IMPACT OF BROKEN HOMES ON THE HEALTH OF SECONDARY SCHOOL STUDENTS IN ENUGU EAST LOCAL GOVERNMENT AREA OF ENUGU STATE

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Abstract

The purpose of the study was to determine the impact of broken homes on the health of secondary school students in Enugu East LGA of Enugu State. The study adopted a descriptive research design. Specifically, three research questions and three corresponding null hypotheses guided the study. A multi-stage sampling procedure was used to select a sample of 240 students: 120 from broken homes and 120 from intact homes. Data was collected using 2 instruments. The researchers' self-developed questionnaire was used to measure physical health, and the sexual and reproductive health outcomes of the students while the Adolescent Dissociative Experience Scale (A-DES) was used to measure their mental integrity. Data collected were analysed using the grand mean to answer the research questions and the t-test statistics to test the hypotheses at 0.05 level of significance. The results showed that secondary school students from intact homes (grand mean = 2,75) have higher levels of physical health than their mates from broken homes (grand mean = 2.28). Secondary school students from intact homes scored an average score of 27 in the A-DES while those from broken homes scored 40 indicating a dissociation level of pathological significance in those from broken homes. More students from broken homes were sexually active (18.4%), have had an STI (6.7%) and have ever been pregnant (9.2%). Among the students from broken homes, 10.8 percent are sexually active, 1.7 percent have had an STI while 0.8 percent have ever been pregnant. The test of significance showed a significant difference between the physical health (T-stat: 2.573, Df: 5, T-crit: 2.571, p=0.049) and mental health (T-stat: 9.13, T-crit: 1.97, p=.000) of students from broken and intact homes respectively. A no statistical significance was

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observed in the sexual and reproductive health of the students (T-stat: 1.317, T-crit: 2.571, p=0.245). The researchers, among others recommended that policy makers should make policies designed to encourage and incentivize stable marriage relationship and proffer sanctions on broken homes.

KEY WORDS: impact, broken homes, secondary school children, mental health, physical health.

Introduction

The home is essential in the upbringing of a child as the first environment within a family, whether it is a happy one or not. The home, according to Oladimeji (2012) which is the traditional nuclear family – mother, father and children is the smallest unit and microcosm of the larger society. The home has a great influence on young peoples' psychological, emotional, social and economic state (Uwaifo, 2012). In the view of Ajila and Olutola (2007), the state of the home affects the individual since the parents are the first socializing agents in an individual's life. This is because the family background and context of a child affect his reaction to life situations and his level of performance. Family members are bound together in immeasurable love, care and understanding. However and no matter how ideal a family is in terms of their relationship, there are still hardships and misunderstandings that will still come along the way which may lead to splitting up of the couple now referred to as broken home (Oladimeji, 2012).

Broken home has been defined to mean children residing in single-parent households or any type of household other than a household in which both biological parents are present. In contrast, an "intact family" usually refers to a nuclear family arrangement in which both biological parents reside in the household with their biological children (Sanni, Udoh, Okediji, Modo & Ezeh, 2010). "Intact family arrangements" differ from other modern day family arrangements including single-parent arrangements, two-parent arrangements involving a step-parent, extended family arrangements, and the adoptive or foster family arrangement (Kierkus & Bauer 2002).

Broken homes are a global phenomenon and are usually characterised by parental separation and divorce. They usually have tremendous effects on all involved especially the children. According to Mooney, Oliver and Smith (2009), family breakdown is not a single event, but a process that involves a number of risk and protective factors that interact in

complex ways both before and after parental separation or divorce to increase or limit the risk of the adverse outcomes associated with family breakdown. When families disintegrate, it is the children that are greatly affected as they often end up with intellectual, physical and emotional scars that persist for life (Anderson, 2002).

Evidence indicates unequivocally that those children whose parents separate are at significantly greater risk than those whose parents remain together, for a wide range of adverse outcomes in social, psychological, and physical development (Pryor & Rodgers, 2001). Among children whose parents separate, the probability of experiencing long-term adverse outcomes is about twice that of children in intact families (Rodgers & Pryor, 1998). Therefore, broken homes are a threat to the wellbeing of children. Mooney, Oliver and Smith (2009) opined that broken homes affect adversely an adolescent's total 'Well-being' which was defined as incorporating children's mental, emotional and physical health.

