, had a huge impact on how that person develops. This is an indication that a lot of very important learning by the child occur through social interaction among peers and adults in the society. The independent variable in this work which are the SPFs (self-esteem, social competence, loneliness, home background, depression, aggression, and anxiety) which are being investigated as possible predictors of the dependent variable (the PWb of PsMID), are all linked to social interactions in the society. Therefore, Vygotsky's socio-cultural is relevant and related to this work and a good foundation for the work.

2.3 Empirical reviews

2.3.1 PWb of PsMID

PWb was broadly defined by Emerson and Halton (2008) as a mental state characterized by positive sentiments of health, enthusiasm, high self-esteem, and confidence that are frequently linked to regular physical activity. Emerson and Halton's (2008) empirical study on the self-reported well-being of Adults with intellectual impairments are more likely to endure poverty and social isolation, poor health, disempowerment, victimization, and abuse in England (and elsewhere), according to men and women with intellectual disabilities. The finding also raises the possibility that socioeconomic hardship may be partially to blame for the higher than average rates of poor physical, mental, emotional, and physical health of those with intellectual

disabilities. Thirdly, the results demonstrated that neither the bivariate nor the multivariate analyses could link any subjective wellbeing measure to the prevalence of disability.

Weiss and Lunsky, (2010) conducted a study to determine whether males and females are different regarding components of PWb. In this study, 3,074 males and 3,954 females participated. The outcome from the study revealed that males were found significantly higher on self-acceptance and feeling of personal growth than women. Age and wellbeing might be highly correlated. According to Ryff and Keyes (1995), Many believed that fewer people experience personal growth and that as people age, their environmental mastery and autonomy increase. Emerson and Hatton (2008) believe that there is little study on the PWb of those who are intellectually disabled. This is based on their analysis of the PWb of PsMID. The reported levels of happiness with life may be seen as remarkably different from the realities of people with intellectual disabilities in the real world. According to Emerson and parish (2010), Adults having disabilities intellectually are more likely to be poor, socially isolated, ill, disempowered, victimized, and abused in England (and around the world), which results in a negative attitude on life. They stated that socioeconomic hardship may contribute to the rise in the frequency of poor physical, mental, and emotional health among people having disabilities intellectually. According to Emerson and Hatton's research from 2008, being single is related with improved PWb across the board. The same associations did not exist for men.

2.3.2 Self esteem and PWb among PsMID

It has been difficult to assess children's well-being who have mild intellectual disability, and research on this demographic has produced conflicting findings. PsMID had been found to have issues keeping relationships with peers and teachers in educational environments. Additionally, compared to their average counterparts, they demonstrated lower social skills and more disruptive behavioural traits, and as a result, they were either poorly accepted or shunned by them (Allington-Smith, 2006). Poor coping skills in young ones and teenagers with intellectual disabilities result in deviant behaviours, which sabotage any efforts to improve their self-concept (Allington-Smith,

2006). According to Burke and Stets (1999) study on the relationship between self-concept, self-esteem, and psychopathological symptoms in individuals with intellectual disabilities, it was discovered that those with mild to borderline intellectual disabilities perform worse on these tests than members of the general population and are more likely to experience a range of psychopathological disorders. According to Burke and Stets' (1999) research, people build "opportunity structures" or situations for self-evaluation in order to preserve or boost their self-esteem.

Burke and Stets (1999) study indicated that feelings of acceptance and value by others inside the group are reinforced when individuals obtain self-verifying feedback within a group (via reflected assessments and social comparisons), improving such individuals' worth-based self-esteem. In actuality, a person's self-esteem is greatly threatened by the possibility of being excluded from social groups. Additionally, Cast and Burke (2002) theory demonstrated that people who repeatedly struggle with self-verification suffer from lower self-esteem, which makes them more susceptible to the negative consequences of identity fraud (including the loss of self-esteem). Individuals may therefore end such relationships and go for identity verification and the resulting self-esteem elsewhere when social relationships do not support self-verification. This suggests that the demand for self-esteem drives people to look for social ties that are both self-esteem-verifying and self-esteem-enhancing. According to a study by Salami (2011), greater adaptability is linked to having strong self-esteem (well-being), which is a component of adjusting to university. The relationship between PWb and self-esteem is also strongly connected. Our understanding of the relationship between psychological wellness and self-esteem among this demographic can be improved by research on PWb and self-esteem among PsMID.

All six elements of psychological wellbeing, autonomy, environmental mastery, personal growth, positive relationships with others, purpose in life, and self-acceptance were found to be positively correlated with self-esteem as measured by Ryff's PWb Scale (1989). High self-esteem helps an athlete to explore new and varied levels with greater conviction even if he or she makes mistakes along the road, according to Mruk's (2013) research, which found that it enhances wellbeing. In contrast, athletes with low self-esteem and poor health tend to restrict their performance to safe zones and fully eliminate

any potential for error. Self-esteem is the feeling of respect for oneself. Each person has a sense of who they are. If you have a positive self-concept (You have a positive sense of yourself (a sense of who you think you are), which fosters the development of self-confidence. While self-confidence is the belief that you can complete a task, still, having self-worth is vital for happiness and health. Self-esteem can be defined in various ways. Self-esteem is widely regarded as one of the core components of the processes used to assess and influence psychological processes.

A significant factor in the analysis of mild intellectual disability is self-esteem. According to Burke and Steti (1999), these people with disabilities are frequently aware of how negatively society views them, including the way that they are frequently viewed as being childish, laughable, or a threat—perceptions that they frequently display. Contrarily, social comparison plays a crucial role in comparison with other people, according to these studies. As a result, their self-esteem will be at stake if any unfavorable information is learned from this technique as a result of significant deficits in intellectual functioning or in other adaptive abilities. Members of this group are more susceptible to mood problems because they are more aware of the stigma or unfair treatment they may encounter. Burke and Steti (1999) study on self-esteem and psychological symptoms in PsMID discovered that, in general, outcomes show that PsMID possess low self-esteem scores compared to the average populace, and they are more susceptible to a variety of psychological problems. Study's findings have educational significance because they highlight the necessity of putting programs in place during childhood and adolescence to boost self-esteem in those who struggle intellectually during the early years of school. According to Silon and Harter's (1985) hypothesis, PsMID would have comparable self-esteem to typical 4 to 7-year-olds of their mental age (MA). Additionally, they make approximately similar progress as children who are usually growing, but with slower cognitive growth and a higher link between mental age and chronological age for self-esteem.

2.3.3 Social competence and PWB among PsMID

Guralnick, Connor and Johnson (2011) early research suggested that, compared to children without intellectual disability, less socially engaged and less responsive to peers are children with intellectual disability. Many young ones with developmental difficulties have trouble making friends as early as preschool. They usually indulge in solitary or idle pursuits and interact with peers less frequently. When compared to the expected level of their peers, students with intellectual disabilities often perform poorly or have limited capacities. These difficulties include trouble focusing or retaining attention on tasks, trouble remembering what has been learned, and problems in many other academic areas, like the transfer of learned information to new situations and language development. In addition to difficulties with learning, intellectual disability is linked to issues with social skills and the ability to remember acceptable behaviour (Cornelius and Janaki, 2012). When it comes to being sociable in the truest sense, people make the most of their interactions with others to meet their own needs and goals while also keeping others' needs and goals in mind (Furrer, Valkanover, Eckhart and Nagel, 2020). They went on to add that there is a significant distinction between social skills that are important for oneself and those that are important for others. However, PsMID struggle with self-directed social skills like making small talk and reciprocal social skills like cooperation and good manners (Furrer, Valkanover, Eckhart and Nagel, 2020).

Students with Special Education Needs (SEN) in general courses of primary and high school in 2021 as studied by Schwab, Lehofer. and Tanzer (2021), on the investigation of how inclusion affected various facets of social participation, from encouraging contacts between students with special needs (SEN) and those without to accepting SEN student and fostering friendly ties within the larger group of students who shared a common upbringing, pleasant interactions between students with SEN and those without are all important. The findings demonstrated that acceptance of students with Special Education Needs (SEN) is much lower than that of students with physical or mental problems. Additionally, the findings of a study that involved 108 students without Special Education Needs (SEN) and 35 students with SEN, generally speaking education categories in Graz, Austria revealed that students having SEN felt less socially integrated into their peer groups and had lower levels of social participation (Seligman, 2003).

According to Petrina, Carter, and Stephenson' analysis in 2014, lacking self awareness, particularly affective awareness, frequently leads to separation from friends and feelings of loneliness. According to Ueda, Goto, Imamoto and Yamazaki's research in 2021, developing interpersonal skills in early childhood is linked to using those skills later in life. Infants and young children with a range of problems are known to benefit from early detection, treatment, and/or rehabilitation. In addition, interaction with and reinforcement of infants is necessary for optimal social development as they glance at one other, grin, or react to a gesture. The likelihood that the youngster will subsequently develop and use acceptable social skills increases with earlier introduction and sustained use of this sort of stimulation. According to a meta-analysis by Forness and Kenneth, (1996), various social skills are tough for young ones with intellectual disability. It was also interesting to note that youngsters felt they needed improvement in non-verbal communication and problem-solving skills as well as academic and social competence.

According to Forness and Kenneth (1996), children with intellectual disability frequently recognize that they struggle with understanding the many conflict interaction components, coming up with other conflict resolution tactics, and anticipating the effects of such strategies. As a result, they have trouble joining the network of the classroom. Researchers studying the connection between learning disabilities and social skills should concentrate their attention on nonverbal and verbal communication in light the finding that student with disabilities intellectually have trouble reading nonverbal cues and recognizing facial expressions. In their study, Guralnick, Connor, Hammond, Gottman and Kinnish, (1996) found that children with intellectual disabilities' relational skills are significantly impacted by inadequate communicative competence. It is necessary to be able to communicate verbally and nonverbally in order to begin, maintain, and respond to social contacts because those are the main factors in transmitting goals and feelings. In an experiment conducted with young ones with intellectual disability, Guralnick et al. (1996) discovered that most young ones with and without intellectual disabilities favored hostile conflict resolution techniques in the baseline phase, but that after a training program that included reading and visualizing social stories, this preference changed. The control group, which included young ones who weren't involved in the same training program, continued to favor dysfunctional techniques, children with intellectual

disabilities tended to favor more constructive strategies like compromise. This study showed that social stories are effective in enhancing children with intellectual disabilities' capacity to handle interpersonal disputes by selecting effective coping mechanisms. However, it has been observed that the choice of techniques to resolve a conflict is also related to the partner (adult or children) involved in a relationship with regard to the resolution of social problems. According to the findings of a study conducted in 38 junior classes in Switzerland with 692 typical young ones and children with intellectual disabilities, these students were socially acceptable and had friends despite not being particularly popular. It is clear that in order to integrate with their peers, students with intellectual disabilities do not necessarily need sophisticated social skills. Although children with intellectual disabilities exhibited weaker social skills than their peers, there was no conclusive evidence that these students' social interactions were significantly impacted by their social skills (Furrer, Valkanover, Eckhart and Nagel, 2020).

In his research, Avramidis (2013) explored how students with Special Education Needs (SEN) perceived themselves in general education classes and how they interacted socially with their peers. The inquiry involved seven primary schools in northern Britain. This study found that children with exceptional difficulties were less socially accepted than their peers. The fact that special needs children handled their academic outcomes well is fantastic. The development of special educational support in conventional schools may be responsible for this reality, which enables them to achieve the tailored educational objectives. We also saw encouraging effects in terms of how they perceived themselves. Students with SEN felt equally welcomed with their peers, despite the fact that they had fewer friendships and were less well-liked. According to the study's findings, social skills of student in general education classrooms, whether they have SEND or not, call for the right kinds of educational interventions.

In 2021, Schwab, Lehofer, and Tanzer looked studied the socioeconomic circumstances of students with special education needs in general courses at Italian primary and secondary schools. The purpose of this study was to examine the effects of inclusion on a variety of social participation aspects, such as the acceptance of SEND students and the growth of friendly relationships within the larger group of students who collectively experience SEND. 486 students between the ages of seven and fourteen

made up the sample. The findings indicated that students with specific needs are accepted, such as those who have physical or intellectual disabilities, is much lower. Additionally, it was evident that a higher proportion of more students attend secondary schools than primary schools have special needs. A fact revealed that when the demands of the educational program increase, high school pupils encounter significantly greater challenges. As a result, we noticed an increase in the number of students with special education requirements. In addition, it was discovered that difficulties for students with SEN grow in high school as communication expectations rise and the chance of rejection rises.

Furthermore, the findings of a study that involved 108 students without special needs and 35 special education pupils attend regular education classes in Graz, Austria, revealed that students with special needs felt less socially integrated into their peer groups and participated in less social activity (Seligman, 2003). A less popular method to define social competence is the skills and behaviours necessary to succeed in a variety of social circumstances. In a research, Vaughn, Sinagub and Kim (2004) found that even with extra support and programming, PsMID yet lacked the abilities to function well at home, even in the classroom, among their classmates, and in the community. Such deficiencies in skill performance unavoidably lead to improper responses, a generalized awkwardness during social contacts, and social discomfort. They can also affect communication in the form of interpersonal engagement, academic progress, and even work performance later in life. Additionally, Vaughn, Sinagub and Kim (2004) noted that a number of behavioural traits of PsMID, such as restlessness and inattentiveness, have a detrimental impact on both the development and use of social skills. The possibility that a youngster will be able to effectively observe and imitate proper social skills is greatly diminished if he or she is unable to concentrate and pay attention to social stimuli. Friedman, Rapport, and Lumely are comparable. According to a research by Elias, Ping and Abdullah (2011), PsMID misses social signs and nuanced exchanges regularly because of their “receptive deficit,” which interferes with communication. Nevertheless, these experts concur that regular exposure to these encounters will develop behaviours that increase social understanding and the ability to decipher nonverbal and verbal cues. Additionally, Ueda, Goto, Imamoto and Yamazaki, (2021) found that the

growth of social abilities in infants and young PsMID is known to benefit from early identification and treatment. According to the study, interpersonal abilities that are displayed in infancy are related to when such talents are used when compared to earlier in life, as evidenced by improved behaviour and communication. Due to the stimulation's effects on brain development, early intervention is successful in improving cognitive and communication abilities.

Socially skilled children acquiring favorable attitudes around studying and adjusting to school more successfully than their less proficient peers, and they achieve higher grades, making the appropriate changes (Hughes, 2012)). When compared to children without moderate intellectual disabilities, PsMID engages in less social interactions and responds to peers less frequently, according to one of the earliest findings of Guralnick, Connor and Johnson (2011). Many young ones with mild intellectual disabilities struggle to make friends as early as preschool. They tend to spend more time alone or doing unoccupied tasks than they do interacting with peers in line with the conclusions of (Guralnick, Connor and Johnson, 2011).

According to Spijker, De-Gruaf, Bigh, Beekman, Ormel and Nolen (2004) research, moderate intellectually challenged children and adolescents frequently experience additional challenges that make it harder for them to make and keep friends compared to colleagues who are not disabled. The promotion of social connections and the acquisition of social skills that lead to competence can be achieved through participating in social interactions, whether formal and casual. Strong friendship ties have often been demonstrated to be one of the major factors influencing children's PWb behaviour outside of family interactions, according to Savahl, Cassas and Adams (2021). Additionally, they also added that having a good friend is found to be a significant factor in determining one's level of pleasure and contentment in life.

2.3.4 Aggression and PWb among pupils with intellectual disability

According to Vostry, Lankova, Pesatova, Fleischmann and Jelinkova, (2022) study, aggressive behaviour often has adverse effect not only on the aggressor's environment but also on the aggressor themselves. Abuse, physical harm, and disruption of social interactions are only a few negative effects of aggressive behaviour on the

aggressor. Vostry, Lankova, et. al. (2022) further reported that there is a widespread tendency for aggressive behaviour to continue over time in people with intellectual disability, just like it does in other populations, and Aggression in numerous forms is frequently displayed simultaneously among people with intellectual disability (such as hostile behaviour that is physical, self-defeating, or verbal).

Additionally, Students without SEN exhibited less indirect hostility than students with SEN and received higher ratings for their positive social behaviour from the participating teachers than did students with SEN. Researchers come to the conclusion that students' social behaviours, rather than the stigma associated with the term "special educational needs," are to blame for the low levels of social inclusion. Therefore, it is important for educators and students to focus on helping individuals with special needs develop their social skills. In Bogaard, Nijman, Palmstierna and Embregts, (2017)'s study, involving a group with intellectual disability, it was found that men were more prone than women to be physically and verbally violent toward others.

