PARENTAL DEMOGRAPHIC VARIABLES AS PREDICTORS OF PUPILS WELLNESS IN ILORIN SOUTH LOCAL GOVERNMENT AREA, KWARA STATE, NIGERIA

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Abstract

Wellness is an important way to express the broadest perspective on all aspects of personal wellbeing with the crossover between physical and mental wellbeing being clearly recognized by the majority of respondents. The study aimed to investigate whether parental level of education; parental occupation; and parental marital status are predictors of wellness of pupils in Ilorin South Local Government Area. A descriptive research of survey type was adopted for this study. The population of this study comprised of 79,645 primary school pupils in Ilorin South LGA, Kwara State. A multistage sampling procedure of systematic sampling, simple random, proportionate and purposive sampling techniques was used to select 400 respondents. The instrument used for data collection was a researcher-developed questionnaire which was validated and tested for reliability using split-half method and Spearman Brown Prophecy formula yielding a coefficient of 0.84. Inferential statistics of linear regression was used to test the postulated hypotheses at 0.05 level of significance. The findings of the study were that parental level of education significantly predicted while parental occupation and parental marital status do not significantly predict wellness of pupil. Therefore, parental level of education is important integral predictor to the wellness of pupils in Ilorin South LGA. The study recommends that parents who are illiterate should be advised and encouraged to attend adult education and health education should be included into adult education programme, this could bridge knowledge gaps for less-educated parents by equipping them with the tools to improve their children's health outcome.

Keywords: Parental, Demographic Variable, Predictors, Wellness, Pupils

INTRODUCTION

Wellness involves balance across all areas of human lives. Wellness is described as a holistic state/condition in which there is perfect satisfaction which thus enabled an individual live in an optimal health. Wellness is broadly understood to mean a state of general health closely associated with various aspects of one's lifestyle. The term is sometimes used interchangeably with wellbeing, although wellbeing is often seen as the end product itself, while wellness is a means to the end product which is wellness or health. Wellness is an important way to express the broadest perspective on all aspects of personal wellbeing with the crossover between physical and mental wellbeing being clearly recognized by the majority of respondents. For many it is synonymous with

quality of life more than quality of health. Wellness is a holistic state of both mind and body in a state of full restfulness and freedom from any form of unease or disturbances.

World Health Organization (2015) defined wellness as an active process of becoming aware of and making choices towards a healthy and fulfilling life. It is more than being free from illness. It is a dynamic process of change and growth. It is also a good or satisfactory condition of existence; a state characterized by health, happiness and prosperity and good welfare. Sheppard (2016) stated that in raising healthy children, it is not enough to just focus on the physical aspect of health. To be truly healthy, a child's emotional health must be nurtured and strengthened. The Global Wellness Institute (2021) defined wellness as the active pursuit of activities, choices and lifestyles that lead to a state of holistic health. According to Parihar (2018), basic aspects of wellness includes:- Self-responsibility, an ultimate goal, a dynamic growing proceeds, daily decision making in areas related to health and whole being of the individual. This is believed according to the researcher that none of the above-mentioned aspect can a child perform for him or herself, it's therefore behooves of parent to undertake all these responsibilities for the child. Oduguwa et al. (2017) opined that children's mental health is one's Nation's future wellbeing. Sheppard (2016) opined that developing a mental attitude of wellness is also essential and that when an attitude of wellness is adopted, a belief that being well is a natural, normal state will be developed. Sheppard (2016) further asserted that with an attitude of wellness, the children will have control over their own body and how healthy it will be. Children have much more control over their own health than one may think. Wellness comes from emotional practices like preventing disease, proper nutrition and physical fitness. The definition explains the essence of what wellness truly is, as a means, not an end.