Health has been defined by the World Health Organization – WHO (2013) as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Nordqvist (2009) stated that the health of individual people and their communities are affected by a wide range of contributory factors. People's good or bad health is determined by their environment and situations - what is happening and what has happened to them. He identified the following factors as having a greater impact on our health than accessing and using health care services. They include where we live, the state of our environment, genetics, our income, our education level and our relationship with friends and family.

WHO (2013) identified two main divisions of health including physical and mental health. Broken homes greatly affect both. Physical health entails various forms of physical abuse and neglects. Kurtus (2012) defined physical health as the overall condition of a living organism at a given time. Furthermore, he stated that, physical health is the soundness of the body, freedom from diseases or abnormality, and the condition of optimal wellbeing. Physical health is concerned with nutrition, exercise, illness and injury. Alokan (2010) opined that with broken homes, come domestic violence which involves injuring a child's body by beating them, burning them or breaking their bones. He further stated that broken home can lead to child neglect which can include physical neglect (withholding food, clothing, shelter or other physical necessities), emotional neglect (withholding love, comfort and affection) or medical neglect (withholding needed medical care) confirmed that a child is safest when his biological parents are married and least safe

when his mother is cohabiting with a man other than her husband.

Children from broken homes are at a great risk in terms of psychological problems. Mooney, Oliver and Smith (2009) asserted that people from broken homes are more prone to various levels of dissociative experiences as well as psychotic illnesses such as schizophrenia. Schizophrenia is a mental illness in which a person becomes unable to link thought, emotion and behaviour; leading to withdrawal from reality and personal relationships (Alokan, 2010). Other mental health problems that could result in children include anxiety disorders, attention-deficit/hyperactivity disorder (ADHD), disruptive behaviour disorders, pervasive development disorders, eating disorders, learning and communication disorders, affective (mood) disorders and tic disorders. According to Mauldon (1990), it has been estimated that parental divorce increases children's risk of developing health problems by 50 per cent. More so, Children living in lone-parent households were 1.8 times as likely to have psychosomatic health symptoms and illness such as pains, headaches, stomach aches, and feeling sick (Maranatha Community, 2006). A Swedish study found that children of single parent families were 30 per cent more likely to die over the 16-year study period. After controlling for poverty, children from single-parent families were: 56 per cent more likely to show signs of mental illness and 26 per cent more likely to rate their health as poor (Lundbert, 1993).

Although problems and difficulties associated with parental separation can decline over time, there is evidence that some effects are persistent and enduring (Pryor and Rodgers, 2001; Mackay, 2005). Adults who had experienced parental separation in childhood had a higher probability of problems which included mental health and well-being, alcohol use, lower educational attainment and problems with relationships.

Poor sexual and reproductive health outcomes are usually associated with adolescents who come from broken homes. Fagan, (1999) asserted that children from broken homes are more likely to get pregnant and give birth outside marriage, especially if the divorce occurred during their mid-teenage years and twice as likely to cohabit than are children of married parents. Moreover, broken homes appear to result in a reduction of the educational accomplishments of the affected children, weaken their psychological and physical health, and predispose them to rapid initiation of sexual relationships and higher levels of marital instability (Thornton, 1991). It also raises the probability that they will never marry especially for boys alongside other identified negative outcomes. This necessitates the need to study secondary school children from broken homes and its impact on them.

Impact is the Measure of the tangible and intangible effects (consequences) of one thing's or entity's action or influence upon another (Business dictionary, online). Similarly, Soukhanov (2004) defined impact as an immediate and strong effect on somebody or something. Hence, the impact of broken homes entails all the influences, both long and short term, due to broken homes and how they affect individuals. In this case, the health of secondary school students is the focus. These effects may be tangible (physical) or intangible (mental), but mainly produce negative effects in the lives of these secondary school children.

Secondary school students are mostly in their adolescence and are therefore most vulnerable at this stage. Adolescence according to Sanni, Udoh, Okediji, Modo and Ezeh (2010) is a time of expanding vulnerabilities and opportunities that accompany the widening social and geographical exposure to life beyond the school or family, but it starts with the family. Hence, when the family is broken, the children in that family are exposed to numerous health risks. Thus, this study is set to investigate the impact of broken homes on the health of secondary school students in Enugu East LGA of Enugu State.