It has been noted that individuals with intellectual impairments (ID) exhibit aggression more frequently (ASD) and ID (Tevis and Matson, 2022; Bowring, Painter, and Hastings, 2019). The quality of life that people experience throughout their development, Aggression has a significant influence that can be felt both immediately and later. Aggression may lead to the deployment of intrusive techniques and restrictive conditions. Gendreau and Archer (2005), studied 31,000 participants in the New York State Developmental Services system, and discovered that medication was used more frequently than behavioural approaches and that restricted behavioural programs were more frequently used to address aggression. According to Ebenuwa-Okoh and Ugoji, (2015), adolescents with mild intellectual disabilities frequently exhibit violent behaviour because they are unable to properly express their needs verbally.

Over a longer time frame, aggression was studied by Bogaard, Nijman, Palmstierna and Embregts, (2017) in care centres provide for PsMID and extremely problematic conduct. Aggression was prevalent. 639 events were recorded over the course of the 20-week observation period. 71 percent of events were externally focused, frequently on staff. 44% of the 185 study participants had outwardly focused episodes, and 12% injured themselves. The authors point out that while half of all inhabitants were

involved in an aggressive episode of some kind, the majority of hostility was committed by a small minority. 17% contributed to one occurrence, 25% to two to ten, and 8% to eleven or more. Denial of requests was the main cause of outwardly directed incidents, which were typically directed towards workers. Only 4% of these episodes resulted in severe consequences for the victims, with verbal aggressiveness accounting for 50% of them. The fact that this population had been expressly sent to inpatient treatment due to extreme or persistent aggressive behaviour was recognized by the authors as being of interest. They made the assumption that the limited scope of therapeutic interventions utilized to end incidents or stop them from getting worse were responsible for the relatively mild and infrequent events observed in treatment facilities. Additionally, they stated that although not many externally directed situations resulted in injuries, 40% of them involved staff members feeling intimidated.

2.3.5 Loneliness and PWb among pupils with intellectual disability

Marangoni and Ickes (2016) study provided empirical evidence that long-term loneliness might exacerbate psychological health problems including depression and raise the chance of suicide. According to a 2010 study by Hawkey, Thisted, Masi, and Cacioppo, loneliness has an impact on one's physical health. Although the underlying mechanisms are still unclear, it appears that loneliness causes the body to go into an inflammatory reaction that raises the risk of physical illness, especially heart disease. Findings from the Dunedin Longitudinal Study (Freak-Poli, Joanne, Neumann, Tonkin, Reid, Woods, Nelson, Stocks, Berk, McNeil, Britt and Owen (2021) showed that a subgroup of the population that had experienced social isolation as children 20 years previously had a considerably increased risk of cardiovascular disease. This is another compelling illustration on the long-term impacts of loneliness in childhood. Even after accounting for additional risk variables like smoking, socioeconomic status, childhood weight, and traumatic life experiences, the connection persisted. It was inevitable to come to the conclusion that loneliness has long-lasting, negative impacts on adult health.

In their 2020 study, Buckley, Glasson, Chen, Epstein, Leonard, Skoss, Jacoby, Blackmore, Srinivasjois, Bourke, Sanders and Down, (2020) discovered that individuals with intellectual impairments have more mental health problems both as children and as

adults than people without intellectual disabilities. It is frequently demonstrated that their quality of life is lower, their physical health is noticeably worse, and many struggle to lead healthy lives. Ishaq, Asif and Malik (2018) studied 268 college students to find out how their high PWb levels can predict how lonely they will be. He concluded from the data that one of the key elements influencing the likelihood of loneliness was psychological wellbeing. Loneliness and good relationships with other people are closely related. In this specific body of study, focus was placed on the connections between loneliness and reduced social skills, introversion, and social support. The "purpose on life" factor of PWb was the second predictor of loneliness that he discovered. Knowing one's life's purpose clearly leads to harmony and peace of mind. He came to the conclusion that people who experienced loneliness were unhappy with their lives as a result of a variety of psychological issues, including social isolation, anxiety, depression, and loneliness. High levels of loneliness are experienced by those who have never found their purpose in life. "Purpose in life," one of the six dimensions of PWb, had a crucial part in determining the likelihood of loneliness.

According to a 2011 study by Shaver and Miculincer, One's health is significantly harmed by loneliness. According to the study's findings, loneliness and the capacity for resolving interpersonal conflicts are significant determinants of subjective well-being. One component of the results demonstrates how low levels of interpersonal problem solving ability lower subjective well-being. Additionally, it was seen that negativity increases and self-confidence declines. Researchers have discovered that constructive interpersonal problem solving positively correlates with wellbeing. Another crucial discovery was how strongly significant as an indicator of subjective well-being, loneliness is. Accordingly, the correlation between subjective wellbeing levels and loneliness is inverse: higher subjective wellbeing levels are associated with lower levels of loneliness, and vice versa. The most significant finding from their research was that people are happy when they are excellent at resolving interpersonal conflicts. Finding answers to one's concerns lessens difficulties and improves wellbeing.

In their research, Pettijohn, LaPiene, Pettijohn and Horting (2012) have demonstrated how social media has an impact on a person's wellbeing. They have demonstrated how social networking websites can contribute to loneliness. Facebook has

decreased introverts' connections to the community. Other academics have looked into the connection between internet use and loneliness. According to their findings, regular internet use reduced social isolation and increased intimate ties, as measured by use of social networking sites. The results of this study demonstrated a connection between Facebook use and psychological health. Regular Facebook use had a negative effect on one's sense of worth. Social networking sites are more commonly used by students who have low self-esteem since they assist them expand their social network. In addition, first-year students with a large number of Facebook friends reported having trouble adjusting to college life and interacting with others. A person's ability to adapt to a new environment demonstrates their solid emotional foundation. A person may have a lot of Facebook friends in their first year, giving them the impression that they are part of the in-group. Additionally, it was discovered that the pupils' academic performance was impacted by their inability to change. Two tendencies emerged from the findings. The first was that first-year students who have many Facebook friends struggle with low self-esteem, poor academic achievement, poor adjustment quality, and harder interpersonal communication. The second tendency was that students' wellbeing was impacted by how much time they were spending online.

Bhagchandani undertook a cross-cultural analysis of the relationship between PWb and loneliness in 2017. South Africa, a multicultural country in the developing world, was the site of the study. This study's goal was to examine how political systems, ineffective leadership, and high rates of child abuse, rape, sexual molestation, incest, violence, and criminality affect both young ones as well as adults. This research's goal was to incorporate these young individuals in research on loneliness and psychological health. The University of Free State students from various cultures were the study's target demographic, and it was conducted using a non-experimental methodology. The groups were divided based on criteria using non-experimental hypothesis testing research. Le Roux Loneliness Questionnaire and Psychological General Well-Being Index, and to gauge loneliness, two self-created surveys were employed. The study's findings showed that despair and a feeling of potential wellbeing have a big impact on loneliness. They discovered a strong correlation between loneliness and PWb. Accordingly, students with high PWb reported feeling less lonely, while those with low PWb reported feeling lonely

more often. The sub-scale of PWb, which revealed despair and a sense of positive well-being as primary causes of loneliness, was the study's most significant discovery.

In a 2017 study, Bhagchandani (2017) discovered that those with social anxiety or loneliness were more likely to acquire a compulsive online habit that had detrimental effects on their psychological wellbeing. They fell behind on finishing their everyday tasks, including those related to work, school, and errands. They discovered that these undesirable behaviours made them feel more alone. Although earlier studies have demonstrated that accessing the internet helps people deal with loneliness to some level, this study discovered that it has more adverse impacts than favorable effects.

A study by Tzouvara and Pinar (2022) on University of Wisconsin college students examined the effects of particular personality qualities and the nature of intimate connections on loneliness. 180 liberal arts students provided the researchers with data. Based on the timeline, the research was divided. They were requested to answer surveys on their optimism, shyness, social support, and loneliness. Six weeks later, they were summoned back to complete the same questionnaires. The findings demonstrated that lower optimism levels prior to six weeks predicted higher degrees of loneliness following six weeks. Participants who were quiet and unsupported expressed more loneliness than other pupils. McDonald, Sherman, Petocz, Kangas, Grant and Kasparian (2016) research on undergraduate students revealed a strong link between loneliness sentiments and poor mental health. They discovered that secure attachment patterns improve overall health, while avoiding anxious ambivalent types and loneliness adversely affect mental health.

According to a study by Paoutsaki, Gena and Kalyvia (2013), chronic loneliness affects up to 50% of people with intellectual impairments as contrasted with 15–30% of the general populace. Furthermore, a theoretical framework for vulnerability that takes social attitudes, expectations, and opportunities, as well as experiences, into account demonstrates how the cognitive, physical, and emotional health problems already connected to intellectual disability—including skill deficits—make this condition particularly prone to loneliness. The study by Spijker, De-Gruaf, Bigh, Beekman, Ormel, and Nolen (2004) has produced a sizable body of evidence highlighting the challenges PsMID face in initiating, forming, and sustaining friendships. When compared to their peers who are usually developing, they engage participate in lesser social gatherings with

friends and, in the opinion of their parents, have fewer friendships that are mutually beneficial. According to research by McDonald, Sherma, Petocz et al. (2016), many people intellectually disabled believed that the finest friendships could only develop between people who share that handicap. Their justifications included the desire for "equal" friendships as well as the dominance and rejection they encountered while mingling with other people. Paoutsaki, Gena and Kalyva (2013) found that mild intellectually disabled 8–13-year-old boys reported feeling more alone than their typically developing peers, but this difference was not present for girls. The study openly questioned young ones with intellectual disabilities about their feelings of loneliness. Similar findings are made by Bakkaloglu (2010), who find that young children with minor intellectual handicap were more lonely than their peers who were usually developing regardless of whether they went to regular or special schools. However, adolescents' outcomes were different.

There are physical health repercussions as well. Although the underlying mechanisms are still unclear, it appears that loneliness boosts the body's inflammatory response, which raises the risk of physical illness, especially heart-related illnesses (Hawkey and Caciopopo, 2010). A compelling example of the long-term impacts of childhood loneliness comes from data from the Dunedin Longitudinal Study, which revealed that the risk of cardiovascular disease was much higher in a subgroup of the sample that had been socially isolated as children 20 years earlier (Freak-Poli, Joanne, Neumann, Tonkin, Reid, Woods, Nelson, Stocks, Berk, McNeil, Britt and Owen, 2021). The connection persisted even after accounting for additional risk variables like smoking, stressful life events, socioeconomic status, and childhood weight. It was inevitable to come to the conclusion that loneliness has long-lasting, negative impacts on adult health.

2.3.6 Depression and PWB among pupils with intellectual disability

When a person is unable to express their emotions, it's critical to identify and keep an eye on any behaviours coming from them that can point to depression. The most frequent signs of depression in individuals with Down syndrome in two investigations by McGuire and Chicoine (1996) were melancholy, lack of interest, social disengagement, decreased energy, and slower activity. According to a 2004 study by Collishaw, Maughan

and Pickles, There may be a greater risk of depression among people with intellectual disability than in the general population. They showed a correlation between minor intellectual handicap at age 15 and emotional issues four times more prevalent by midlife. Additionally, it is anticipated that, similar to the general populace, the risk of depression will rise with age.

According to a study by Bowlby (1973), depression is caused by disrupted early relationships and stressful childhood separations. He asserts that a loss experienced later in life will bring back the memories of the painful event from infancy and hence cause a depressive episode. While a different study revealed that compared to medical students, music education students had considerably higher mean scores for stress, anxiety, and sadness (Sappok, Diefenbacher and Winterholler (2019). Demirbatir, Bayram and Bilgel, (2012) discovered that music majors had significant rates of depression and anxiety but no differences from other undergraduates. Demrhatir et all (2012) also reported that teens who acted impulsively had increased depression. Temperament and impulsivity are risk factors for antisocial behaviour, whereas disruptive behaviour is behaviour that is focused on other people, frequently with the intention of causing them harm or aggravation. Because those who are disruptive are frequently perceived as treating others disrespectfully, annoying or aggressively upsetting them, the result of disruptive behaviour is quite similar to aggressive behaviour or bullying. Depression has been linked to burnout in cross-sectional studies. Sappok, Diefenbacher, and Winterholler, (2019), indicated that over the course of their three years of secondary education, School-related burnout and depressed signs in adolescents showed some consistency as they transitioned from comprehensive school to their next educational endeavor, and that school burnout was a stronger predictor of future depressive symptoms than the other way around.

In a study on parental stress, Sappok, Diefenbacher and Winterholler (2019) found that it was a significant psychological well-being of caregivers and a risk factor for mistakenly leaving disadvantaged children in the hands of strangers. Making policy decisions based on an understanding of practical ways to lessen caregiver stress would help children receive better, more individualized assistance and intervention. This research intends to profile parents of intellectually disabled children who are about to

receive care and support from outside sources, as well as how to determine the circumstances that PWb and alterations in parental stress. We discovered that PWb was significantly impacted by child depression brought on by parents' stress symptoms. Furthermore, we found a relationship between limited social interaction among caregivers and stress on parent. To improve carers' positive treatment of depressed symptoms, focus should be on psychological well-being and support services. in children intellectually disabled, encourage caregivers to engage in social activities, and reduce stress.

According to a study by Sappok, Diefenbacher and Winterholler (2019), PsMID may more frequently encounter depression if they experience disruptive life events like being admitted to the hospital, losing a loved one, being separated from them, or experiencing changes in family dynamics. Maiano, Coutu, Tracey et al. (2018) examined how sorrow and depression are related in psychoanalytic literature and discovered that PsMID had trouble processing grief. For PsMID, a death in the family, especially if the deceased person served as the student's primary caregiver, can be a very serious life event that results in a shocking and sudden change in circumstances. Maiano, Coutu, Tracey, et. al. (2018) further argued that stressful childhood separations and broken early relationships predispose PsMID to depression. Even a loss experienced later in life can bring back painful memories from childhood and precipitate a depressed episode. According to a study by Kitchener, Jorm, Kelly, Pappas, and Frize (2010), PsMID have a decreased the capacity to focus or think, which leads to performance issues under pressure, a leisure shift and hobby interests, the appearance of being distracted, a decrease in task completion, which upon testing, there was a loss of previously acquired talents and a drop in IQ. Additionally, these researchers discovered that PsMID are further susceptible to depression and mood disorders due to additional challenges, such as cognitive impairment, greater rates of physical sickness, communication difficulties, inadequate social and coping abilities, and a lack of social support.

2.3.7 Anxiety and PWb among pupils with intellectual disability

According to Schroyen, Valk and Walsh (2008) study, children intellectually disabled experience increased anxiousness throughout time and exhibit usual decreases in anxiety later in life. PsMID not only feel more anxiety overall, but also twice as many of them experience both an anxiety condition and an intellectual handicap as children who are typically developing. According to Schroyen, Valk and Walsh (2008) study, people intellectually disabled a three to five folds greater likelihood of displaying problematic conduct, which includes Self-stimulating actions including rocking, withdrawing, or disobeying orders, as well as hostile behaviour against others and self-harming and improper social and sexual actions. Further research revealed associations between anxiety, mania, tantrums, aggression, and screaming; depression, aggression, tantrums, and screaming in an outbursts and self-harm situations of profound or severe intellectual disability; severe or profound intellectual disability cases.

Findings from Nieuwenhuys and Oudejans, (2011) demonstrated that when police officers are anxious, they perform faster, therefore they have less time to fire precisely at the targets. Additionally, the officers blinked more often, which increased the amount of time their eyes were closed, and they stopped aiming correctly and precisely at the opposition. Despite the added mental work, these outcomes were obtained. According to the attention control theory, this showed that when police officers experienced anxiety, their behaviour became less effective and more stimulus-driven, which resulted in a greater decline in total task performance. Additionally, Schroyen, Valk and Walsh (2008) examined the psycho-social wellbeing of an Australian sample of parents of autistic children. Numerous independent variables, such as socio-demographic data, the child's health and treatment status, and coping strategies, were evaluated in terms of their effects on the sadness, anxiety, and angst of the parents. According to the findings of the regression analysis, fathers and parents who received greater social support had lower ratings for sadness, anxiety, and anger. Age of onset of symptoms was strongly correlated with depression but not with anxiety or rage. Females, larger families, and parents of older children expressed less rage. Neither depression nor anxiety was significantly correlated with these independent factors. None of the psycho-social wellbeing variables

employed in this study were substantially correlated with either the kind or the extent of coping behaviours.