Parihar (2018) defined social wellness or wellbeing as the development of relationships with others-both with people in one's immediate surroundings and with the larger community through cultural, spiritual, and political activities. Solari and Mare (2012) affirmed that encouraging one's child to participate in an expressive activity like dancing, singing, painting, drawing or even storytelling can help develop social and cognitive skills, enhancing a child's social wellbeing. The interpersonal relationship of a child is of a great value to such a child wellness in the sense that it helps the child to build a peaceful co-existence with the people around him or her. There are some games or activities that help to build up a sense of team spirit in a child which helps in developing interpersonal relationship of such a child. Examples of social wellness are: ability to

interact successfully with people within the environment of which each person is a part, develop and maintain intimacy with significant others, development of respect and tolerance for those with different opinions and beliefs. All of these helps not only to build those relationships with family but also promotes emotional and intellectual wellness too (Solari & Mare, 2012). Social wellness refers to one's ability to interact successfully in our global community and to live up to the expectation and demands of our personal roles (Solari & Mare, 2012). This means learning good communication skills, developing intimacy with others and creating a support network of friends and family members. Intellectual wellness encourages creative, stimulating and mental activities. Our mind including children's mind need to be continually inspired and exercised just as body do. Children with a high level of intellectual wellness have an active mind and continue to learn. This can be done by taking these children to recreational centers like museums, amusement parks, or interactive events/places. Wellness can therefore be reviewed as a state of all round health, peace, wellbeing and wholesome satisfaction. Wellness focuses on wellbeing and the quality of life enjoyed by an individual.

Ghani & Ahmad (2023) observed that it is utmost desire of everybody to be healthier, to look better, and to live well both physically and spiritually. Living well is almost the entire world shared dream. Since living well is globally seen as special day as many other days, a specialty has been given to this day called Global Wellness Day. This is observed second Saturday of June every year as an international day. The slogan for this year is 'think magenta' Global wellness day is an entirely not-for-profit day, dedicated to living well. The affirmation reminds people that living well begins in the mind. This will help to direct the thoughts of both individuals and society towards: living well and to raise awareness.

Azhar et al, (2014) asserted that the study of the demographic and other factors affecting students' education rooted back in seventeenth century. Up till now, many researches are made on this issue. For instance, Asiegbu and Ezeugbor (2018) opined that there are variables inside and outside school that affect students' quality of academic achievement. In most African countries and in the Western world, socio-economic status of family is usually linked with family's income, parental education level, parent's occupation and social status among their kindred and even at global level. Azhar et al (2014) postulated that there are a number of factors that affect students' performance like parental socio-economic status, parent's education and their

involvement in child's studies, student's gender, time allocation, technology, available facilities and lots of more. These indices sum up together to explain demographic variables. For the purpose of this study, parental level of education, occupation and marital status were chosen.

Through observation by the researchers and through personal interviews to parents and children, it was observed that children are no longer able to grow to their full potentials in various categories of wellness. On more than two encounters with different children of primary schools in tattered clothes, looking famished, ugly and hungered, it was observed that some of these children seek for money from strangers, lamenting the fact that the last meal eaten was the previous day's lunch which a close-range observation confirmed these truths. To further confirm this predicament, it was discovered that her parents were separated and that she was just living with her poor grandmother. Also, the State of the World's Children Report, UNICEF (2017) postulated that children living in poverty experience deprivation of the material, spiritual and emotional resources needed to survive, develop and thrive, leaving them unable to achieve their full potential or participate as full and equal members of society. Due to different exposures in which lifestyle especially that of the parents is perceived and confirmed through various studies to be one of the leading factors. Children are not as strong as compared to the older generation which parents could be assumed to be the cause most of the times.

The first place of influence is the home which plays a very great and important role in the life of a child. The position of Azhar et al (2014) is that parents are the most immediate relation of a child: they continued that among various factors that affect pupils' wellness and academic performance is parental demographics factor. Educated parents can better understand the educational needs and their children's aptitude. Parents can help their children in their early education which affects their proficiency in their relative area of knowledge. In the same vein, Sheppard (2016) asserted that parents can teach and help their children to grow up with an attitude of wellness. Apart from the wellness of the children which could also be traceable to parental socio-economic background, the academic performance of the children is also affected. Sheppard (2016) concluded that the goal of the family is to have outstanding, vibrant and healthy children, not just to be free of disease.

