

SELF-ESTEEM AND SOCIOECONOMIC WELLBEING ON SOMATIZATION SYMPTOMATOLOGY AMONG URBAN SECONDARY SCHOOL STUDENTS IN ENUGU STATE.

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Abstract

Somatization symptomatology is one of the psychopathological conditions which could prevent a student from functioning very well in the school. Somatization symptomatology is a combined features or signs of somatization which can be used as an aid in the diagnosis of somatization disorder. Somatization is usually in the functional state while somatization disorder is the state of having the disease; both of them are harmful and should be avoided. The goal of this study is to ascertain if self-esteem, socio –economic wellbeing and gender will associate with somatization symptomatology among urban secondary school student in Enugu. A total of 300 participants were employed for the study. The participants were selected through convenient sampling method. The participant's ages showed that 176 (59%) were younger and 124 (41%) were older. Besides, 168 (56%) were females and 132 (44%) were males while 112 (37%) were in junior class and 188 (63%) were in senior class. The instruments employed in this study were Index of self-esteem, Interviewer Rated Multivariate Assessment of Socio-economic Well-being and Clinical Symptoms Inventory. The design for the study was cross sectional survey design and hierarchical multiple regression was used for data analysis. The findings of the study showed that self-esteem significantly and positively associated with somatization symptomatology, $\beta = .27$, $t = 4.83$, $p = .00$. The second hypothesis which states that socio-economic wellbeing will significantly and positively associate with somatization symptomatology was not upheld; the result indicated that socio-economic wellbeing did not significantly associate with somatization

symptomatology, $\beta = -.04$, $t = -.60$, $p = .55$. The third hypothesis which states that gender will significantly associate with somatization symptomatology was upheld; the result indicated that gender significantly and positively associated with somatization symptomatology, as female students in Enugu Urban have more somatization symptomatology than their male counterparts (Female—Mean = 95.3929; SD = 36.68250; Male—Mean = 86.0152; SD = 34.41329). It is recommended that Parents and teachers should be particularly mindful of the way they address students at home and in the school. This study suggest that the government should engage professional services of clinical psychologists who will help to introduce and engage and build healthy self esteem and assertiveness on the students and as well through in-service training work with the teachers on developing appropriate problem solving skills in the formation of students.

Keywords: Self-Esteem, Socioeconomic Wellbeing, on somatization symptomatology, urban secondary school students.

Introduction

Background to the Study

Students are young people and constitute the larger population of Nigeria. They therefore have capability of contributing enormously to the development of the economy. But most times they came down with somatization symptomatology. The psychopathology, somatization symptomatology is currently one of the world's most disturbing psychopathological conditions; it affects negatively peoples' functional skills among all ages. In schools, especially adolescence in Nigeria where many teachers have reported poor attention among students and nonchalant attitude from most parents' towards their wards; somatization symptomatology definitely becomes a very formidable result. It is one of the psychopathological conditions which could prevent a student from functioning very well in the school. Nonchalant attitude towards the parents' to their wards academic pursuit because of poverty, could expose or endanger these younger students and be among the contributory factors to somatization symptomatology. Also,

different school challenges such as loitering around by students while nothing is going on in their classes, especially when payment of teachers salaries/benefits are delayed, violence, rioting, and inadequate school facilities could also lead to somatization symptomatology. This issue was noticed recently by the researcher; she found a significant increase in the number of young people in school uniform patronizing a pharmacy store near her office, and out of curiosity sought to find out their complaints. A pharmacy official revealed that their complains were mostly headaches, chest pain, stomach ache and undefined sensations. Their emotional distress at home, poor academic work and poor health may expose these students to adverse effect and somatization symptomatology.