According to Faulkner's (2015) research, anxiety is difficult to detect in students with intellectual disabilities due to their inability to describe internalizing anxiety signs, as well as cognitive, social, and communicative difficulties, as well as the absence of standardized assessments for these factors and psychiatric co-morbidities. The researcher also highlighted traumatic events, bullying, living in different homes, being ill, and going through a lot of transitions, demanding jobs, and social circumstances as environmental causes of anxiety among PsMID. According to a study by Kitchener, Jorm, Kelly, et al. (2010), it may be more helpful to recognize anxiety in PsMID and verbally communicate these concerns by focusing more on observable behaviours rather than self-reports. These researchers also noted that the severity of an intellectual disability raises the possibility that a person's behaviour may be characterized by anxiety.

2.4 Summary of literature

What a person needs to be healthy will determine their PWb. Self-acceptance, healthy relationships, independence, being in charge of one's environment, living with a purpose, and personal growth are all components of PWb. Economic measures of well-being can also be used to determine whether or not a person can achieve their goals in relation to available resources and financial constraints. These measurements are primarily based on consumer decisions and behaviours. It may be difficult for the family and the child when a child with an intellectual disability is discovered.

Evidences from the reviewed literature showed higher level of both mental and physical challenges. Behaviours that can be challenging are dominant due to the frequent behavioural manifestations of discomfort and mental health concerns in this group. From the studies reviewed, scholars showed that high PWb is positively correlated with self-esteem. From the attribution theory, it was discovered that pupils who feel more in control over the outcome of a task, will have more motivation to successfully complete the task. It is also established from the studies reviewed that supportive social relationship impacts mental health through their influence on an individuals' well-being. The reviewed literatures have indicated that factors affecting PWb are both in the

individual and in the environment. What should be the concern of all is how to assist the mild intellectual disability to overcome the challenges of those factors that cause negative psychological well-sbeing.

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CHAPTER THREE

METHODOLOGY

This chapter focused on research methodology, research design, population of the study, sample and sampling techniques, instrumentation and method of data analysis.

3.1 Research design

The research utilised a correlational survey research design. Its design was considered appropriate as It excludes the use of variables manipulation of interest but only enables the researcher to investigate, describe and give the relationship between variables as they naturally occurred. In this case, the independent variables' correlations with one another are of interest to the researcher (socio- personal factors) as possible predictors of the dependent variable (PWb) among PsMID in the South-West, Nigeria.

3.2 Population

All PsMID in South-West, Nigeria made up the population in this study. However, due to limited resources and time factor, samples were used for this study. The samples were from the six states that made up the south-west, Nigeria.

3.3 Sample and sampling techniques

The sample included of 350 PsMID who were purposively drawn from 28 public special schools in Lagos, Ekiti, Ogun, Ondo, Osun and Oyo States, which constitute the six (6) states in the South West, Nigeria. Participants were classified as PsMID with IQ range of 52-68 after screening with Slosson Intelligence Test (SIT). The respondents were PsMID within the age range of 10-25 years while the instruments were filled by their teachers and caregivers.

A multi-stage sampling technique was utilised for the purpose of this work. The probability sampling method known as "multistage sampling" involves conducting the sampling in a number of phases, each of which results in a smaller sample size. The first

stage of the multi-stage sampling technique in this study was the identification of special schools in each of the six (6) states that make up south west Nigeria, where persons with intellectual disability are enrolled. Twenty eight schools were identified at this stage. The second stage was to identify PsMID. This was done by screening them using Slosson Intelligence Test (SIT). Three hundred and fifty (350) pupils were identified as having mild intellectual disability. All the 350 PsMID formed the sample for this study (see Table 3.1). After screening for PsMID, the administration of the research instruments was carried out with the support of 15 research assistants. It should be noted that the researcher was welcomed with excitement in all the schools visited by the staff. The pupils were also happy during interactions with them. The researcher was accorded high level of cooperation by the teachers and caregivers.

3.4 Inclusion criteria of respondents

The following decisive factors were utilized to choose study participants:

1. The participants were PsMID as identified using Slosson Intelligence test.
2. The participants were persons enrolled in government owned special schools because that is where a good number of PsMID are concentrated.
3. Participants age range were within 10-25 years because they were all in primary schools may be as a result of their delay in cognitive development and adaptive behaviour

Table 3.1 Distribution of sample based on school

S/N	Name of School	LGEA	Number of Respondents
Ekiti State			
1	Government Special Needs School, Ido-Ekiti.	Ido-Ekiti	28
Lagos State			
		LGEA	Number of Respondents
1	Modupe Cole Memorial Childcare and Treatment Home/School Akoka	Mainland	16
2	Olisa Primary School and Inclusive Unit Mushin	Mushin	15
3	Maryland Primary Inclusive Unit	Kosofe	17
4	Ileanu Olu Pre-school Unit for Physically and Mentally Challenged Children	Surulere	4
5	National Orthopaedic Special School Igbobi, Lagos	Shomolu	10
6	Atunda Olu School for the Physically Challenged	Surulere	4
Ogun State			
		LGEA	Number of Respondents
1	School for Children with Special Needs Ijebu Ode	Ijebu Ode	12
2	School for Children with Special Needs, Sagamu	Sagamu	16
Ondo State			
		LGEA	Number of Respondents
1	Ondo School for the Intellectual Impaired Oke-Igbo	Ile Ohiji/Oke Igbo	24
Osun State			
		LGEA	Number of Respondents
1	Special Primary Special Ikirun	Ifelodun	3
2	School for Persons with Special Needs, Osogbo	Osogbo	15
3	School for the Special Needs Children, Iwo	Iwo	20
4	St. Philips Special School Iloro, Ile-Ife	Ife East	13
5	School for Special Needs Children, Modakeke	Ife East	15
6	Special Needs Children School Ilare, Ile-Ife	Ife central	5
Oyo State			
		LGEA	Number of Respondents
1	Child Clinic School of Special Education, Oyo	Afijio	2
2	School for the Handcapped, Dunbar, Oyo	Oyo	8
3	Obada Community School for the Handicapped Odo – Oba Ogbomoso	Ogo Oluwa	1
4	Cheshire Special School Poly Road, Sango	Ibadan North	4
5	Community School for the Handicapped Ogbomoso	Ogbomoso North	28
6	Home school for the Handicapped Ijokodo	Ibadan South West	20
7	Basic special school Oke-Bola, Ibadan	Ibadan South West	26
8	Lagelu Special School II Iyana Church	Lagelu	5
9	Lagelu Special School I Lalupo	Lagelu	7
10	Egbeda Special School Adagbaya Olodo, Ibadan	Egbeda	6
11	St. Luke’s School for the Handicapped, Molete, Ibadan	Ibadan South	20
12	School for the Handicapped, Adie Omu, Iseyin	Iseyin	9

3.5 Instruments

In this research, the research tools utilised include:

1. Slosson Intelligence Test -Revised
2. Rosenberg Self-esteem Scale (RSES)
3. Social Competence Rating Scale: (SCRS)
4. Loneliness Scale by Russell (1996)
5. Depression Rating Scale (DRS)
6. Overt Aggression Scale (OAS)
7. Anxiety Rating Scale
8. PWb Rating Scale (PWBRs)
9. Students Home background Questionnaire (SHBQ)

3.5.1 Description of the instruments

3.5.2 Slosson intelligence test-revised

Slosson developed and validated the Slosson Intelligence Test (SIT) in 1961. It was set up and designed as a general intelligence test. The S.I.T test was validated and adjusted to fit the African culture, despite the fact that it is a foreign test. To suit the participants' culture, for instance, specific words and things were modified without affecting the content validity. All three authors that used the test - Ayodele (2010), Agboola (2002), and Udeme (2017) - found it to be helpful and appropriate for usage in Africa. Slosson constructed his exam and verified its validity using the SB intelligence test as it was revised in 1960. Concurrent validity coefficients, which ranged from 0.90 to 0.98, were determined independently for each age group. Slosson (1961) came to the conclusion that SIT and its criterion, the SB, correlated in the same way as the SB correlated with itself. According to Adediran (2013), the instrument produced strong content validity and test-retest reliability of 0.86. Thus, it looked that the STI's usefulness and validity were well proven (Appendix 1).

3.5.3 Rosenberg self-esteem scale

Using 10-item measure, general self-worth is evaluated. It is employed to gauge attitudes toward PsMID on both a positive and negative scale. Scale is regarded as of one-dimensional form. On a Likert measure of 0 to 4, replies to each question range from strongly agree to strongly disagree. The Rosenberg self-esteem measure is non-discriminatory and has varying relationships with self-esteem. This scale, widely used in various studies, is adopted for this study. The estimated intrinsic consistency, dependability, and repeatability of the Rosenberg self-esteem scale were determined utilizing the Pearson product moment coefficient and Cronbach's alpha, respectively. Result achieved a Cronhach's alpha of .70 and the test re-test correlation coefficient of .71. Revalidation of this instrument yielded an alpha value of 0.73.

3.5.4 Social competent rating scale (SCRS)

This social competence rating scale (SCRS) is a 15-item instrument adapted from Karra (2013) social skill rating scale (SSRS) purposely for this study. The social skill rating scale was developed for evaluating the social skills of PsMID. A 3-point rating scale is used: Always (2), Occasionally (1), and Never (0). PsMID by way of three unique schools were used in a pilot research. The scale was developed using the cumulative approach of scoring. It was tested for reliability using Cronbach Alfa method which yielded an alpha value of 0.90.

3.5.5 Loneliness scale by Russell (1996)

This adopted 20-item loneliness scale is intended to assess both one's subjective emotions of loneliness and one's sense of social isolation. Each item was evaluated by teachers of PsMID, who also attested to its accuracy. Since it was first published, the measure has undergone two revisions: the first was to add reverse-scored items, and the second was to streamline the language. Over a year, it possesses test-retest dependability. information from past research on college students, nurses, instructors, and the elderly to examine the psychotic characteristics of Ruselle's loneliness scale. The measure had high levels of internal consistency (coefficient a ranging from.89 to.94), test-retest reliability

over a year ($r=.73$), and convergent validity of relationships with various loneliness indicators. Reliability index of 0.83 was obtained after revalidation.

3.5.6 Depression, rating scale (DRS)

This depression rating scale (DRS) is an instrument structured to help teachers, parents and care-givers to assess the depressive level of PsMID. This instrument is adapted from Glasgow Depressive Scale for people having learning disability (GDS-LD) created by Cuihill, Espie, and Cooper (2003). This measure distinguished between groups with and without depression, associated with the Beck Depression Inventory -11 ($r=0.88$), had good test-retest reliability ($r=0.97$) and internal consistency (Cronbach's $\alpha =0.90$), and a cut-off score (13) yielded 96% sensitivity and 90% specificity. It was initially a 20 question measure that can be used for population screening, symptom monitoring, and change assessment. This modified version consists of a 15-item test with two parts, A and B. Section 'A' is based on the measurement of demographic factors, and part "B" depends on the structured tests used to evaluate participants. There are four different answers to the Likert-style questions: Never, Sometimes, Often and Always. Cronbach alpha result of $\alpha=0.75$, after revalidation, was attained.

3.5.7 Overt aggression scale (OAS) for people with intellectual disability and aggressive challenging behaviour

This adopted 10-item Overt Aggression Scale (OAS) was developed by Orpinas and Frankowski for people with intellectual limitations and combative aggressive conduct (2001). This scale measures the evolution of aggressiveness levels in individuals with mental illnesses. The measure divided aggression into four levels: (1) verbal aggression (2) physical aggression against objects (3) physical aggression against self and (4) physical aggression against others. Answers to all of the scale's questions are given in a 4-point Likert format, from strongly agree to strongly disagree. It has been demonstrated that the OAS rating scale has high inter-rater reliability (Pearson's correlation coefficient = 0.87) both adults and children's overall aggressiveness scores (Yudolsky et al. 1986). This instrument's reliability index after revalidation was 0.72.

3.5.8 Anxiety rating scale for the people with an intellectual disability (GAS - ID)

The "3-Systems" of cognitive, behavioural, and somatic symptoms that co-occur in anxiety disorders are included in this rating system for people with intellectual disabilities. Mindham and Espie (2003) developed this instrument as the creation and psychometric features of a new measure for use with individuals with minor intellectual disabilities and adopted for this study. The 15-item had good test - retest reliability ($r=0.95$) and internal consistency ($\alpha= 0.96$) and was reasonably correlated with the BAI ($P=0.75$). In order to employ this scale, a three-option structure was adopted, namely: 'never' (0) 'sometimes' (1), and "always" (2). Revalidation showed Cronbach alpha result of $\alpha =0.87$

3.5.9 Students home background questionnaire (SHBQ)

This questionnaire was developed from Caldwell and Bradley (1984) Home observation for measurement of the environment (HOME) which was created to evaluate the amount of emotional support and cerebral stimulation that children receive at home, at organized activities, and in the setting of their family environments. This test was created and adapted in this study to assess the family's socioeconomic position, location, and the educational and occupational backgrounds of the parents and guardians, as well as the other children living there. It is also designed to determine how supportive or otherwise a home is to the development of the PsMID leading to a healthy PWb. The outcomes were mainly based on "yes" or "no.". It was pilot-tested on 15 parents/guardians of PsMID utilising Cronbach alpha co-efficient. Intrinsic consistency was 0.75 as a result. This is an indication that the co-efficient reached acceptable degree of internal consistency, hence reliable for this study.

3.5.10 PWb rating scale (PWBRs)

This is a rating scale structured to assess the PWb of PsMID. It is an 18-item self rating scale adapted from Ryff's 43-item pathological well-being (PWB) scale which was developed in 1989. This instrument also has two parts: A and B, part 'A' is on the structural questions for self-rating by the pupils. All items were answered using a 4-point likert scale format. The options include: Never, Sometimes, Often and Always. The

reliability of subsequent tests coefficient of Ryff's PWB measure was 0.82. A reliability index of 0.75 was obtained after revalidation.

3.6 Procedure for data collection

A letter of introduction to the heads of each of the chosen Schools was obtained by the researcher from the Department of Special Education at the University of Ibadan introducing the investigator. This study was conducted in 28 schools of all the Six South Western States of Nigeria. Data was collected over a period of ten weeks. During meetings with each head of the chosen schools, the researcher outlined the purpose of the study and begged for their complete cooperation of both staff and the pupils to ensure a thorough job. Two research assistants were involved especially in screening the pupils using Slosson Intelligent test-Revised. The researcher was given all necessary assistance which resulted to a well completed administration and collation of the instruments. The teachers and care-givers filled the questionnaire because of the pupils deficit in cognitive development. The researcher experienced financial challenges and repeated trips to the states ministries of education due to protocols and a times the absence of some officials whose duty it is to process the letters.

3.7 Ethical consideration

The researcher submitted an application to the Ministry of Education in Nigeria's six Western states' Ethical and Research Committee in order to comply with conventional ethical considerations for the nature of this study. A parental guardian approval form was sent together with a copy of the research proposal. The conduct of the research was approved by those states' ethical and research committees. A parental/guardian agreement form was then distributed to the parents/guardians of the PsMID via the young children and carers.

3.8 Method of data analysis

The descriptive statistical tools of simple percentage, frequency counts, and multiple regression were utilised in analyzing the respondents' demographic data. The association between the independent variables (Socio-personal characteristics) together with the dependent variable PWb was properly established using Pearson's product moment correlation. The independent variables (social-personal characteristics) and the dependent variable (PWb), on the other hand, were analyzed and their relative and composite contributions were determined using the multiple regression analysis at the significant level of 0.05.

CHAPTER FOUR

RESULTS AND DISCUSSION

The analysis' findings are presented in this chapter along with a discussion of them. The outcomes are discussed as follows:

4.1 Presentation of results

Tables 4.1 to 4.4 cover the analysis of the demographic data. The table 4.1.1 showed information about the locations of the special education schools. It also showed that 28 special schools were used. Gender showed the gender distribution of the pupils. 187 (53.4%) pupils are males while 163 (46.6%) are female totaling 350 pupils used for the research and it also revealed the respondents age. It further showed that 112 (32.0%) pupils are between 10 and 12 years, 83 (23.7%) are between 13 and 14 years, 59 (16.9%) are between 15 and 17 years and 46 (13.1%) are 18 to 25 years of age. Table 4.3 showed how the respondents' local government regions were distributed. The table indicated that the respondents fell into 24 local government areas. Table 4.4 showed the respondents distribution by states. The 6 states of South West Nigeria, Ogun, Ekiti, Osun, Ondo, Oyo and Lagos were used.