Chen et al. (2018) stated that every parent is the child's best teacher. Children mimic the behavior they see as well as what the parent teach the children. Therefore, recommended that every

parent should be a positive role model and offer children opportunities to observe their act of kindness and caring. Dyer (2011) opined that the more children learn from parents to rid themselves of attitudes which foster sickness, the more parents are helping the children to enjoy life each day. Children will actually live longer and more productive lives if they learn wellness as very young children. Dyer (2011) further cautioned stressing the need to resist frequent visits to doctors and using medications for everyday aches and pains and common ailments such as a cold. When parents teach children that there is pill for every complaint and that a visit to doctor is part of every cure, we disempower them and set them up too heavily and too early to rely on drugs and doctors throughout their lives. The children need to know that they are in charge of their own health.

A study conducted in Nigeria indicated that parental occupation did not significantly influence students' achievement in Biology (Osuafor & Okonkwo, 2013). However, Heinrich (2014) noted that the work parents do, their work-stress and the stress they bring home detract their parental skills, undermine the atmosphere and thereby transfer the stress into the life of the children. King et al (2018) revealed that children in two-parent households report higher well-being than children in one parent household. This implies that children who are brought up by the both parent have the benefits of father figure and motherly care, thereby enhancing the wellbeing of such a child.

Substance Abuse and Mental Health Service Administration (SAMHSA, 2017) uses the concept of wellness in its programmes, defining it as having eight aspects/components which are; emotional, environmental, financial, intellectual, occupational, physical, social and spiritual wellness. Physical and environmental wellness includes safe water and clean air, healthy workplaces, safe houses, communities and roads, all contributing factors to good health. United Nations International Children's Emergency Fund (2017) confirmed that investing in children's wellbeing is not only right in principle but also in practice: it has significant pay-offs in terms of economic growth and social stability. Such investment develops human capital and can lead to greater productivity. It was further observed that despite the presence of a school health policy and programme in Nigerian schools, many students are not enjoying good health and wellbeing within their schools. Inequities in health distribution, resource distribution, and quality of life are decreasing in Africa especially in Nigeria. Hence, this study seeks to investigate the parental

demographic variables as predictors of wellness of pupils in Ilorin South Local Government Area, Kwara State, Nigeria.

Research Hypotheses

The following hypotheses were postulated for the study;

1. Parental level of education will not significantly be a predictor to wellness of pupils in Ilorin South Local Government Area.
2. Parental Occupation will not significantly be a predictor to wellness of pupils in Ilorin South Local Government Area.
3. Parental Marital status will not significantly be a predictor to wellness of pupils in Ilorin South Local Government Area.

Methodology

A descriptive research of survey type was adopted for this study. The population of this study comprised of all primary school pupils in Ilorin South Local Government Area, Kwara State. Ilorin South Local Government Area consists of 11 wards with a population of 79,645 (Universal Basic Education, Kwara State, 2021) in 2020/2021 session. A multistage sampling procedure which consists of simple random, proportionate, purposive and simple random sampling was used to select the respondents for this study. In stage 1, six wards were selected out of the eleven wards through simple random sampling, using odd numbers selection. The selected wards were Gaa-akanbi II, Gaa-Akanbi III, Gaa-Akanbi IV, Okaka ward, Oke Ogun and Akanbi ward. Stage 2- simple random sampling of lucky dip was used to select three schools from each of the six wards which contains 29, 8, 13, 6, 8 and 14 respectively. Stage 3- proportionate sampling technique was used to select 20% of pupils from each of the eighteen schools totaling 360, this number/sample is deemed acceptable according to Research Advisor (2006) which states that, for any population above 10,000, a minimum sample of 384 is acceptable. However, the Researcher added 40 respondents more to make the total selected to be 400 respondents. In stage 4, purposive sampling technique was used to select primary four to six (4-6) only; these groups from previous studies understood the simple questionnaire with further explanations. Questionnaires were used as the instrument for the pupils since it was simple enough for them to understand and to elicit their responses.