Enugu East LGA is one of the seventeen Local Government Areas in Enugu state in South-East Nigeria. It is located in the Enugu East senatorial zone and is one of the three LGAs that make up the Enugu urban, that is, the administrative capital of the state. It is located between coordinates 6°32'N 7°32E and 6.533°N 7.533°E and covers a total of 383 Km^2 (Maplandia, 2014). The LGA is predominantly urban alongside some rural communities. The people are Ibo and are mainly civil servants. Others are traders, farmers or artisans. The culture of the people allows the men to marry and send their wives away when dissatisfied. Polygamy is also acceptable among them especially when a woman fails to produce male children. Thus, homes are made and broken while little or no attention is paid to the children who may be experiencing serious damages to their physical and mental health.

It is against this general background that this study was conceived to investigate the impact of broken homes on the health of secondary school students in Enugu East Local Government Area of Enugu state. In order to accomplish this task, three research questions were posed thus:

1. What is the impact of broken homes on the physical health status of secondary school students in Enugu East LGA of Enugu state?

2. What is the impact of broken homes on the mental health status of secondary school students in Enugu East LGA of Enugu state?

3. What is the impact of broken homes on the sexual and reproductive health outcomes in secondary school students in Enugu East LGA of Enugu state?

Hypotheses

Three null hypotheses to be tested at 0.5 level of significance were postulated thus:

N_o 1: There is no significant difference in the physical health of secondary school students from broken homes and intact homes.

N_o 2: There is no significant difference in the mental health of secondary school students from broken homes and intact homes.

N_o 3: There is no significant difference in the sexual and reproductive health outcomes of secondary school students from broken homes and intact homes.

Method

The descriptive survey research design was employed to achieve the objectives of the present study. Nworgu (2006) asserted that descriptive survey research design is one which aims at collecting data on, and describing in a systematic manner, the characteristics, features or facts about a given population. According to Cohen, Manion and Morrison (2011), descriptive survey research sets out to describe and to interpret what is, gathers data at a particular point in time with the intention of describing the nature of existing conditions or identifying standards against which existing conditions can be compared, or determining the relationships that exist between specific events. Hence, this design was found appropriate for the present study.

The population of the study comprised of all the secondary school students who come from broken homes in Enugu East Local Government Area of Enugu state. A total sample of 240 students enrolled in three secondary schools was selected for the present study. A non probability sample of 120 senior secondary two (SS 2) students who were from broken homes and volunteered to participate in the study were selected using the purposive sampling technique while the multi-stage sampling procedure was employed to select 120 other senior secondary two (SS 2) students who were from intact families. This ensured parity in the number of students selected from single parent homes and intact homes as well as the number of male and female students.

The instruments for data collection comprised of two questionnaires: The

researcher developed Questionnaire was used to measure the physical health and the sexual and reproductive health outcomes of secondary schools students. It contained 12 items structured in closed-ended forms and consisted of three sections. Section A solicited the bio-data of the subjects. Section B contained questions on physical health status that measured nutrition, exercise, illness and injury. Section C measured the sexual and reproductive health outcomes in these respondents. The instrument employed a 4 point likert scale of strongly agree (SA), agree (A), disagree (D) and strongly disagree (SD). Three experts in the field of education validated the instrument and a reliability coefficient (0.71) was obtained through a test retest form of reliability. The second questionnaire was the Adolescent Dissociative Experience Scale (A-DES). Adolescent Dissociative Experience Scale (A-DES) was developed by Armonstrong, Putnam and Carlson (1990). This is a 30 item self-report measure. It was employed to screen for normal and pathological dissociative experiences in adolescents, thereby measuring their mental health. Reliability and validity of the A-DES had been predetermined with Cronbach's alpha reported at .93.

Copies of the questionnaires were administered to the respondents in the secondary school by the researcher and with the help of the form teachers who served as research assistants. The teachers were briefed on the modalities for administering the instruments. The students were asked to respond freely and to provide further information where there was need. The completed copies of the instrument will be collected from the respondents on the spot. This approach yielded a high return rate of the instrument of 100 per cent.