Table 4.1: Distribution of respondents by gender, age and state of residence

Gender	Frequency	Percentage
Male	187	53.4
Female	163	46.6
Total	350	100.0
Age		
10 – 12 years	162	46.3
13 – 14 years	83	23.7
15 – 17 years	59	16.9
18-25 years	46	13.1
Total	350	100.0
States		
Ogun	28	8.0
Ekiti	25	7.1
Osun	71	20.3
Ondo	24	6.9
Oyo	136	38.9
Lagos	66	18.9
Total	350	100.0

Table 4.1 shows that 187 (53.4%) pupils are male, and their counterparts are 163 (46.6%). Age shows that 112 (32.0%) pupils are between 10-12 years, 83 (23.7%) are between 13-14 years, 59 (16.9%) are between 15-17 years, and 46 (13.1%) are 18 to 25 years of age and states shows that 28 (8.0%) pupils are residents of Ogun State, 25 (7.1%) are residents of Ekiti State, 71 (20.3%) are residents of Osun State, 24 (6.9%) are residents of Ondo State, 136 (38.9%) are residents of Oyo State, and 66 (18.9%) are residents of Lagos State.

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Table 4.2: Distribution of the respondents by school

S/N	Name of School	Frequency	Percentage
1	Government special needs school, Ido-Ekiti	28	8.0
2	Modupe Cole Memorial Childcare and treatment school/home, Akoka	16	4.6
3	Olisa Primary school and inclusive unit, Mushin	15	4.3
4	Maryland Primary inclusive unit	17	4.9
5	Ile Aanu Olu Pre-school unit for physically and mentally challenged children.	4	1.1
6	National Orthopaedic Special School, Igbobi, Lagos	10	2.9
7	Atunda Olu School for the physically challenged	5	1.4
8	School for Children with Special needs, Ijebu-Ode	11	3.1
9	School for children with special needs, Sagamu	16	4.6
10	Ondo State school for the intellectual impaired, Oke-Igbo	20	5.7
11	School for person with special needs, Osogbo	15	4.3
12	School for the special needs children, Iwo	20	5.7
13	St. Phillip special school, Iloro, Ile-Ife	13	3.7
14	Special needs children school, Ilaro, Ile-Ife	6	1.7
15	School for special needs children, Modakeke	15	4.3
16	Special Primary School, Ikirun	3	0.9
17	Child clinic, school of Special Education, Oyo	2	0.6
18	Obada Community School for the Handicapped, Odo-Oba, Ogbomoso	1	0.3
19	School for the Handicapped, Durbar, Oyo	8	2.3
20	Cheshire Special School, Poly Road, Sango, Ibadan	4	1.1
21	Home School for the Handicapped, Ijokodo, Ibadan	20	5.7
22	Community School for the Handicapped, Ogbomoso	28	8.0
23	Basic Special School, Oke-Bola, Ibadan	26	7.4
24	Lagelu Special School II, Iyana Church, Ibadan	5	1.4
25	Egbeda Special School, Adegbayi Olode, Ibadan	6	1.7
26	St. Luke's School for the Handicapped, Molete, Ibadan	20	5.7
27	Lagelu Special School 1, Lalupo, Ibadan	7	2.0
28	School for the Handicapped, Adie-Omu, Iseyin	9	2.6
	Total	350	100.0

The data in table 4.2 highlighted the names of the special education schools. Frequency 28 with an implied 8.0% shows Government Special needs School, Ido-Ekiti. 16 or 4.85% indicated Modupe Cole Memorial Childcare and treatment School/home, Akoka, Lagos. Frequency 15 or 4.3% indicated Olisa Primary School and inclusive unit Mushin Lagos while those that indicated Maryland Primary inclusive unit Lagos was 17 or 4.9%. Ile Aanu Olu Pre-school unit for physically and mentally challenged children was indicated by frequency 4 representing 1.1%. Respondents from National Orthopaedic Special School Igbobi was 2.9%, Atunda Olu School for the physically challenged 1.4%, School for Children with Special Needs Ijebu-Ode and Sagamu were 3.1% and 4.6%, respectively. Ondo State School for the Intellectual Impaired Oke-Igbo was 5.7%, School for Persons with Special Needs Osogbo was 4.3%, while respondents of School for the Special Needs Iwo was 5.7% of overall respondents. The data in table 4.1.1 also revealed that the percentage of respondents from St. Philips Special School, Iloro, Ile-Ife was 3.7%, Special Needs children School Ilare, Ile-Ife 1.7%, School for Special Needs School Modakeke 4.3% while respondents from Special Primary School, Ikirun indicated 0.9% of the total population. Child clinic, School of Special Education Oyo was 0.6%, Obada Community School for the handicapped Odo-Oba, Ogbomoso 0.3%, School for the Handicapped Durbar, Oyo 2.3% while Cheshire Special School Poly Road, Sango, Ibadan also was 1.1%. Respondents from Home School for the Handicapped Ijokodo, Ibadan showed 5.7% of the total population, Community School for the Handicapped, Ogbomoso 8.0%, Basic Special School Oke-Bola Ibadan 7.4%, Lagelu Special School II Iyana Church, Ibadan 1.4% while Lagelu Special School I Lalupo, Ibadan was 2.0%. Respondents from Egbeda Special School Adegbayi Olode, Ibadan indicated 1.7% of the total population, St. Luke's School for the handicapped, Molete, Ibadan 5.7% while School for the handicapped Adie-Omu, Iseyin was 2.6%. This showed that the majorities indicated were basically from Government Special Needs School Ido-Ekiti and Community School for the handicapped Ogbomoso which implies that the two schools were discovered to be heavily populated.

Table 4.3: Local Government Area

S/N	Local government area	Frequency	Percentage
1	Ido-Ekiti	28	8.0
2	Mainland	16	4.6
3	Mushin	15	4.3
4	Kosofe	17	4.9
5	Surulere	9	2.6
6	Shomolu	10	2.9
7	Ijebu-Ode	11	3.1
8	Sagamu	16	4.6
9	Ile-Oluji/Oke-Igbo	20	5.7
10	Ifelodun	3	0.9
11	Osogbo	15	4.3
12	Iwo	20	5.7
13	Ife East	28	8.0
14	Ife central	6	1.7
15	Afijio	2	0.6
16	Oyo East	8	2.3
17	Ogo Oluwa	1	0.3
18	Ibadan North	4	1.1
19	Ogbomoso North	28	8.0
20	Ibadan South West	46	13.1
21	Lagelu	12	3.4
22	Egbeda	6	1.7
23	Iseyin	9	2.6
24	Ibadan South	20	5.7
	Total	350	100.0

Table 4.3 showed how the respondents' local government regions were distributed. 8.0% were from Ido-Ekiti while Mainland was 4.6% of the total respondents. Mushin was 4.3%, Kosofe 4.9%, Surulere 2.6% and Shomolu 2.9%. Ijebu-Ode has 3.1% of the respondents, Isagamu 4.6%, Ile-Oluji/Oke-Igbo 5.7% while Ifelodun has 0.9%. Osogbo was 4.3%, Iwo 5.7%, Ife East 8.0% while Ife Central was 1.7%. The distribution showed that Afijio has 0.6%, Oyo East 2.3%, Ogo Oluwa 0.3%, Ibadan North 1.1% while Ogbomoso North was 8.0%. Ibadan South West was 13.1%, Lagelu 3.4%, Egbeda 1.7%, Iseyin 2.6% while Ibadan South was 5.7%. Since Ibadan South West Local Government in Oyo State has a high population density, this suggested that the bulk of responses were from there.

Table 4.4: Zero order correlation matrix showing the relationship between PWb, home background, anxiety, loneliness, depression, aggression, self-esteem, and social competence

	1	2	3	4	5	6	7	8
1	1							
2	.117*	1						
3	.177*	-.015	1					
4	.118*	-.007	.266*	1				
5	.173*	-.136	.299*	.086	1			
6	.261*	.044	.355*	.376*	.231*	1		
7	.121*	.049	.133*	.359*	-.026	.420*	1	
8	.258*	-.022	.028	-.013	-.069	.017	.235*	1
Mean	43.8171	33.8143	14.6714	49.4714	18.8886	25.6743	25.5743	18.2771
S.D	8.11244	4.77065	5.61241	7.52783	9.94061	5.48268	3.99196	4.26289

* Correlation significant at 0.05 level

Key: 1 = Psychological wellbeing, 2= Home background, 3= Anxiety, 4= Loneliness, 5= Depression, 6= Aggression, 7= Self-esteem, and 8= Social competence

Table 4.4 showed that there is a strong connection between psychological health and wellbeing and home background ($r=.117$, $p(.028)<.05$), Anxiety ($r=.177$, $p(.001)<.05$), Loneliness ($r=.118$, $p(.027)<.05$), Depression ($r=.173$, $p(.001)<.05$), Aggression ($r=.261$, $p(.000)<.05$), Self-esteem ($r=.121$, $p(.024)<.05$), and Social competence ($r=.258$, $p(.000)<.05$) respectively.

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4.2 Research Questions

Research question one: (a) What is the level of socio-personal variables among PsMID in the South West, Nigeria with respect to:

- a. Self-esteem
- b. Social competence
- c. Loneliness
- d. Depression
- e. Aggression
- f. Anxiety

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Table 4.5: Summary of measure of self-esteem among PsMID

S/N	Self-esteem	SD	D	A	SA	\bar{x}	S.D
1	On the whole, the child is satisfied with him/herself	22 6.3%	74 21.1%	148 42.3%	106 30.3%	2.97	0.876
2	The child at times, thinks he/she is no good at all	51 14.6%	138 39.4%	119 34.0%	42 12.0%	2.57	0.883
3	The child feels that he/she has a number of good qualities	25 7.1%	74 21.1%	186 53.1%	65 18.6%	2.83	0.810
4	The child is unable to do things like most other pupils	42 12.0%	104 29.7%	157 44.9%	47 13.4%	2.40	0.867
5	The child feels he/she does not have much to be proud of	48 13.7%	136 38.9%	108 30.9%	58 16.6%	2.50	0.926
6	The child certainly looks down on him or herself	55 15.7%	158 45.1%	90 25.7%	47 13.4%	2.37	0.904
7	The child feels that he or she is no match of others	51 14.6%	155 44.3%	90 25.7%	54 15.4%	2.42	0.920
8	The child wishes he/she could have more respect for him/herself	59 16.9%	119 34.0%	120 34.3%	52 14.9%	2.47	0.941
9	He/she is inclined to feel that he/she is a failure	56 16.0%	148 42.3%	108 30.9%	38 10.9%	2.37	0.878
10	The child takes a positive attitude towards him/herself	45 12.9%	93 26.6%	163 46.6%	49 14.0%	2.62	0.881
Weighted Mean = 2.55							

Key: 1= Strongly Disagree (SD), 2= Disagree (D), 3= Agree (A), 4= Strongly Agree (SA)

Table 4.5 shows the measure of self-esteem among PsMID in the South West Nieria. Weighted mean = 2.55. Some of the items with moderate mean scores are: “on the whole, the child is satisfied with him/herself” (\bar{x} =2.97) ranked highest by the mean score rating and was followed in succession by “the child feels that he/she has a number of good qualities” (\bar{x} =2.83), “the child takes a positive attitude towards him/herself” (\bar{x} =2.62), “the child is unable to do things like most other pupils” (\bar{x} =2.40), “the A child may believe that he or she has little to be proud of. (x = 2.51) "The child wishes he or she could respect himself or herself more" (x =2.47), "the child occasionally believes he or she is absolutely no good" (x =2.57), “the child feels that he or she is no match of others” (\bar{x} =2.42), “the child certainly looks down on him/herself” (\bar{x} =2.37) and also “he or she is inclined to feel that he/she is a failure” (\bar{x} =2.37) respectively.

Research Question one (b): What is the measure of social competence among PsMID in the South West Nigeria?

Table 4.6: Summary of measure of social competence

S/N	Social competence	Never	Sometimes	Always	\bar{x}	S.D
1	He/she cooperates with other pupils	16 4.6%	118 33.7%	216 61.7%	2.57	0.581
2	The child greets peers and teachers	23 6.6%	123 35.1%	204 58.3%	2.52	0.618
3	He/she listen attentively when others talk	42 12.0%	157 44.9%	151 43.1%	2.31	0.675
4	The child waits for his/her turn	53 15.1%	176 50.3%	121 34.6%	2.19	0.679
5	He/she helps others in the class	45 12.9%	173 49.4%	132 37.7%	2.25	0.667
6	The child keeps to the rules	53 15.1%	188 53.7%	109 31.1%	2.16	0.662
7	He/she jokes with other in the class	51 14.6%	170 48.6%	129 36.9%	2.22	0.683
8	The child render apology when wrong	81 23.1%	157 44.9%	112 32.0%	2.09	0.738
9	He/she is willing to share thing with others	76 21.7%	141 40.3%	133 38.0%	2.16	0.756
10	The child makes friend easily	75 21.4%	143 40.9%	132 37.7%	2.16	0.753
11	He/she reconciles easily with friends after conflict	63 18.0%	190 54.3%	97 27.7%	2.10	0.670
12	The child shouts at other children	78 22.3%	166 47.4%	106 30.3%	1.92	0.722
13	He/she does not observe break at the right time	87 24.9%	158 45.1%	105 30.0%	1.95	0.740
14	The child controls his/her temper when angry	57 16.3%	177 50.6%	116 33.1%	2.17	0.684
15	He/she adapts to different social situations	45 12.9%	176 50.3%	129 36.9%	2.24	0.664
Weighted Mean = 2.20						

Key; 0= Never, 1= Sometimes, 2= Always

Table 4.6 shows the measure of social competence among PsMID in the South West Nigeria, weighted mean = 2.20. Some of the items with moderate mean scores are: “he/she cooperates with other pupils” The mean scale mark placed (\bar{x} = 2.57) as the highest, closely trailed by “the child greets peers and teachers” (\bar{x} =2.52). “He/she listens attentively when others talk” (\bar{x} =2.31). “He/she helps others in the class” (\bar{x} =2.25), “he/she adapts to different social situations” (\bar{x} =2.24), “he/she jokes with others in the class” (\bar{x} =2.22), “the child waits for his/her turn” (\bar{x} =2.19). “The child controls his/her temper when angry” (\bar{x} =2.17). “The child keeps to the rules” (\bar{x} =2.16), “he/he is willing to share things with others” (\bar{x} =2.16), “the child makes friends easily” (\bar{x} =2.16), “the child render apology when wrong” (\bar{x} =2.09). “The child shouts at other children” (\bar{x} =1.92), “he/she does not observe break at the right time” (\bar{x} =1.95), and “he/she reconciles easily with friends after conflict” (\bar{x} =2.10) respectively.

Research question one: (c) What is the measure of loneliness among PsMID in the South West, Nigeria?