A researcher-developed questionnaire tagged Questionnaire on Parental Demographic variables as Predictors of Wellness of Pupils (QPDVPWP) was used for data collection. In order to ensure the face and content validity of the instrument, three copies of the instrument were assessed three experts in the field. The comments and suggestions of the experts were used to amend and to improve the quality of the final draft of the instrument used for this study. The reliability of the instrument was established using split-half method, twenty copies of the validated questionnaire forms were administered to twenty (20) respondents who were not be part of the target population of the study at once at Cherubim and Seraphim L.G.E.A, Sabo-Oke, Ilorin-East, Kwara State. The data collected was split into two equal halves (odd and even numbers) for correlational analysis using Spearman Rank Order Correlation and a correlation coefficient of 0.84 was obtained this shows that the research instrument was reliable enough for the study.

The researchers obtained permission and approval from the Ministry of Education, Planning and Research Statistics Department and Universal Basic Education, Kwara State to conduct the study in the Primary Schools in Kwara State. Ethical approval was obtained from relevant Authority. The research instrument was administered by the researchers. The researchers obtained informed consents from the legal guardians of respondents. With the use of three research Assistants, prompt retrieval of the completed questionnaires, appropriate and adequate data was assured from the respondents in order to avoid loss of research instrument. The respondents were required to indicate their level of agreement or disagreement to all the items. In the questionnaire on four-point modified Likert type scale is based on the parental demographic variables as predictors on wellness of pupils. The respondents' consent were sought and guided to tick on the alternative to each item that they considered most appropriate to each of them. The completed copies of the questionnaires were collected, coded and analysed using both descriptive and inferential statistics. The inferential statistics of linear regression were used to test the hypotheses at 0.05 alpha level using Statistical Package for Social Sciences (SPSS) version 23.0.

RESULTS

Table 1: Model summary on wellness of pupils

Model	R	R Squares	Adjusted R	Std. Error of the Estimate
1	.114	.013	.010	8.25324

a. Predictors (Constant). Parental Level of Education

From the result in Table 1, the Model Summary provides the correlation coefficient and the coefficient of determination (R Square, r^2) for the regression model. The correlation coefficient of .114 suggests that there is a weak or low positive relationship between the dependent (Wellness of Pupils) and the independent variables (Parental level of education). This implies that though parental level of education could predict wellness of pupils, the extent to this prediction is low. The table 1 further reveals that the constructed linear regression models of the independent variables (Parental level of education) accounts for 1.3% variance in the dependent variable (Wellness).

Table 2: ANOVA for independent variables on wellness of pupils

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	355.992	1	355.992	5.226	.023
Residual	27110.168	398	68.116		
Total	27466.160	399			

a. Dependent Variable: wellness of pupils
b. Predictors: (Constant), Parental level of Education

The results of the analysis of variance (ANOVA), F $F_{(1,399)} = 5.226$, $p = 0.023$), indicated a statistically significant relationship ($p < 0.05$) in the independent variables (parental level of education) and dependent variables (wellness of pupils). Since the p-value of 0.023 is lesser than 0.05 alpha value, this implies that parental level of education is a significant predictor of the wellness of the pupil. Thus, the low relationship found between parental level of education and wellness of pupils was statistically significant.