Somatization symptomatology is a combined features or signs of somatization which can be used as an aid in the diagnosis of somatization disorder. It is usually in the functional state while somatization disorder is the state of having the disease; both of them are harmful and

should be avoided. Somatization symptomatology is characterized by: gastrointestinal sensations, abnormal skin sensations, sexual and menstrual complain (International Classification of Diseases- 10, 1994). Another diagnostic body noted that somatization symptomatology is characterized by a combination of pain, gastrointestinal sensations, sexual and pseudo neurological symptoms (Diagnostic Statistical Manual-I V, 2000). Again, it is characterized by persistent thoughts or high level of anxiety about health and excessive time/energy devoted to these symptoms (Diagnostic Statistical Manual- V, 2013). Uzoka (1982) reported in clinical symptoms inventory that the symptoms are characterized by: severe headache, loss of heart function, poor appetite, and heaviness in the head. Then, Ebigbo (1981) in Enugu somatization scale highlighted some of the characteristics of somatization symptomatology as: creeping sensations in parts of the body, heat in the head and crawling sensations in the body. The International Classification of Diseases-10, (1994) indicated that somatization symptomatology can cause functional impairment, distress and increased health care utilization.

Somatization symptomatology can affect a person's act, feelings, thought and quality of life (Diagnostic Statistical Manual- V, 2013). These symptoms have functional consequences among students. It leads to poor academic achievement/attainment which was the primary reason why a student comes to school. When such happens, it invariably would manifest in the rate with which the student understand things that are taught in the school. Therefore, for those

who recognize such as psychopathological symptoms, they may seek treatment to restore previous functioning. But when somatization symptomatology are ignored at the onset, it could lead to somatization disorder or other psychopathological disorders that are more deadly.

Somatization symptomatology can lead to considerable impairment in the child's life, affecting development, school, and social adjustment. It affects an individual's cognition, emotional regulations and behavior. Furthermore, they are associated with significant distress, functional impairment and increased health care utilization or over used health care services (Heinrich, 2004).. Heinrich added that somatic symptoms are common in both children and adolescents. Apart from the risk of poor academic work and general poor quality of the student's life, somatization symptomatology makes a student socially withdrawn in the academic environment. The increased risk of acting out, frequent visits to hospital and inability to follow up in some school curricula activities as a result of frequent visit to hospital are all effects of somatization symptomatology on the students. For the purpose of this research, the researcher will look at some psychological variables like the students' self esteem and socio economic wellbeing and how they are associated with somatization symptomatology among secondary school students.

The word "self" means conscious reflection of one's being or identity as who one is. The word "self" can be viewed in two ways; Self-concept (cognitive) and self-esteem (affective). Obi-Nwosu (2007) indicated

that self is explained as an organized, consistent set of perceptions of and belief about one's self, which once formed, plays a powerful role in guiding perceptions and directing behaviours. The concept of self forms the basis of one's evaluation of the world, interpretation of stimulus events and reactions to them. Again, the Self-concept is being referred to as "the totality of a complex, organized, and dynamic system of learned beliefs, attitudes and opinions that each person holds to be true about his or her personal existence" (Purkey, 1988). Whereas, self-esteem refers to how positively or negatively one feels about him/herself. Again, Dienar (2000) stated that this is a very important aspect of personal well being, happiness and adjustment. Self esteem of students' at this earlier stage is very important and should be considered for effective learning to take place. First, the researcher noted that self-esteem is associated with success in school, and that poor academic achievement is related to a lower self-esteem.

Low self-esteem could be traced from one's perception of how people perceive him or her. As indicated by Gazzaniga and Heatherton (2003), people internalize the value and beliefs expressed by important people in their lives. They do this by observing the attitudes and actions of others and adopting these attitudes and behavior as their own. From this theoretical perspective, when important figures accept, welcome, or regard a person, high self-esteem is likely to result and when important figures reject, ignore, or devalue a person, low self-esteem is likely to result (Gazzaniga & Heatherton, 2003). That means; when one feels inferior,

inadequate, insecure and have the perception that people's perception of oneself is negative the person may have low self-esteem. As a result of these consequences, one is likely to associate ones self-esteem with somatization symptomatology. Based on the above facts, the researcher's interactions with secondary school students during her internship revealed the following : the students' inability to make contributions with other class members when lessons are going on; the students' inability to ask questions in class for fear of falling it; the students' inability to answer questions he /she knows in class when asked; a student feeling inferior to talk to opposite sex for fear of rejection; the students' inability to perform any task before fellow students; a student feeling inadequate before other class members; a student feeling shy to tell the teacher that the subject matter is not understood; a student inability to talk in front of other class members when pointed by the teacher, the students' being highly sensitive to criticism, a student being afraid of making mistake, and excessive will to please others class members. These manifestations are associated to self-esteem and indeed hinder a lot of students from doing well in school and may likely be associated to somatization symptomatology among students. Therefore, the issue of self-esteem among students needs to be dealt with.