Table 4.7: Summary of the measure of loneliness among PsMID

S/N	Loneliness	SD	D	A	SA	\bar{x}	S.D
1	The child is unhappy doing so many things alone	33 9.4%	74 21.1%	145 41.4%	98 28.0%	2.88	0.926
2	The child has nobody to talk to	74 21.1%	132 37.7%	109 31.1%	35 10.0%	2.30	0.914
3	He/she cannot tolerate being so alone	36 10.3%	120 34.3%	133 38.0%	61 17.4%	2.63	0.889
4	The child lacks companionship	71 20.3%	123 35.1%	98 28.0%	58 16.6%	2.41	0.991
5	The child feels as if nobody really understands him/her	44 12.6%	128 36.6%	115 32.9%	63 18.0%	2.56	0.927
6	The child finds him/herself waiting for people to call or write	35 10.0%	121 34.6%	130 37.1%	64 18.3%	2.64	0.894
7	There is no one the child can turn to	70 20.0%	156 44.6%	69 19.7%	55 15.7%	2.31	0.965
8	The child is no longer close to anyone	88 25.1%	139 39.7%	83 23.7%	40 11.4%	2.21	0.950
9	The child interests and ideas are not shared by those around him/her	60 17.1%	142 40.6%	93 26.6%	55 15.7%	2.41	0.949
10	The child feels left out	80 22.9%	127 36.3%	86 24.6%	57 16.3%	2.34	1.006
11	The child feels completely alone	74 21.1%	122 34.9%	101 28.9%	53 15.1%	2.38	0.982
12	The child is unable to reach out and communicate with those around him/her	71 20.3%	123 35.1%	110 31.4%	46 13.1%	2.37	0.952
13	He/she feels part of a group of friends	56 16.0%	101 28.9%	105 30.0%	88 25.1%	2.36	1.027
14	The child is an outgoing person	49 14.0%	122 34.9%	126 36.0%	53 15.1%	2.48	0.914
15	No one really knows the child well	64 18.3%	135 38.6%	100 28.6%	51 14.6%	2.39	0.948
16	The child feels isolated from others	83 23.7%	115 32.9%	107 30.6%	45 12.9%	2.33	0.977
17	The child is unhappy being so withdrawn	60 17.1%	131 37.4%	112 32.0%	47 13.4%	2.42	0.926
18	People are around the child but not with him/her	60 17.1%	106 30.3%	143 40.9%	41 11.7%	2.47	0.910
19	There are people the child can talk to	57 16.3%	81 23.1%	157 44.9%	55 15.7%	2.40	0.939
20	There are people the child can turn to	46 13.1%	69 19.7%	196 56.0%	39 11.1%	2.35	0.845

Weighted Mean = 2.43

Key: 1= Strongly Disagree (SD), 2= Disagree (D), 3= Agree (A), 4= Strongly Agree (SA)

Table 4.7 indicates the measure of loneliness among PsMID in the South West Nigeria. Weighted mean = 2.43. The items with moderate mean scores are: the child is unhappy doing so many things alone” ($x = 2.88$), which received the greatest mean score ranking, came in first, then, “there are people the child can turn to” ($\bar{x}=2.35$), “the child finds him/herself waiting for people to call or write” ($\bar{x}=2.64$), “he/she feels part of a group of friends ($\bar{x}=2.36$), “he/she cannot tolerate being so alone” ($\bar{x}=2.63$), “there are people the child can talk to” ($\bar{x}=2.40$), “the child feels as if nobody really understands him/her” ($\bar{x}=2.56$), “the child is an outgoing person” ($\bar{x}=2.48$), “people are around the child but not with him/her”($\bar{x} =2.47$), “the child is unhappy being so withdrawn” ($\bar{x}=2.42$), “nobody nearby shares the child’s viewpoints. him/her” ($\bar{x}=2.41$), “the child lacks companionship” ($\bar{x}=2.39$), “the child feels completely alone” ($\bar{x}=2.38$), “the child is unable to reach out and communicate with those around him/her” ($\bar{x}=2.37$), “the child feels left out”($\bar{x}=2.33$), “the child feels isolated from others” ($\bar{x}=2.31$), “there is no one the child can turn to” ($\bar{x}=2.30$), and “the child is no longer close to anyone” ($\bar{x}=2.21$) respectively.

Research question one: (d) What is the measure of depression among PsMID in the South West, Nigeria?

Table 4.8: Summary of the measure of depression among PsMID

S/N	Depression	Never	Sometimes	Often	Always	\bar{x}	S.D
1	The child appears sad and unhappy	90 25.7%	125 35.7%	95 27.1%	40 11.4%	2.24	0.964
2	He/she losses interest in school activities	84 24.0%	131 37.4%	99 28.3%	36 10.3%	2.25	0.935
3	The child is usually worried	78 22.3%	149 42.6%	74 21.1%	49 14.0%	2.27	0.962
4	The child feels hopeless	120 34.3%	119 34.0%	56 16.0%	55 15.7%	2.13	1.057
5	He/she find it difficult concentrating on studies	88 25.1%	126 36.0%	80 22.9%	56 16.0%	2.30	1.017
6	The child loses self confidence	94 26.9%	127 36.3%	80 22.9%	49 14.0%	2.24	1.001
7	He/she cries easily	98 28.0%	128 36.6%	72 20.6%	52 14.9%	2.22	1.017
8	The child finds concentration very difficult	83 23.7%	125 35.7%	81 23.1%	61 17.4%	2.34	1.025
9	He/she avoids group activities	118 33.7%	104 29.7%	82 23.4%	46 13.1%	2.16	1.037
10	The child looks moody	118 33.7%	107 30.6%	69 19.7%	56 16.0%	2.18	1.070
11	The child is often restless	110 31.4%	98 28.0%	82 23.4%	60 17.1%	2.74	1.081
12	The child looks unrelaxed	101 28.9%	99 28.3%	80 22.9%	70 20.0%	2.66	1.098
13	The child complains a lot about his/her health	96 27.4%	121 34.6%	84 24.0%	49 14.0%	2.25	1.008
14	The child is easily overwhelmed by little issues	72 20.6%	140 40.0%	93 26.6%	45 12.9%	2.32	0.942
15	The child is absent minded.	68 19.4%	131 37.4%	98 28.0%	53 15.1%	2.39	0.965
Weighted Mean = 2.31							

Key; 0= Never, 1= Sometimes, 2= Often, 3=Always

Table 4.8 shows that summary of the measure of depression among PsMID in the South West Nigeria. Weighted mean = 2.31. The item with moderate mean scores are “the child is absent minded” ($\bar{x}=2.39$) rated the maximum by the mean measure mark and were closely trailed by “the child finds concentration very difficult” ($\bar{x}=2.34$) and “the child looks unrelated” ($\bar{x}=2.66$), “the/child is easily overwhelmed by little issues” ($\bar{x}=2.32$), “he/she finds it difficult concentrating on studies” ($\bar{x}=2.30$), “the child is usually worried” ($\bar{x}=2.27$), “the child is often restless” ($\bar{x}=2.74$), “the child complains a lot about his/her health” ($\bar{x}=2.25$), “he/she loses interest in school activities” ($\bar{x}=2.25$), “the child appears sad and unhappy” ($\bar{x}=2.24$), “the child loses self confidence” ($\bar{x}=2.24$), “he/she cries easily” ($\bar{x}=2.22$), “the child looks moody” ($\bar{x}=2.18$), “he/she avoids group activities” ($\bar{x}=2.16$), and “the child feels hopeless” ($\bar{x}=2.13$) respectively.

Research question one: (e) What is the measure of aggression among PsMID in the South West Nigeria?

Table 4.9: Summary of the measure of aggression among PsMID

S/N	Aggression	SD	D	A	SA	\bar{x}	S.D
1	The child may hit someone if he or she is provoked	50 14.3%	48 13.7%	113 32.3%	139 39.7%	2.97	1.053
2	At times, the child can't control the urge to hit someone	52 14.9%	110 31.4%	113 32.3%	75 21.4%	2.60	0.984
3	If somebody hits the child, he/she hits back	27 7.7%	75 21.4%	152 43.4%	96 27.4%	2.91	0.889
4	Someone has pushed the child so far that he/she retaliates	42 12.0%	84 24.0%	127 36.3%	97 27.7%	2.80	0.979
5	The child resorts to violence to protect his/her rights	45 12.9%	116 33.1%	122 34.9%	67 19.1%	2.60	0.939
6	The child has threatened people around him/her	53 15.1%	127 36.3%	129 36.9%	41 11.7%	2.45	0.887
7	The child gets into fight more than most pupils	66 18.9%	129 36.9%	107 30.6%	48 13.7%	2.39	0.945
8	The child has become so mad that he/she has broken things	85 24.3%	140 40.0%	91 26.0%	34 9.7%	2.21	0.921
9	The child uses objects on others when provoked	69 19.7%	130 37.1%	111 31.7%	40 11.4%	2.35	0.923
10	At times the child can't control the urge to hit someone	62 17.7%	125 35.7%	128 36.6%	35 10.0%	2.39	0.891

Weighted Mean = 2.57

Key: 1= Strongly Disagree (SD), 2= Disagree (D), 3= Agree (A), 4= Strongly Agree (SA)

Table 4.9 reveals the measure of aggression among PsMID in the South West Nigeria. Weighted mean = 2.57. The items with moderate mean scores are: “the child may hit someone if he or she is provoked. The mean measure mark placed ($x = 2.97$), which was closely followed by “if somebody hits the child, he/she hits back” ($\bar{x}=2.91$), “someone has pushed the child so far that he/she retaliates” ($\bar{x} =2.80$), “at times, the child can’t handle an impulse to strike someone” ($\bar{x}=2.60$), and “the child resorts to violence to protect his/her rights ($\bar{x}=2.60$), “the child has threatened people around him/her” ($\bar{x}=2.45$), “the child gets into fight more than most pupils” ($\bar{x}=2.39$) and “at times the child can’t control an impulse to strike someone” ($\bar{x}=2.39$), “the child uses objects on others when provoked” ($\bar{x}=2.35$) and “the child has become so mad that he/she has broken things” ($\bar{x} =2.21$) respectively.

Research question one: (f) What is the measure of anxiety among PsMID in the South West Nigeria?

Table 4.10: Summary of the measure of anxiety among PsMID

S/N	Anxiety	Never	Sometimes	Always	\bar{x}	S.D
1	The child worries about assignments	46 13.1%	137 39.1%	167 47.7%	2.35	0.700
2	The child is scared meeting new people	107 30.6%	160 45.7%	83 23.7%	1.93	0.735
3	He/she is scared in busy places	117 33.4%	151 43.1%	82 23.4%	1.90	0.748
4	The child's hands and legs shake	125 35.7%	137 39.1%	88 25.1%	1.89	0.774
5	He/she finds it difficult to sit still	139 39.7%	137 39.1%	74 21.1%	1.81	0.759
6	The child feels scared in wide open spaces	120 34.3%	170 48.6%	60 17.1%	1.83	0.697
7	The child is afraid of asking question	105 30.0%	146 41.7%	99 28.3%	1.98	0.764
8	The child worries that he/she will do badly at school	106 30.3%	168 48.0%	76 21.7%	1.91	0.717
9	He/she worries when doing something new	106 30.3%	147 42.0%	97 27.7%	1.97	0.762
10	The child is afraid of making mistakes	79 22.6%	163 46.6%	108 30.9%	2.08	0.727
11	The child feels afraid when asked to talk in front of the class	95 27.1%	153 43.7%	102 29.1%	2.02	0.751
12	The child feels nervous when approached by other children or adults	86 24.6%	168 48.0%	96 27.4%	2.03	0.722
13	He/she hesitates to speak when in a group situation	91 26.0%	157 44.9%	102 29.1%	1.97	0.743
14	The child seems very shy	94 26.9%	166 47.4%	90 25.7%	1.99	0.726
15	The child worries about what other people think of him/her	100 28.6%	173 49.4%	77 22.0%	1.93	0.709
Weighted Mean =1.97						

Key; 0= Never, 1= Sometimes, 2= Always

Table 4.10 shows the measure of anxiety among PsMID in South West Nigeria. Weighted mean = 1.97. The items with moderate mean scores are: “the child worries about assignments” (\bar{x} =2.35), rated as the greatest mean score rating trailed by “the child is afraid of making mistakes” (\bar{x} =2.08), “In the presence of other children or adults, the child becomes uneasy” (\bar{x} =2.03) and “he/she avoids speaking in front of a gathering of people” (\bar{x} =1.97), “the child is called to speak in front of the class, they become anxious” (\bar{x} =2.02). “The child seems very shy” (\bar{x} =1.99), “the child is afraid of asking question” (\bar{x} =1.98), “he or she worries when doing something new” (\bar{x} =1.97). “The child is scared meeting new people” (\bar{x} =1.93), “the child is preoccupied with what others will think of them” (\bar{x} =1.93). “The child is concerned about performing poorly in school.” (\bar{x} =1.91). “He/she is scared in busy places” (\bar{x} =1.90), “the child’s hands and legs shake” (\bar{x} =1.89). “The child feels scared in wide open spaces” (\bar{x} =1.83) and “the child finds it difficult to sit still” (\bar{x} =1.80) respectively.

Table 4.11: Measure of psychological well-being

S/N	Psychological wellbeing	Never	Sometimes	Often	Always	\bar{x}	S.D
1	The child has confidence in his/her opinion even if others do not	66 18.9%	127 36.3%	77 22.0%	80 22.9%	2.49	1.043
2	The child feels he/she is in charge of the situation in which he/she is	70 20.0%	137 39.1%	98 28.0%	45 12.9%	2.34	0.940
3	People would describe the child as a giving person	64 18.3%	126 36.0%	101 28.9%	59 16.9%	2.44	0.976
4	The child is pleased that he/she is making progress daily	67 19.1%	111 31.7%	100 28.6%	72 20.6%	2.51	1.023
5	The child finds new situations disturbing	68 19.4%	137 39.1%	91 26.0%	54 15.4%	2.63	0.966
6	The child easily and quickly adapts to situations	63 18.0%	135 38.6%	97 27.7%	55 15.7%	2.41	0.959
7	The child feels he/she is well liked by others	84 24.0%	100 28.6%	89 25.4%	77 22.0%	2.45	1.082
8	The child has no regard for others feelings	85 24.3%	119 34.0%	84 24.0%	62 17.7%	2.65	1.035
9	The child is not afraid of talking even if he/she makes mistakes	88 25.1%	119 34.0%	75 21.4%	68 19.4%	2.35	1.060
10	The child is happy to be with his/her friends always	66 18.9%	117 33.4%	83 23.7%	84 24.0%	2.53	1.053
11	The child is shy and uncomfortable in the presence of others	90 25.7%	102 29.1%	84 24.0%	74 21.1%	2.59	1.087
12	The child is afraid of talking in front of a group	98 28.0%	98 28.0%	90 25.7%	64 18.3%	2.66	1.074
13	He/she is always willing to share with others	86 24.6%	92 26.3%	94 26.9%	78 22.3%	2.47	1.091
14	The child feels that he/she performs better than some others	61 17.4%	126 36.0%	98 28.0%	65 18.6%	2.48	0.986
15	He/she can laugh and see the funny side of things	67 19.1%	127 36.3%	96 27.4%	60 17.1%	2.43	0.986
16	The child loves being cheerful all the time	60 17.1%	128 36.6%	90 25.7%	72 20.6%	2.50	1.004
17	The child has no confidence in his/her appearance	68 19.4%	98 28.0%	138 39.4%	46 13.1%	2.54	0.950
18	The child is always willing to share his/her time with others	57 16.3%	119 34.0%	116 33.1%	58 16.6%	2.50	0.954
Weighted Mean = 2.50							

Key; 1= Never, 2= Sometimes, 3= Often, 4=Always

Table 4.11 shows the measure of psychological well-being among PsMID in South West Nigeria weighted mean = 2.50. The items with moderate mean scores are “the child has confidence in his/her opinion even if others do not” (\bar{x} =2.49). “The child feels he/she is in charge of the situation in which he/she is” (\bar{x} =2.34). “People would describe the child as a giving person” (\bar{x} =2.44). “The child is pleased that he/she is making progress daily” (\bar{x} =2.51), “the child finds new situations disturbing” (\bar{x} =2.63). “The child easily and quickly adapts to situations” (\bar{x} =2.41), “the child feels he/she is well liked by others” (\bar{x} =2.45), “the child has no regard for others feelings” (\bar{x} =2.65). “The child is not afraid of talking even if he/she makes mistakes” (\bar{x} =2.35), “the child is happy to be with his/her friends always” (\bar{x} =2.53). “The child is shy and uncomfortable in the presence of others” (\bar{x} =2.59), “the child is afraid of talking in front of a group” (\bar{x} =2.66), “he/she is always willing to share with others” (\bar{x} =2.47), “the child feels that he/she performs better than some others” (\bar{x} =2.48), “he/she is able to smile and find humor in situations” (\bar{x} =2.43), “the child loves being cheerful all the time” (\bar{x} =2.50). “The child has no confidence in his/her appearance” (\bar{x} =2.54), “the child is always willing to share his/her time with others” (\bar{x} =2.50), respectively.

Research question two: What does each independent variable contribute collectively (Socio-personal factors) on PWb of pupils with mild intellectual disability in the South West, Nigeria?