The data from the questionnaires was coded and analysed using the Microsoft office Excel 2007 and statistical package for the social sciences – SPSS v.15. The grand mean was used to answer the research questions while T-test statistics were used to compare means.

Results

Of the 240 students who participated in this study, 120 were from broken homes while 120 were from intact homes. There were 60 boys and 60 girls in each of the respective groups. Their ages ranged from 15 – 17 years with an average age of 16.4 years. The results were presented on tables according to the research questions.

Table 1

Physical Health status of secondary school students (N=240)

	Intact Homes (N=120)						Broken Homes (N=120)					
	SA	A	D	SD	TOTAL	X	SA	A	D	SD	TOTAL	X
I always have enough to eat	192	87	46	20	245	2.88	132	54	76	32	294	2.45
I am not always sick	176	93	54	18	341	2.84	48	63	86	44	241	2.01
It is not normal to receive a beating at home	164	102	54	38	358	2.98	76	87	74	38	275	2.29
I am allowed to play and exercise my body at home	92	105	60	19	276	2.30	88	93	76	29	286	2.38
Overall						2.75						2.28
Grand mean												2.52

Table one shows that secondary school students from intact homes (grand mean = 2.75) have higher levels of physical health than their mates from broken homes (grand mean = 2.28). While all the children reported not being allowed to play and exercise adequately, those from intact home had more food (2.88), were not always sick (2.84) and were rarely beaten.

Table 2

Mental health status of secondary school students (N=240).

	Mean	N	Minimum	Maximum	Standard Error of Mean
Intact Homes	27	120	10	40	0.92
Broken Homes	40	120	20	60	1.09

Table 2 shows that secondary school students from intact homes scored an average score of 27 in the A-DES while those from broken homes scored 40. This indicates that the students from intact homes are more stable mentally than those from broken homes.

Table 3

Sexual and Reproductive Health outcomes in secondary school students (N=240).

	Broken Homes(N=120)		Intact Homes (N=120)	
	f	%	f	%
Students who are Sexually active	22	18.4	13	10.8
Students who have had an STI	8	6.7	2	1.7
Students who have ever been pregnant/impregnated someone	11	9.2	1	0.8
Students who have children	2	1.7	0	0

Table 3 shows that more students from broken homes are sexually active (18.4%) have had an STI (6.7%) and have ever been pregnant. Among the students from intact homes, 10.8 per cent are sexually active, 1.7 per cent have had an STI while 0.8 percent have ever been pregnant.

Table 4

Difference in the physical health of secondary school students (N=240)

	Mean	N	Std. Deviation	Std. Error Mean	T-stat	DF	T-crit	P(T<=t) two-tail
Intact Homes	2.75	120	.306	.153				
					2.5735		2.571	0.049
Broken Homes	2.28	120	.193	.097				

At 0.05 level of significance, the difference between the physical health of students from intact and broken homes at 5 degrees of freedom is 0.049. This indicates that the observed difference is statistically different.

Table 5

Difference in the mental health status of secondary school students (N=240)

	Mean	N	Std. Deviation	Std. Error Mean	T-stat	DF	T-crit	P(T<=t) two-tail
Intact Homes	27	120	10.09	0.92				
					9.13	238	1.97	0.000
Broken Homes	40	120	11.88	1.09				

At 0.05 level of significance, the difference between the mental health of secondary school students with 238 degrees of freedom is 0.000. This indicates that the observed difference is a statistically significant.

Table 6

Difference in the sexual and reproductive health outcomes of secondary school students from broken homes and intact homes

	Mean	N	Std. Deviation	Std. Error Mean	T-stat	DF	T-crit	P(T<=t) two-tail
Intact Homes	3.325	120	5.031	2.516				
					1.317	5	2.571	0.245
Broken Homes	9.000	120	6.999	3.500				

At 0.05 level of significance, the difference between the reproductive health outcome of students from intact and broken homes at 5 degrees of freedom is 0.245. This indicates that the observed difference in the reproductive health outcome of the students is not statistically significant.