Table 3: Model summary on wellness of pupils

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.044	.002	-.001	8.29923

a. Predictors (Constant). Parental Occupation

From the result in Table 3, the Model Summary provides the correlation coefficient and the coefficient of determination (R Square, r^2) for the regression model. The correlation coefficient of .044 suggests that there is a weak or low positive relationship between the dependent (Wellness of Pupils) and the independent variables (Parental Occupation). This implies that though parental occupation could predict wellness of pupils, the extent to this prediction is low. The table further reveals that the constructed linear regression models of the independent variables (Parental Occupation) accounts for 0.2% variance in the dependent variable (Wellness).

Table 4: ANOVA for independent variables on wellness of pupils

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	52.997	1	52.997	.769	.381
Residual	27413.160	398	68.877		
Total	27466.160	399			

a. Dependent Variable: Wellness of pupils
b. Predictor: (Constant), Parental Occupation

The results of the analysis of variance (ANOVA), F $F_{(1,399)} = 0.769$, $p = 0.381$), indicated a statistically non -significant relationship greater than 0.05) in the independent variables (Parental occupation) and dependent variables (wellness of pupils). Since the p-value of 0.381 is greater than 0.05 alpha value, this implies that parental occupation is not a significant predictor of the wellness of the pupil. Thus, the low relationship found between parental occupation and wellness of pupils was not statistically significant.

Table 5: Model summary on wellness of pupils

Model	R	R Squares	Adjusted R	Std. Error of the Estimate
1	.058	.003	.001	8.29350

a. Predictors (Constant). Parental Marital Status

From the result in Table 5, the Model Summary provides the correlation coefficient and the coefficient of determination (R Square, r^2) for the regression model. The correlation coefficient of .058 suggests that there is a weak or low positive relationship between the dependent (Wellness of Pupils) and the independent variables (Parental marital status). This implies that though parental marital status could predict wellness of pupils, the extent to this prediction is low. The table 6 further reveals that the constructed linear regression models of the independent variables (Parental marital status) accounts for 0.3% variance in the dependent variable (Wellness).

Table 6: ANOVA for independent variables on wellness of pupils

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	90.839	1	90.839	1.321	.251
Residual	27375.321	398	68.782		
Total	27466.160	399			

a. Dependent Variable: wellness of pupils
b. Predictor: (Constant), Parental marital status

The results of the analysis of variance (ANOVA), $F_{(1,399)} = 1.321$, $p = 0.251$), indicated a statistically non -significant relationship (greater than 0.05) in the independent variables (parental marital status) and dependent variables (wellness of pupils). Since the p-value of 0.251 is greater than 0.05 alpha value, this implies that parental marital status is not a significant predictor of the wellness of the pupil. Thus, the low relationship found between parental marital status and wellness of pupils was not statistically significant.

Table 7: Co-efficient for independent variables on wellness of pupils

Model		Unstandardized Coefficients	Standardized Coefficients		
	B	Std Error	Beta	t	Sig
(Constant)	85.205	.833		102.251	.000
PLE	.413	.181	.114	2.286	.023
POC	.345	.393	.044	.877	.381
PMS	.645	.561	-.058	-1.149	.251

a. Dependent Variables: Wellness of pupils

The standardized co-efficient in Table 7 reveals that parental level of education significantly predicts wellness of pupil shows that statistical significant relationship because the value is less than 0.05 alpha level. Also, parental occupation is not a significant predictor of wellness of pupil which shows that statistically non-significant relationship because the p-value is greater than 0.05 alpha level. While parental marital status is not a significant predictor of wellness of pupil which shows statistically no significant relationship because the p-value is greater 0.05 alpha level.