Table 4.12: Summary of regression analysis showing joint contributions of socio-personal factors on PWb of pupils with mild intellectual disabilities

R	R Square	Adjusted R Square	Std. Error of the Estimate
.417	.174	.157	7.44796

A N O V A						
Model	Sum of Squares	df	Mean square	F	Sig.	Remark
Regression	3996.812	7	570.973	10.2	.000	Sig.
Residual	18971.485	342	55.472	93		
Total	22968.297	349				

Sig. at 0.05 level

Table 4.12 demonstrates how the seven independent variables (social and emotional elements) collectively affected the dependent variable's ability to be predicted i.e. PWb. A multiple correlation coefficient is also displayed in the table. $R = .417$, and a multiple R^2 of .174. This indicates that when the seven predictor variables were combined, they explained 17.4% of the variation. A threshold of $\alpha = 0.05$ was used to test the significance of the composite contribution. The table also reveals that the regression's analysis of variance produced an F-ratio of 10.293 (significant at the 0.05 level). This suggests that the independent factors' combined effect on the dependent variable was noteworthy and that additional variables not considered in this model might have contributed to the remaining variance.

Research question three: What is the relative contributions of the independent variables (socio-personal factors) on PWB of pupils with mild intellectual disability in the South West, Nigeria?

Table 4.13: Summary of regression analysis showing relative contribution of socio-personal factors on PWB of pupils with mild intellectual disability

Model	Unstandardized		Standardized	T	Sig.
	Coefficient		Coefficient		
	B	Std. Error	Beta		
	Contribution				
(Constant)	15.871	4.575		3.469	.001
Home background	.233	.085	.137	2.752	.006
Anxiety	.076	.079	.053	.960	.338
Loneliness	.042	.060	.039	.695	.487
Depression	.116	.043	.142	2.675	.008
Aggression	.307	.089	.207	3.457	.001
Self-esteem	-.114	.119	-.056	-.958	.339
Social competence	.532	.097	.280	5.470	.000

Table 4.13 demonstrates the beta weights, which represent the relative contributions of the seven independent variables to the dependent variable: Home background ($\beta=.137$, $p<.05$), Anxiety ($\beta=.053$, $p>.05$), Loneliness ($\beta=.039$, $p>.05$), Depression ($\beta=.142$, $p<.05$), Aggression ($\beta =.207$, $p<.05$), Self-esteem ($\beta=-.056$, $p>.05$), and Social competence ($\beta=.280$, $p<.05$) respectively. Hence, home background, depression, aggression, and social competence were significant. This shows that they might strongly and independently predict PWb of PsMID in the study.

4.3 Hypotheses

4.3.1 Hypothesis one: There is no significant relationship between self-esteem and psychological well-being of PsMID in the South Western Nigeria.

Table 4.14: Pearson product moment correlation (PPMC) showing relationship between self-esteem and psychological well-being of PsMID

Variables	Mean	Std. Dev.	N	R	p-value	Remarks
Psychological wellbeing	44.9514	6.45420	350	-.005	.918	Not Sig.
Self-esteem	25.5114	3.33835				

* Sig. at 0.05 level

Table 4.14 demonstrated that there is no statistically significant correlation between psychological well-being and self-esteem of PsMID in the South West, Nigeria ($r = -.005$, $n = 350$, $p(.918) < .05$). Thus, self-esteem does not influence the psychological well-being of PsMID in the South West, Nigeria. The supposition is confirmed.

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Hypothesis two: There is no significant relationship between Socio-competence and Pwb of PsMID in the South West, Nigeria.

Table 4.15: Pearson product moment correlation (PPMC) showing relationship between social competence and psychological well-being of PsMID

Variables	Mean	Std. Dev.	N	R	p-value	Remarks
Psychological wellbeing	44.9514	6.45420	350	.231*	.001	Sig.
Social competence	33.0143	3.84101				

* Sig. at 0.05 level

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Table 4.15 showed that there is a statistically important connection between social competence and psychological well-being of PsMID in South West, Nigeria ($r = .231$, $n = 350$, $p(.001) < .05$). Hence, social competence positively influenced the psychological well-being of PsMID in the South West, Nigeria.

The hypothesis is rejected.

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Hypothesis three: There is no significant relationship between aggression and Pwb of PsMID in the South West, Nigeria

Table 4.16: Pearson product moment correlation (PPMC) showing relationship between aggression and psychological well-being of PsMID

Variables	Mean	Std. Dev.	N	R	p-value	Remarks
Psychological wellbeing	44.9514	6.45420	350	.019	.719	Not Sig.
Aggression	25.6743	5.48268				

* sig. at 0.05 level

Table 4.16 showed that aggression and PsMID's psychological well-being don't correlate statistically significantly in the South West, Nigeria ($r = .019$, $n = 350$, $p(.719) > .05$). Hence, aggression does not influence the psychological well-being of PsMID in the South West, Nigeria.

The hypothesis is accepted.

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Hypothesis four: There is no significant relationship between home background and the Pwb of PsMID in the South West, Nigeria

Table 4.17: Pearson product moment correlation (PPMC) showing relationship between home background and psychological well-being of PsMID

Variables	Mean	Std. Dev.	N	R	p-value	Remarks
Psychological wellbeing	44.9514	6.45420	350	.055	.302	Not Sig.
Home Background	30.0114	5.33141				

* Sig. at 0.05 level

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Table 4.17 revealed that there is no statistical connection between home background and psychological well-being of PsMID in the South West, Nigeria ($r = .055$, $n = 350$, $p(.302) > .05$). Hence, home background does not influence the psychological well-being of PsMID in the South West, Nigeria.

The hypothesis is accepted.

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Hypothesis five: There is no significant relationship between loneliness and PsMID's Pwb in the South West, Nigeria

Table 4.18: Pearson product moment correlation (PPMC) showing relationship between loneliness and psychological well-being of PsMID

Variables	Mean	Std. Dev.	N	R	p-value	Remarks
Psychological wellbeing	44.9514	6.45420	350	.183*	.001	Sig.
Loneliness	48.6371	6.77280				

* Sig. at 0.05 level

Table 4.18 revealed that there is no connection between loneliness and PsMID's psychological well-being in the South West, Nigeria ($r = -.183$, $n = 350$, $p(.001) < .05$). Hence, loneliness negatively influenced the psychological well-being of PsMID in the South West, Nigeria.

The hypothesis is rejected.

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Hypothesis six: There is no connection between depression and PsMID's psychological well-being in the South West, Nigeria

Table 4.19: Pearson product moment correlation (PPMC) showing relationship between depression and psychological well-being of PsMID

Variables	Mean	Std. Dev.	N	R	p-value	Remarks
Psychological wellbeing	44.9514	6.45420	350	-.035	.511	Not Sig.
Depression	34.6829	7.53061				

* Sig. at 0.05 level

Table 4.19 demonstrated that there is no statistically significant link between depression and PsMID's psychological well-being in the South West, Nigeria ($r = -.035$, $n = 350$, $p(.511) > .05$). Hence, depression does not influence the psychological well-being of PsMID in the South West, Nigeria.

The hypothesis is accepted.

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Hypothesis seven: There is no substantive connection between anxiety and psychological well-being of PsMID in the South West, Nigeria

Table 4.20: Pearson product moment correlation (PPMC) showing relationship between anxiety and psychological well-being of PsMID

Variables	Mean	Std. Dev.	N	R	p-value	Remarks
Psychological wellbeing	44.9514	6.45420	350	-.056	.299	Not Sig.
Anxiety	29.6086	5.1217				

* sig. at 0.05 level

Table 4.20 found no statistically significant correlation between anxiety and PsMID's psychological well-being in the South West, Nigeria ($r=-.056$, $n= 350$, $p(.299)>.05$). Hence, anxiety does not influence the psychological well-being of PsMID in the South West, Nigeria.

The hypothesis is accepted.

4.4 Discussion of findings

This study looked at SPFs as predictors of PWb among PsMID in the South West, Nigeria. With the use of Pearson's Product Moment Correlation and Multiple Regression Analysis, all study questions and hypotheses were evaluated. Following are explanations of each study topic and hypothesis:

4.4.1: The joint contribution of the independent variables on the dependent variable

Research Question 1 investigated how jointly independent variables contributed (SPFs: Self-esteem, social competence, loneliness, home background, depression, aggression and anxiety) to the dependent variable (PWb among pupils with intellectual disability). According to observation, the independent variables worked together to contribute significantly (SPFs – self esteem, social competence, loneliness, home background, depression, aggression and anxiety) to the dependent variable (PWb among PsMID).

The reason for this could be because majority of PsMID are negatively impacted upon by the independent variables which include self-esteem, social competence, loneliness, home background, depression, aggression and anxiety. The result gave credence to the findings of Satir (2006) which showed that depressions are among the psychological presentations of PsMID. The result also supported Aanes, Mittelmark and Hetland (2010) and Davis, Rebecca and Qualter, (2019) which affirmed that the relationship between loneliness and psychological well-being of PsMID have been well documented. The home background of the PsMID may influence how they develop psychologically and behaviourally. According to the study's findings, more respondents reside in slums with peasant farmers and artisans as parents/guardians. This result further

supports the findings of Ogbedebi (2017) which indicated that PsMID at the stages of early childhood and infancy, the home environment has the greatest impact on their development. The socio-economic and educational PsMID may behave differently in social situations depending on the socio-economic position of their parents. Students from families with high socio-economic position are greater likelihood of being socially adept than their peers from families with low socio-economic status.

4.4.2 The relative contribution of each of the independent variables on the dependent variable

The study topic looked at how much each of the independent factors contributed on average (SPFs—self-esteem, social competence, loneliness, home background, depression, aggression and anxiety) to the dependent variable (PWb among PsMID). The findings indicated the individual parts of the independent variables each make proportionate contributions which are: self-esteem, social competence, loneliness, home background, depression, aggression and anxiety to the dependent variable, that is, the PWb among PsMID. This result may be as a result of the fact that most of the PsMID have the traces of almost all the independent variables thus having negative impact on their PWb.

This result supports the findings of Fernandez, Giron, Killoren, and Campione-Barr, (2022) which stated that comparing PsMID to non-PsMID subjects, it was discovered that both aggression and anxiety were more common to PsMID. Tenneji and Koot (2008) discovered that the rate of aggression was high among individuals with mild intellectual disability in their long-term study of aggression. Satir (2006) also found that depressions are among the psychological presentations of PsMID. According to Hawkley, Thisted, Masi (2010), although the underlying mechanisms are still unclear, it appears that loneliness raises physical health risks, especially the PWb of PsMID, by inducing an inflammatory response in the body. This result also supports Serrat (2017) who found that anxiety can have an adverse effect on someone's PWb and can affect brain activity and cognition in PsMID. The American Psychiatric Association (2013) also agree that many PsMID early age and frequently do not receive treatment for their anxiety illness, which causes the symptoms and negative effects to linger and worsen over time.

4.4.3 The relationship between Self-esteem and PWb among PsMID

Observation reveals that among PsMID, there was a strong link between self-esteem and PWb. Schwab, Gebhardt, Krammer and Gesteiger-Klicpera (2015) described self-esteem as a person's thoughts about themselves that influence how they see themselves. Unfortunately, most of the PsMID do not see anything good in themselves. They often exhibit negative cognitive, behavioural and emotional reactions.

Important factors in the research of self-concept and self-esteem are present in people with mild to mildly severe intellectual disability. According to Durbak (2012), these disabled people are frequently aware of society's negative perception of them, in which they are frequently portrayed as being infantile, made fun of, or seen as a threat. This awareness is crucial for the development of self-esteem because people constantly compare themselves to others. Any damaging information gleaned through this process as a result of major impairments in any adaptive abilities or intellectual capacity will therefore pose a risk to their sense of self-worth which in turn has negative impact on their PWb. Trautwein, Ludtke, Koller and Baumert (2006) found that PsMID' psychological health is mostly dependent on their sense of self. That is, to say that a child who has high self-esteem will definitely have positive PWb. Similarly, it is possible to stike a balance between PWb and self-esteem of pupils with intellectual disability in special education reported that literature in special education.

The study of Afia, Michael, Andre and Hassiotis (2015), provides evidence that discrimination towards students with intellectual disability may have a negative impact on their mental health which push them further into the low esteem level resulting to paranoid delusions. This is evident in the study of Humphrey and Hebron (2014), which revealed greater paranoid illusions were linked to decreased self-esteem. This highlights the essential need for developing evidence-based interventions to lessen stigmatization of people having disabilities intellectually in society and the effects of stigma on those who experience it.

4.4.4 The relationship between social competence and PWb among PsMID

The findings indicated that among PsMID, there was a strong link between social competence and PWb. Due to their lack of self-care, communication, and social skills, PsMID may be the source of this. Acquisition of social skills leads to social competence. Tuerk, Andersosn, Bernier, and Beauchamp (2021) reveal that human relationships and social functioning are dependent on social skills, which are influenced by internal (child-based), external (environment-related), and cognitive elements. PsMID have the adverse effects of the internal and cognitive factors coupled with most often unfriendly environment, hence they experience difficulty in social skills acquisition which impacts their PWb. They also lack in initiating, establishing, and maintaining friendship. The result supports Dzubak (2012) who found that before using the social skills that have been learnt effectively, a person must have a specific level of social norms. Unlike their classmates, who are often developing, PsMID have less reciprocal friendships and partake in fewer social activities with pals, according to parents (Solish, Peery, and Minnes, 2010). This participation in fewer social activities impedes their acquisition of social skills which in turn affects their PWb.

According to Bigby and Knox (2009), the social relationship between PWb of PsMID was primarily limited to paid workers, relatives, and other individuals. Social competence can be hampered by issues with communication, perspective-taking, social information processing, focus, and self-regulation, among other things. This increases chances of being shunned or not accepted by their peers (Belianti and Bierman, 2000). There is clear evidence that there is relationship between social competence and PsMID, emphasizing the importance of communication, the requirement to keep some revelations private, the need to be forgiving of one another, and the obligation to lend a hand when needed (Ellem, Harris and Strnadová, 2022).

4.4.5 The relationship between aggression and PWb among PsMID

The findings indicated a strong correlation between aggressiveness and PWb of PsMID. This was as a result of the fact that PsMID commonly exhibit hostility and bullying. Another reason could be because persons with intellectual disability according to Sappok, Diefenbacher and Winterholler (2019), are specially vulnerable to somatic and mental illnesses. No wonder PsMID are highly susceptible to negative psychological wellbeing. This result supports the information from American Psychiatric Association (2013) which shows that aggression occurs among PsMID at double the rate of the normal population. This outcome is consistent with Hill and Furnis (2006)'s findings and McClintock, Hall and Oliver (2003) who stated that the prevalence of aggression has been observed to be higher in those with intellectual disability.

PsMID due to developmental deficits are likely to have a higher risk of mental health issues, attention issues, and aggressive attitude (Dekker and Koot, 2003). Additionally, Einfeld and Tonge (1996) discovered that PsMID exhibited disruptive and anti-social behaviours more frequently than children with more severe intellectual disability. All these point to the fact that aggressive symptoms are common among PsMID which have negative impact on their PWb. Fernandez, Giron, Killoren, and Campione-Barr, (2022) also attest in their study that both aggression and were discovered to be more common among PsMID in comparison to pupils without mild intellectual disability.

Furthermore, aggression has been significantly and in both adolescents and adults with intellectual disability, unfavorable relationships were found between social comparison (peer social belonging) and general self-worth: PWb of PsMID (Dagnan and Sanu, 1999). PsMID frequently exhibit high levels of aggression, which may be linked to prevalence of stigmatization. Edgerton (1993) reports that some people have stated that the stigmatization of the term "intellectual disability" may be somewhat to blame for the psychological hazards for people with intellectual disabilities. According to Rekosiewicz, (2020), the label "PsMID" is a strong and stigmatizing social identity that has a significant impact on students' lives. Once given, it can continue to be the dominant identity through which society views people with intellectual disability.

4.4.6 The relationship between home background and PWb among pupils with intellectual disability

The outcome revealed a significant relationship between home background and the PWb of PsMID. The cause of this result could be justified by the fact that mental health especially PWb interests are common concerning people with intellectual disability. Sheerin, Fleming, Burke, Cleary and Doyle (2021) state that there are numerous causes for this, some of which may be connected to the intellectual disability of the students. Sheerin et al. (2021), state further that other unimportant elements, such as the amount of important life experiences within the home environment, may also result in compromised mental health. Furthermore, they expressed the view that qualified intellectual disabled nurses play a critical role of helping to ensure that mental health issues of students with intellectual disabilities are recognized and promptly solved to attain optimal well-being. The home background relates to how people live at home and how many factors, such PsMID, might improve or worsen their quality of life. The most crucial factor in determining the existence, survival, and growth of the human race and its different personality features is home background. The result supports Benedict (2006) who postulated in accordance to international research, family income and health insurance affect the availability of healthcare services and PWb for children with disabilities.