Discussion

Discussion is hereby presented according to the research questions and hypothesis:

1. Impact on the physical health status of secondary school students in Enugu East LGA.
2. Impact on the mental health status of secondary school students in Enugu East LGA.
3. Impact on the sexual and reproductive health outcomes in secondary school students Enugu East LGA

Impact on the physical health status of secondary school students in Enugu East LGA

The findings in table 1 showed that secondary school students from intact homes (grand mean = 2.75) have higher levels of physical health than their mates from broken homes (grand mean = 2.28). While all the children reported not being allowed to play and exercise adequately, those from intact home had more food (2.88), were not always sick (2.84) and were rarely beaten. This finding was expected and not surprising. It is in consonance with the findings of Fagan (1999) that broken homes weaken the physical health of the children in such homes. Similarly, Dawson (1991) asserted that 20 to 35 per cent of children living with both biological parents are more physically healthy than children from broken homes. Hypothesis 1 on the difference between the physical health of students from intact and broken homes tested at 0.05 level of significance with 5 degrees of freedom showed a P-value of 0.049. This indicates that the observed difference is statistically different. Therefore the null hypothesis was rejected.

This finding is in line with the findings of Alokan (2010) that broken homes can constitute harm to the physical health of children.

Impact on the mental health status of secondary school students in Enugu East LGA

The findings in table 2 showed that secondary school students from intact homes scored an average score of 27 in the A-DES while those from broken homes scored 40. This indicates that the students from intact homes are more stable mentally than those from broken homes. This finding was anticipated and in line with some research assertions. Chase-Lansdale, Cherlin and Kiernan (1995) asserted that parental divorce had negative consequences for the mental health of some children that persisted into adulthood. They further stated that broken homes were associated with a moderate increase in the average score on a measure of mental health (indicating deterioration) and a 39 per cent increase in the risk of psychopathology. Lundbert (1993) stated that 56 per cent of the children in broken homes are more likely to show signs of mental illness than those from intact homes. Hypothesis 2 tested at 0.05 level of significance with 238 degrees of freedom showed a P-value of 0.000. This indicates that the observed difference in the mental health status of students from intact and broken homes is statistically significant. Therefore the null hypothesis was rejected. This finding was also expected. This finding is in line with the findings of Hill (1993) that children in broken homes are three times more likely to need psychological help within a given year.

Impact on the sexual and reproductive health outcomes in secondary school students Enugu East LGA

The findings in table 3 showed that more students from broken homes are sexually active (18.4%) have had an STI (6.7%) and have ever been pregnant (9.2%). Among the students from intact homes, 10.8 per cent are sexually active, 1.7 per cent have had an STI while 0.8 percent have ever been pregnant. This outcome is not surprising and in inline with Fagan, (1999) that children from broken homes are more likely to get pregnant and give birth outside marriage, especially if the divorce occurred during their mid-teenage years and twice as likely to cohabit than are children of married parents. Hypothesis 3 on the difference between the reproductive health outcome of students from intact and broken homes tested at 0.05 level of significance with 5 degrees of freedom revealed a P-value of 0.245. This indicates that the observed difference in the reproductive health outcome of the students is not statistically significant. Therefore, the hypothesis was accepted. This finding was unexpected and surprising. This

could be due to the numerous sources of sex information available to the students irrespective of the type of home they come from as well as high levels of sexual activity reported in in-school adolescents nationwide. In a recent study, 57.7 per cent and 26.5 per cent of male and female secondary school students respectively were sexually active at the time of the study while the age at sexual initiation was nine (Idonije, Oluba & Otamere, 2011). Hence an increased sexual activity among secondary school children is a current trend irrespective of family structure.

Conclusion

Based on the results of the study and discussion, the following conclusions were made:

1. Secondary school students from intact homes are physically healthier than those from broken homes.
2. Secondary school students from intact homes are mentally stronger than those from broken homes.
3. Secondary school students from intact homes are more likely to have favourable sexual and reproductive health outcomes than those from broken homes.

Recommendation

Based on the findings and discussions, the following recommendations were made:

1. Policymakers should make policies designed to encourage and incentivize stable marriage relationships and proffer sanctions on broken homes.
2. The government should introduce intervention (which at this time is non-existent) with the responsibility to provide support to optimise positive outcomes for children in cases where families breakdown.
3. The ministry of education could introduce school-based health programmes that will assess the health status of students, monitor and help improve the health of children from broken homes.

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