DISCUSSIONS

Results revealed the parental level of education as hypothesized predictor of the wellness of pupils is a significant predictor for the wellness of pupils. This finding is in line with the findings of Azhar et al, (2014) which stated that educated parents can better understand the educational needs and their children's aptitude. Parents can help their children in their early education which affects their proficiency in their relative area of knowledge. In the same vein, Sheppard (2016) asserted that parents can teach and help their children to grow up with an attitude of wellness. This explains that when a parent is properly educated, such parent will be able to guide his children not only in the academic areas but also in the area of holistic wellness. Apart from the wellness of the children which could also be traceable to parental level of education, the academic performance of the children is also affected. Sheppard (2016) concluded that the goal of the family is to have outstanding, vibrant and healthy children, not just to be free of disease. The result of this study reveals clearly the importance of the parental level of education as having a very great significant not only on the academic of the pupil but also on the wellness of the pupils. This assertion is also corroborated by Ogunshola and Adewale (2012) which stated that significant predictor of intellectual wellness of children at age 8 years included parental education. Furthermore, WHO (2013) declared that low education levels are linked with poor health, more stress and low self-

confidence. Sheppard (2016) confirmed that parent knows his child's body and mind better than anyone else.

In the same tone, Chen et al. (2018) stated that every parent is the child's best teacher. Chen et al. (2018) therefore recommended that every parent should be a positive role model and offer children opportunities to observe their act of kindness and caring. Dyer (2011) opined that the more children learn from parents to rid themselves of attitudes which foster sickness, the more parents are helping the children to enjoy life each day. Children will actually live longer and more productive lives if they learn wellness as very young children. This therefore means that many issues can be handled at home if parents have the right knowledge of wellness of their children.

Testing the second hypothesis revealed that parental occupation is not a significant predictor of the wellness of pupils in Ilorin south local government area. This finding is in contrast with the findings of Shan and Anwar (2014) which reported that parental occupation may have significant impact on children's performance. This explains that irrespective of the occupation of the parent, any parent who is properly enlightened either through formal or informal education will do all within the capacity to make that his child(ren) enjoy good health and wellness. Mínguez (2020) claimed that support and provision of gainful employment opportunities for mothers will enhance child health outcomes. It is generally known that mothers are the makers of home and determinants of so many things in the home including the health and wellness of the family. When parent especially mothers are gainfully employed or properly set up in virile or thriving business, there will be proper care for her child in the home in which his wellness take a very important aspect. WHO (2013) posited that people who are in employment are healthier, particularly those who have control over their working conditions.

Testing the third hypothesis revealed that parental marital status is not a significant predictor of wellness of pupils in Ilorin south local government area. This finding is in divergence to Heinrich (2014) who stated that through struggling for the needed resources such as food, interaction between parents and children which is all based on "survival of the fittest', results into children being stressed within a short period of time. Though some parents may have polygamous home but that does not stop them from taking the wellness of each child in the family with utmost seriousness despite the large number of the family members. This according to Heinrich (2014) makes such a child begin to show signs of distress with high level of anxiety. Consequently, the

child is too small to deal with stress and anxiety, this may cause him or her to display inappropriate behaviour which parents may not understand so as to seek for either medical attention or a psychologist, and this may probably make him to be more frustrated and unstable

CONCLUSIONS

Based on the findings of this study, the following conclusions were drawn:

1. Parental education is important integral predictors to the wellness of pupils in Ilorin South local government.
2. Parental occupation is not so important predictors to the wellness of pupils in Ilorin South local government.
3. Parental marital status is not so important integral predictors to the wellness of pupils in Ilorin South local government.

RECOMMENDATIONS

It was recommended based on the conclusion of the study that:

1. The study establishes that parental education significantly influences the wellness of pupils which implies that educated parents are more likely to adopt healthy practices, access health resources, and make informed decisions regarding their children's wellness. Parents who are illiterate should be advised and encouraged to attend adult education and child health education should be included into adult education programme. A health education programme can bridge knowledge gaps for less-educated parents, equipping them with the tools to improve their children's health outcome.
2. Parents' attitude and practice to children's wellness should be worked upon through deliberate and focused health education programme. While parental occupation and marital status were not identified as significant predictors, the focus on attitudes and practices highlights the potential for behavioural improvements. Even parents with limited formal education can positively impact their children's wellness if they are guided on appropriate health-promoting behaviours.

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