Furthermore, home background such as parental education and occupation may influence PWb of PsMID. Benedict (2006), also affirmed that compared to children of parents with greater education, it has been discovered that children having parental service use is less prevalent among parents with lower education levels. Similar to this, PsMID receive varied types of schooling according on their parents' socioeconomic class, as well as their ancestry and culture (Ogbedebi, 2017). This is a fact because books, puzzles, computers, and other items can all help to stimulate children's minds in certain households, but in other homes, little to no resources is devoted to the children's education. Unfortunately, the findings of this study indicated that the vast majority of the respondents in the study reside in slums with parents and guardians who have poor levels of education and socioeconomic standing. Conversely, the home background has high level of negative influence on the PWb of the PsMID.

4.4.7 The relationship between loneliness and PWb among PsMID

The findings indicated that among PsMID, there was a strong link between loneliness and PWb. The reason for this result could be because PsMID have personal constraints resulting in loneliness such as low self-esteem, feelings of rejection, isolation, feelings of emptiness or abandonment and lack of good communication. As a result, majority of these pupils experience loneliness which impact negatively on their PWb. The result supports Williams and Asher (1992) who carried out a study where PsMID were specifically questioned about their feelings of loneliness, it was discovered that males between the ages of 8 and 13 who had mild intellectual disabilities reported feeling more lonely than their counterparts who were typically developing.

The study's findings corroborate those of Brandt, Liu, Heim and Heinz, (2022), who found evidence that loneliness and feelings of isolation have serious deleterious effects on psychological health. Brandt et al., (2022) further stated that it is frequently hypothesized that feelings of loneliness and social isolation are detrimental for an individual's wellness and mental health. Study result is also in tandem with the findings of Rasak, Yeboah, Charlotte, and Mensah (2019) which showed that loneliness and living alone have been strongly related to mental health and adverse PWb. Rasak et al. (2019) agreed that social interaction, familial connections, and regular physical activity reduce psychological abnormalities in socially isolated people. The result of the study also supports the findings of Maitland, Rhodes, O'Hare, and Stewart, (2021) which suggest that aloofness or loneliness is a significant negative predictor of mental wellbeing.

Similarly, Moeller and Seehuus, (2019) showed that PsMID were further isolated than their counterparts who were usually developing, whether they attended normal or special schools. Findings from studies of psychological wellbeing of PsMID claim that loneliness is a widespread feeling. The findings of Stancliffe et al. (2007; 2010) showed that about 50% of the samples examined reported being lonely at least sometimes.

The effect of loneliness on PsMID is not only on their PWb but also on their mental and physical health. Although the underlying mechanisms are still unclear, it appears that loneliness increases the body's inflammatory response, which raises the dangers for physical health, especially for students with modest intellectual handicap (Hawkley, Thisted, Masi and Cacioppo, 2010). PWb of PsMID in both childhood and

adulthood, possess greater levels of mental challenges than people without intellectual disabilities (Einfeld, Ellis, and Emerson, 2011). As a result, mental health conditions like depression and anxiety may be brought on by or made worse by isolation and physical health issues, cognitive decline, the undermining of PsMID' PWb, and decreased physical activity may all follow (Einfeld, Ellis, Emerson, 2011).

4.4.8 The relationship between depression and PWb among PsMID

The findings indicated that among PsMID, there was a strong link between depression and PWb. This deduction may be described based on the fact that PsMID are frequently very unhappy about their circumstances. Also these pupils display symptoms of depression such as loss of interest, inability to communicate their feelings, loss of confidence, poor concentration and atimes screaming. This result supports Satir (2006) who postulated that depression is among the psychological presentations of PsMID. Depression has been shown to have a negative effect on physical illnesses in general including PWb of PsMID which on its own can lead to several other physical illnesses especially at the later stages of the illness (Daniels, 2012). Depression among pupils with intellectual disability affects not only their PWb but also every other areas of their life. According to Sikabofori and Anupama (2012), pupils with intellectual disability who are depressed become less enthusiastic about life and their favorite activities. Daniels et al. (2012) also added that when faced with new obstacles, PsMID are both less confident in their ability to succeed and find less fulfillment in problem-solving. According to Daniels (2012), depression also has an impact on how well students are able to function on a daily basis, including how well their ability to live on their own within their locality, which has an impact on the cost of caregiving. This is in addition to taking into account the social and emotional effects on the students and their families.

Some of the problems faced by PsMID are socio-economic factors which trigger depression. Such factors include, living in poor neighbourhood, social withdrawal, low social class, classroom environment among others. Relating to school environment, according to Valenti and Faraci (2021), a lot of teachers don't feel supported or adequately prepared to differentiate their instruction for children of varied backgrounds in mainstream classrooms. As a result, there is a likelihood that the relationship between

depression and PWb of PsMID will worsen, and there is also a probability that academic and behavioural issues will worsen, especially for students who are already exhibiting symptoms of depression and anxiety. However, according to Psychou, Kokaridas, Koulouris, Theodorakis, Krommidas, and Psychos, (2021), there is evidence from the general population on the fact that exercise is useful in lowering the risk of depression and has favorable impacts on mood.

4.4.9 The relationship between anxiety and PWb among PsMID

The findings indicated a strong link between anxiety and the psychological well-being of PsMID. The fact that anxiousness is a common human reaction may help to explain why this outcome occurred. It impacts negatively on everything within and around a person suffering from anxiety. The result supports Tchido (2021) postulation that anxiety negatively impacts health, PWb, families, communities, countries and the world. The result supports the findings of Lee (1999), that there is a strong relationship between anxiety and PWb of PsMID. Lee (1999) added that anxiety can be a consequence of PWb of PsMID which is correlated in a complex way.

Furthermore, according to research by Owens, Stevenson, Norgate and Hadwin, (2008), anxiety symptoms can have an adverse effect on concentration and active memory, which can therefore have an adverse effect on the psychological health of PsMID as well as their academic performance. In the same vein, Tchido (2021) demonstrated that working memory is different in anxious people and came to the conclusion that concentration problems in anxious PsMID are one of the key factors that contribute to their needing more time to complete a task. Anxiety disorders, memory bias, deliberate control, and PWb of PsMID are significantly correlated (Tchido, 2016). Beck (1985) summed up this problem and contended that the impact of anxiety is having detrimental effect on the psychological health of PsMID due to the fact that the anxious patient spent a lot of time scanning for dangerous stimuli, which can adversely limit the degree of focus that is already available for other needs.

4.5 Summary of findings

In this study, two research questions and seven hypotheses were examined. The findings were discussed, and overall findings' executive summary is provided below:

1. The independent variables (self-esteem, social competence, loneliness, home background, depression, aggression and anxiety) together significantly contributed to the dependent variable (PWb of PsMID).
2. The results revealed that the independent variables (self-esteem, social competence, loneliness, home background depression, aggression, and anxiety) contributed somewhat to the dependent variable (PWb of PsMID).
3. The results also showed a substantial association between the independent variables (self-esteem, social competence, loneliness, family background, depression, aggression, and anxiety) and the dependent variable (PWb of PsMID).

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter presents an overview of the study's two research topics and seven hypotheses. On the basis of the findings, a conclusion and some suggestions were made. Although the study's constraints were primarily based on those that were identified as it was being done, the results also contributed to knowledge.

5.1 Summary

This study focused on SPFs as predictors of PWb of PsMID in the south west of Nigeria. Hence, independent variables were tested in relation to dependent variable, while research questions were put forward and addressed. The tested independent variables were raised and answered. The tested independent variables were SPFs; self-esteem, social competence, aggression, home background, loneliness, depression and anxiety while PWb was examined as dependent variable. In order to achieve a strong base for the study, Carol Ryff's theory of PWb and Vygotsky's socio-cultural theory were adapted as theoretical models for the study.

Furthermore, relevant literature were consulted based on PWb and PsMID. Additionally, empirical review on SPFs was carried out under various sub-headings. The population of the study comprised all PsMID within the age range of 10 to 25 years in the South west of Nigeria. Multi-stage sampling procedure (total enumeration, purposive and simple random techniques) was adopted for drawing the respondents from the population. 350 people in total participated in the study. Adopted and adapted questionnaires were used as instruments for the study.

Multiple regressions and in order to conduct analysis and test hypotheses at a significant level of 0.05, descriptive statistics of the Pearson Product Moment Correlation Coefficient (PPMC) were used. The socio-personal characteristics collectively made a considerable contribution to the prediction of the psychological wellbeing of PsMID. The outcome also showed the proportional effects of each individual element on the

psychological well-being of people in the south-west of Nigeria who have modest intellectual disability.

5.2 Conclusion

The findings of this study showed that a variety of factors, including self-esteem, social competence, aggression, home background, loneliness, depression, and anxiety had an impact on the psychological well-being of PsMID. It is widely acknowledged that everyone's psychological well-being is important. This is so that everyone, regardless of any disabilities, can cope with the difficulties of daily life. Everyone needs some level of happiness and contentment with life. The psychological well-being of PsMID is crucial because it has an impact on their behaviour, social interactions, interpersonal relationships, and level of success in life. A high level of PWb means that in some sense an individual's physical, emotional and social conditions are positive and strongly linked to happiness and satisfaction. To help pupils with mild intellectual disability live a satisfactory life, the home, school, society, professionals, and education managers need to collaborate to ensure that these pupils have improved PWb.

5.3 Limitations of the study

Completing this project was not without its challenges although these are typical for a review of this kind. The research was carried out in six states of South West Nigeria: Ekiti, Lagos, Ogun, Ondo, Osun, and Oyo.

Only 350 respondents from a limited number of special schools in the South-West were available for the researcher within the population. The researcher encountered some obstacles when doing this study, particularly when administering the surveys, the securing of consent letters from the various state governments, the decision-making processes involved in choosing a location and allocating time for project completion. In the course of the questionnaire administration and collection, the researcher also ran into some financial challenges.. Nevertheless, the conclusions of this study are still valid despite all of these issues and limitations. The researcher experienced difficulty with the respondents especially in answering 120 question items from eight questionnaires.

5.4 Recommendations

Parents of PsMID now have access to crucial information according to the findings of this study, caregivers, special educators, school administrators and policy makers/curriculum designers on those factors that can influence the PWb of PsMID. The following suggestions are hereby provided:

- 1) Parents should invest in the educational training of the pupils with mild intellectual disability through the provision of appropriate materials and activities that can stimulate their thinking and bring the best out of them.
- 2) Awareness should be created among parents and teachers of PsMID on the available services and how to take advantage of them to improve the condition of the pupils for enhanced psychological wellbeing.
- 3) Improving instructors' abilities to instruct and support PsMID psychologically should be viewed not only regarding academic results but also as an investment in the development of mental health.
- 4) Effective inclusive teaching methods and learning environments ought to be recognized as important safeguards for the psychological health of PsMID.
- 5) School psychologists, counselors, special education personnel and school management should be particularly cognizant of the quality of teaching and classroom practices experienced by PsMID to enhance their PWb.
- 6) Labeling students as having minor intellectual disability has a strong and stigmatizing social identity that has an adverse impact on the children that is considerable. Therefore, professionals and educational administrators should intensify campaigns against any form of labeling of PsMID.
- 7) High self-esteem has positive impact on psychological wellbeing. Therefore, parents, caregivers, teachers the general public, and should encourage and support PsMID in cultivating high self-esteem to enhance their PWb positively.
- 8) PsMID should be integrated in regular classrooms to enhance their social competence and reduce loneliness and depression among them thereby improving their positive PWb.
- 9) PsMID should be encouraged to actively participate in activities both at home and school environments to boost their confidence and self-worth.

Pupils with minor intellectual disability need access to knowledgeable and trained health professionals on a regular basis to detect and explore emerging mental health issues, make referrals, carry out interventions, and track results.

5.5 Contributions to knowledge

The following are ways by which this study has advanced the body of knowledge:

1. The research revealed certain social influences (social competence, home background, self-esteem and aggression) that determine and greatly influence the PWb among PsMID.
2. The result also indicated that there are some personal factors (loneliness, depression and anxiety) that determine and greatly influence the PWb among PsMID.
3. This study revealed that home background such as parental education, occupation and socio-economic status has great influence on the PWb among PsMID positively or negatively.
4. This study found that PsMID who experience social rejection end up being segregated, which limits their opportunities to develop social skills acquisition thus impacting negatively on their PWb
5. This Study has increased awareness of the several SPFs that can be used to the PWb among PsMID.
6. This study is a survey based primarily on those factors, social and personal which affect the PWb among PsMID.

5.6 Suggestions for further studies

Future research in the field of psychological wellbeing among PsMID will benefit from the knowledge gained from this study. The following recommendations were given for additional studies:

- i) It is suggested that future researchers should replicate this study in other geopolitical zones in Nigeria.

- ii) Recommendation for replication of this study focusing on the moderate, severe and profound intellectual disability is also advised
- iii) Comparative study of the psychological well-being among pupils and adults with mild intellectual disability.
- iv) Interested scholars can also replicate this study focusing on other SPFs not investigated in this study.

The social and personal elements that influence PWb among PsMID were examined in this study. Future researchers are advised to concentrate on the replication of this work for additional validation, possibly raising the sample size of respondents. Consequently, secondary schools in the South-West and other geopolitical regions of Nigeria could potentially benefit from this type of research.

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APPENDICES

APPENDIX 1



UNIVERSITY OF IBADAN
IBADAN NIGERIA
DEPARTMENT OF SPECIAL EDUCATION

ACTING HEAD
Olufemi Aremu Fakolade, B.Ed; M.S.W; M.Ed. Ph.D (Ibadan)
Tel: (+234) 8023504549, (+234) 9082142510
E-mail: fakolade1@yahoo.com, oa.fakolade@mail.ui.edu.ng

Date: _____

Dear Sir/Madam

LETTER OF INTRODUCTION

ENWERONYE, Ogechukwu Nkiruka
Matriculation No. 147541

We are pleased to introduce to you the above-named Postgraduate student who is currently running a Ph.D degree programme in the Department of Special Education, University of Ibadan. She is working on her project titled:

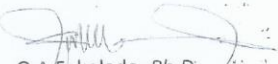
Socio-Personal Factors as Predictors of Psychological Well-Being of Pupils with Mild Intellectual Disability in South West, Nigeria.

As part of her data collection for the study, the student would need to visit some Schools/*Special Schools/Institutions/Ministries* and other relevant places. She is also expected to conduct experiments (if necessary) on pupils/students concerned and/or administer questionnaires where necessary.

The exercise is strictly for academic purpose and the response would be treated with utmost confidentiality. Please, assist the student accordingly.

Thank you for your anticipated cooperation.

Yours sincerely



O A Fakolade, Ph.D.
Professor & Head of Department

VISION: To make the Department a beacon in Africa and beyond in the field of Special Needs Education

PROFESSORS IN THE DEPARTMENT
I. A. Nwazuoke, Moji Oyebola,
J. A. Ademokoya, M. S. Eniola

CONSENT FORM

INTRODUCTION

Your consent is being sought to participate in a PhD research study. Carefully go through and understand the terms and conditions before signing the form. Please, ask the researcher if there is any aspect of the form or the research you need clarifications on. Thank you.

TITLE: Socio-Personal Factors as Predictors of Psychological Well-Being of Pupils with Mild Intellectual Disability in South West, Nigeria

RESEARCHER: Ogechucku Nkiruka ENWERONYE
Department of Special Education
University of Ibadan
08038041650/ ogenky@gmail.com

CONFIDENTIALITY

Your responses in this research is anonymous. The researcher will make all possible effort to ensure your confidentiality is preserved. For instance, only code names/numbers will be used for participants in the researcher's field notes.

VOLUNTARY PARTICIPATION

It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason.

Contact the researcher or the supervisor of this study for any further information or clarifications.

CONSENT

I have read and I understood the provided information. I had been given the opportunity to ask questions. I understand that any participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's Name _____ Participating role in this study _____

Participant's signature _____ Date _____

Researcher's signature _____ Date _____



...Ilẹ̀ Iyi, Ilẹ̀ Èyẹ

MINISTRY OF EDUCATION, SCIENCE & TECHNOLOGY

Phase IV Secretariat Complex, Ado-Ekiti, Ekiti State, Nigeria.

Tel: +234 906 297 0406 | E-mail: mest@ekitistate.gov.ng

EK/PRS/PI/2383Vol3/100

28th April, 2021

The Principal,
Government Special School,
Ido - Ekiti

LETTER OF INTRODUCTION

I am directed to introduce to you the bearer, Mrs. Enweronye, Ogechukwu Nkiruka, a PhD Student from University of Ibadan, Oyo State. She is working on her project titled: Socio – Personal factors as Predicators of Psychological well- being of pupils with mild Intellectual Disability in South West, Nigeria.

2. The Researcher will administer her questionnaires in your school under your supervision. The exercise is strictly for academic purpose and the identity of respondents (pupils) would be treated with confidentiality.
3. Kindly avail her necessary assistance in this regard.

Mike Omolayo
(Director, PRS)
For: Permanent Secretary

...Ilẹ̀ Iyi, Ilẹ̀ Èyẹ

www.ekitistate.gov.ng



LAGOS STATE GOVERNMENT

LS/C.530/S.I/391

2nd August, 2021.

Tutor-General/Permanent Secretary
Education District II
Maryland Schools Complex,

Tutor-General/Permanent Secretary
Education District IV
Domestic Science Centre,
8, McEwen Road,

Tutor-General/Permanent Secretary
Education District VI
Ewenla Street
Near Charity Bus-stop,

LETTER OF INTRODUCTION

RE: SOCIO-PERSONAL FACTORS OF PSYCHOLOGICAL WELL-BEING OF PUPILS WITH MILD INTELLECTUAL DISABILITY IN SOUTH WEST, NIGERIA

I have directives of the Head of Service to introduce **Mrs. Enweronye Ogechukwu Nkiruka**, a Postgraduate student of the Department of Special Education, University of Ibadan..

2. **Mrs. Enweronye Ogechukwu Nkiruka** is conducting a Research on "**Socio-Personal Factors of Psychological Well-Being of Pupils with Mild Intellectual Disability in South West Nigeria**". The main objective of the Research is to investigate how the socio-personal factors predict the psychological well-being of pupils with mild intellectual disability to south west.
3. To achieve the above objective, the Researcher is requesting for permission to gather information/data by administering questionnaires (a copy of the questionnaire is herewith attached, please) to teachers of pupils with mild intellectual disability in schools within Education Districts II, IV & VI.
4. I am to respectfully ask that you accord the Student all necessary assistance towards the successful implementation of the Research project.
5. Kindly note that **Mrs. Enweronye Ogechukwu Nkiruka** can be contacted on 08038041650.
6. Thank you.

A handwritten signature in blue ink, appearing to read "O.Y. Bakare".

O.Y Bakare
For: Permanent Secretary

OFFICE OF THE HEAD OF SERVICE
PUBLIC SERVICE OFFICE

Block 20, The Secretariat, Obafemi Awolowo Way, Ikeja, Lagos, Nigeria. PMB 21530, Ikeja. Tel: 08191478681
E-mail: pso@lagosstate.gov.ng Website: www.lagosstate.gov.ng



OGUN STATE UNIVERSAL BASIC EDUCATION BOARD

Block A, Parastatal Buildings, Oke-Mosan
P.M.B. 2011, Abeokuta, Ogun State.



All communication on this matter
should be addressed to the Chairman,
Universal Basic Education Board.

Our Ref No. SUBEB/815/VOL.3/636

Date: 10th May, 2021

**Enweronye Ogechukwu Nkiruka,
Department of Special Education,
University of Ibadan,
Ibadan, Oyo State.**

RE: LETTER OF INTRODUCTION/REQUEST FOR APPROVAL TO ADMINISTER QUESTIONNAIRES

I am directed to refer to your letter dated 26th April, 2021 on the above subject and to convey to you the approval of the Board.

2. In view of the above, you are permitted to carry out your research as proposed.
3. You are required to present a copy of the attached letter to the Education Secretaries of the selected Local Government Education Authorities for their information and assistance.
4. Thank you.

**Dr. Mrs. Remi Balogun
Director, Planning, Research and Statistics
For: Executive Chairman.**

E-mail_ondoedu76@gmail.com



Private Mail Bag: 606

MINISTRY OF EDUCATION, SCIENCE & TECHNOLOGY
SCHOOLS DEPARTMENT

Your Ref:

All correspondence should be addressed to the Honourable Commissioner quoting

Office:
New Secretariat complex,
Alagbaka, P.M.B 695, Akure, Ondo State
website: www.odsgmoe.com

EM/SPED/VOL III/107

26 April, 2021

The Principal,
School for the Intellectually Impaired,
Okeigbo.

RE: LETTER OF INTRODUCTION

Above subject, refers please.

I am writing to introduce to you, **Mrs. ENWERONYE OGECHUKWU NKIRUKA**, a research student, currently running a **Ph.D Programme** in the Department of Special Education, University of Ibadan. She is visiting your school to gather data and information for her Thesis.

2. Kindly accord her all necessary assistance.
3. Thanks.

Akindele Ige
Director School Services
for: Permanent Secretary



Government of The State of Osun
...Ipinle Omoluabi
OSUN ADARA...

OSUN STATE UNIVERSAL BASIC EDUCATION BOARD

P.M.B.4469, OSOGBO, STATE OF OSUN.

Your Ref:.....

All Communications should be Addressed to
Executive Secretary Osun State Universal Basic
Education Board, Osogbo, State of Osun,
Nigeria.
E-mail: ossubeb@yahoo.com

Department: SM/SE Dep!

Our Ref: OSSG/SUPP/SM/SE/369/12

Date: 23rd April 2012

Miss Enweronye Ogechukwu Nkiruka,
Matric No: 147541,
University of Ibadan,
Oyo State.

LETTER OF INTRODUCTION

I am directed to acknowledge the receipt of your letter on the above subject and to inform you that you have the permission of the Executive Secretary to go ahead with your data collection and questionnaire administration in the Schools selected.

2. However, the School authority must be notified and carried along should there be any reason to conduct experiments on the Pupils. Also, any information gathered in the Schools are expected to be treated with utmost confidentiality and mainly for the purpose of its intent.

3. Wishing you the best.

4. Thank you.

A.O. Adeoye (Mrs)



OYO STATE OF NIGERIA
MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY
DEPARTMENT..... *SPECIAL EDUCATION*



Your Ref: No.....
All correspondence should be addressed to
the Honorable Commissioner quoting
Our Ref: No..... *P.1017²/106*

12/07 *2021*

Dear Sir / Ma

TO WHOM IT MAY CONCERN

PERMISSION TO COLLECT DATA IN YOUR SCHOOL

The above subject refer please. This is to inform you that the bearer Mrs. Enweronye Ogechukwu N, a Ph. D. student of The University of Ibadan, from the Department of Special Education had been granted permission by the Honourable Commissioner for Education, Science and Technology to carry out her research procedure in your school.

2. Please accord her the necessary assistance to make the exercise a success and the results reliable and justifiable.
3. Thank you

Oladeji 12/07/2021
Mrs. O.M . Oladeji

For the Honourable Commissioner

APPENDIX II

SELF ESTEEM RATING SCALE (SERS)

From your observations, rate yourself based on the items below

Sex of the pupil: Male () Female ()

Age of the pupil: _____

Type of school: Boarding () Day School ()

Class of the pupil: _____

SA= 4, A = 3, D = 2, SD = 1

S/N	Items	SA	A	D	SD
1	On the whole, the child is satisfied with him/herself.				
2	The child at times, thinks he/she is no good at all.				
3	The child feels that he/she has a number of good qualities.				
4	The child is unable to do things like most other pupils.				
5	The child feels he/she does not have much to be proud of.				
6	The child certainly looks down on him or herself.				
7	The child feels that he or she is no match of others.				
8	The child wishes he/she could have more respect for him/herself.				
9	He/she is inclined to feel that he/she is a failure.				
10	The child takes a positive attitude towards him/herself.				

SOCIAL COMPETENCE RATING SCALE (SCRS)

From your observations, rate the child based on the items below

Never = 0, Sometimes = 1, Always = 2\

Age of pupil: _____

Class of pupil: _____

School: _____

State: _____

S/N	Items	Always	Sometimes	Never
1	He/she cooperates with other pupils.			
2	The child greets peers and teachers.			
3	He/she listens attentively when others talk.			
4	The child waits for his/her turn.			
5	He/she helps others in the class.			
6	The child keeps to the rules.			
7	He/she jokes with other in the class.			
8	The child render apology when wrong.			
9	He/she is willing to share thing with others.			
10	The child makes friend easily.			
11	He/she reconciles easily with friends after conflict.			
12	The child shouts at other children.			
13	He/she does not observe break at the right time.			
14	The child controls his/her temper when angry.			
15	He/she adapts to different social situations.			

LONELINESS SCALE BY RUSSEL (1996)

From your observations, rate yourself based on the items below:

Sex of the pupil: Male () Female ()

Age of the pupil: _____

Class of the pupil: _____

School: _____

SA = 4, A = 3, D = 2, SD = 1

S/N	Items	SA	A	D	SD
1	The child is unhappy doing so many things alone				
2	The child has nobody to talk to				
3	He/she cannot tolerate being so alone				
4	The child lacks companionship				
5	The child feels as if nobody really understands him/her				
6	The child finds him/herself waiting for people to call or write.				
7	There is no one the child can turn to.				
8	The child is no longer close to anyone.				
9	The child interests and ideas are not shared by those around him/her				
10	The child feels left out.				
11	The child feels completely alone.				
12	The child is unable to teach out and communicate with those around him/her.				
13	He/she feels part of a group of friends				
14	The child is an outgoing person.				
15	No one really knows the child well.				
16	The child feels isolated from others.				
17	The child is unhappy being so withdrawn.				
18	People are around the child but not with him/her.				
19	There are people the child can talk in.				
20	There are people the child can turn to.				

STUDENTS' HOME BACKGROUND QUESTIONNAIRE (SHBQ)

NAME: _____

AGE: _____

GENDER: MALE () FEMALE ()

SCHOOL: _____

INSTRUCTION: Please respond to this questionnaire as honestly as you can.

1. Class: _____
2. Location of Resident (GRA) (estate) (slum) _____
3. Are you living with your parent(s)/guardian(s)? _____
4. Are your parent(s)/guardian(s) (a) Literate/educated (b) illiterate/uneducated
5. Did your father/guardian attend a _____? (a) primary school (b) secondary school (c) no school at all (d) polytechnic (e) university
6. Did your mother/guardian attend a _____? (a) primary school (b) secondary school (c) no school at all (d) polytechnic (e) university
7. What is your parent(s)/guardian(s) highest qualification? _____
8. How many wives has your father/guardian? _____
9. What is the occupation of your parent(s)/guardian(s)? Father/Guardian _____
10. How often do your parent(s)/guardian(s) help you with your school work? (a) always (b) sometime (c) once a while (d) no help at all (e) other (specify)
11. What language(s) do you speak at home? _____
12. Which of the following do you have at home? Tick appropriately (a) radio set (b) television set (c) satellite set (d) library (e) all of the above (f) none of the above
13. Do you have access to internet facilities at home? _____
14. Do your parent(s)/guardian(s) buy newspaper or magazines? _____
15. Do your parent(s)/guardian(s) encourage you to read them? _____
16. Do your parent(s)/guardian(s) encourage you to speak good grammar and write well at home? _____
17. Do you have sibling(s)/peer groups that you play with at home? _____

DEPRESSION RATING SCALE (DRS)

From your observations, rate the child based on the items below

Sex of the pupil: Male () Female ()

Age of the pupil: _____

Class of the pupil: _____

School: _____

Never = 0, Sometimes = 1, Often = 2, Always = 3

S/N	Items	Never	Sometimes	Often	Always
1	The child appears sad and unhappy.				
2	He/she loses interest in school activities.				
3	The child is usually worried				
4	The child feels hopeless				
5	He/she finds it difficult concentrating on studies.				
6	The child loses self-confidence.				
7	He/she cries easily.				
8	The child finds concentration very difficult.				
9	He/she avoids group activities.				
10	The child looks moody.				
11	The child is often restless.				
12	The child looks unrelaxed.				
13	The child complains a lot about his/her health.				
14	The child is easily overwhelmed by little issues.				
15	The child is absent minded.				

AGGRESSION RATING SCALE (ARS)

From your observations, rate yourself based on the items below

Sex of the pupil: Male () Female ()

Age of pupil: _____

Class of the pupil: _____

School: _____

SA = 4, A = 3, D = 2, SD = 1

S/N	Items	SA	A	D	SD
1	The child may hit someone if he or she is provoked				
2	At times the child can't control the urge to hit someone				
3	If somebody hits the child, he/she hit back.				
4	Someone has pushed the child so far that he/she retaliates.				
5	The child resorts to violence to protect his/her rights.				
6	The child has threatened people around him/her.				
7	The child gets into fight more than most pupils.				
8	The child has become so mad that he/she has broken things.				
9	The child uses objects on others when provoked.				
10	At times the child can't control the urge to hit someone.				

ANXIETY RATING SCALE (ARS)

From the observation, rate the child based on the items below

Sex of the pupil: Male () Female ()

Age of pupil: _____

Class of pupil: _____

School: _____

Never = 0, Sometimes = 1, Always = 2

S/N	Items	Always	Sometimes	Never
1	The child worries about assignments			
2	The child is scared meeting new people.			
3	He/she is scared in busy places			
4	The child's hands and legs shake			
5	He/she finds it difficult to sit still.			
6	The child feels scared in wide open spaces			
7	The child is afraid of asking question			
8	The child worries that he/she will do badly at school			
9	He/she worries when doing something new			
10	The child is afraid of making mistakes			
11	The child feels afraid when asked to talk in front of the class.			
12	The child feels nervous when approached by other children or adults			
13	He/she hesitates to speak when in a group situation			
14	The child seems very shy			
15	The child worries about what other people think of him/her.			

PSYCHOLOGICAL WELLBEING SELF RATING SCALE (PWBSRS)

Rate yourself based on the questions below

Age of pupil: _____

Class of pupil: _____

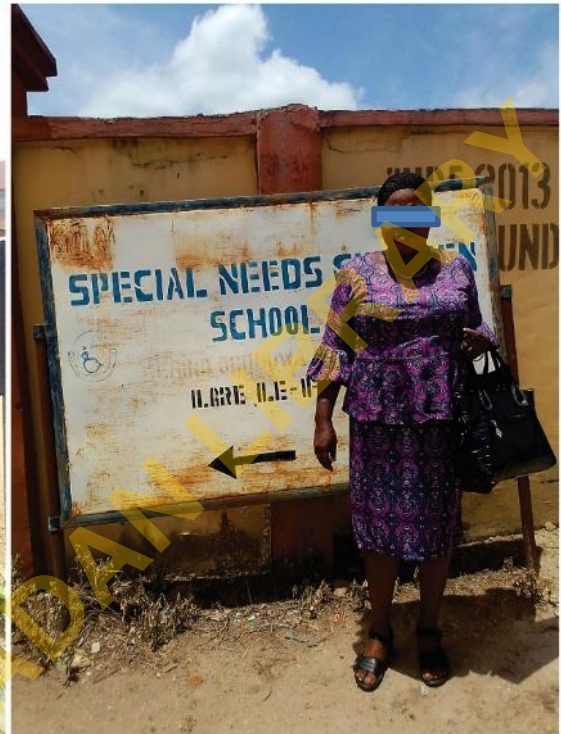
School: _____

State: _____

Never = 1, Sometimes = 2, Often = 3, Always = 4

S/N	Items	Never	Sometimes	Often	Always
1	The child has confidence in his/her opinion even if others do not.				
2	The child feels he/she is in charge of the situation in which he/she is.				
3	People would describe the child as a giving person.				
4	The child is pleased that he/she is making progress daily.				
5	The child finds new situations disturbing.				
6	The child easily and quickly adapts to situations.				
7	The child feels he/she is well liked by others.				
8	The child has no regard for others feelings.				
9	The child is not afraid of talking even if he/she makes mistakes.				
10	The child is happy to be with his/her friends always.				
11	The child is shy and uncomfortable in the presence of others.				
12	The child is afraid of talking in front of a group.				
13	He/she is always willing to share with others.				
14	The child feels that he/she performs better than some others.				
15	He/she can laugh and see the funny side of things.				
16	The child loves being cheerful all the time.				
17	The child has no confidence in his/her appearance.				
18	The child is always willing to share his/her time with others.				

Appendix III





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