Socioeconomic wellbeing is the second independent variable of the study. Socioeconomic wellbeing of a student is a combination of both social and economic factors of the student. It is referred to how satisfied a student is with his/her social and

economic factors in the school environment. Also, it is a combination of both social and economic factors that determines rank or class among students, individuals and groups. Most-times people use socioeconomic-status interchangeably with socioeconomic wellbeing; but they are not the same. Socioeconomic status refers to a person's or family's social position or social standing (Graetz, 1995). According to American Psychological Association (APA, 2018), socioeconomic status is the social standing or class of an individual or group. It is often measured with a combination of education, income and occupation; and the guideline also indicated that there is low, middle and high socioeconomic status. Examinations of socioeconomic status often reveal inequities in access to resources, plus issues related to privilege, power and control (APA, 2018). Parental education, income, and occupation, or the combinations of any two or three of these indicators are used frequently as indicators of socioeconomic status in social science research.

On the other hand, well-being can be defined as positive evaluation of one's life which is associated with good feelings. There are several ways to assess well-being, for example, by measuring self-esteem, life satisfaction, and happiness. Self-esteem tends to be a cognitive evaluation of the self (Rosenberg, 1979), life satisfaction is a cognitive evaluation of one's life situation, and happiness generally represents an emotional component (Kozma, Stones, & McNeil, 1991). They added that self-esteem, life satisfaction, and morale tend to reflect relatively stable, long-term judgments of well-being, whereas happiness and affect

measures short-term judgment of wellbeing. According to PERMA Model, (Seligman, 2011) wellbeing comprised of people's private and public wellbeing experiences which include these five domains: positive emotion like (P), engagement (E), relationship (R), meaning (M), and accomplishment (A). On the contrary when an individual's private and public experiences are comprised of negative emotions, not well engaged with life activities, poor relationship with people, life not well utilized and not satisfied with ones level of accomplishment at a point in one's life, is an indication of poor wellbeing. Several studies examined the relations among these wellbeing indicators as a co vitality construct within a positive psychology context (Jones, You & Furlong, 2013; Renshaw, Long & Cook, 2015) and they suggest that co vitality enhances youth's positive development and mental health. In this regard, Renshaw, Long & Cook (2015) has explained students' subjective wellbeing as students' self perceptions of healthy and successful functioning in school.

In addition, students' socioeconomic wellbeing is a combination of how happy and satisfied the students are; with their perceived socioeconomic economic and social factors and a desirable functioning of a student within the school context. The different components of socioeconomic wellbeing are income, education, occupation, positive emotions, engagement, relationship, meaning and accomplishment and these may have differential effects on the students outcomes (APA, 2018; Seligman, 2011) For example, highly-

educated mothers were more likely to provide their wards with more stimulating objects for exploration, encourage physical development more, and interact with their wards which help to build more confidence in them and affect their wellbeing positively. On the other hand, students with illiterate mothers have little to explore and their interaction with parents are not much and most times it leads to low confidence and poor socioeconomic well-being and this may be a contributory factor to somatization symptomatology among the students. Again, parental education seems to be an influential factor for differentiating children whose grades dropped and those whose grades were stable (Russell & Elder, 1997). Students whose parents had higher levels of education were more likely than children whose parents had lower levels of education to maintain their scores. Parental education may have both direct and indirect influences on academic achievement; students whose parents are more educated are more likely to engage themselves in intellectual/cognitive activities (Grolnick & Slowiacek, 1994). Intellectual/cognitive activities with parents involvement includes such things as taking the student to museums and libraries, planning trips to the zoo, reading interactions with the student, and having the student read more intellectually-stimulating books. The amount of intellectual activities and interests at home has been associated with student's academic achievement and better socioeconomic-wellbeing (Keeves, 1972).

Another example is that parents who are low income earners are unable to buy good textbooks for their wards, unable to send them to private lessons, or good schools,

most times it may be difficult to pay their school fees and are unable to change their attire when necessary, these negative life style may generate low self-esteem and expose those students to having poor subjective wellbeing, which may precipitate somatization symptomatology or a severe psychological problem in later time of the students' life. This is unlike their counterparts, who are born with rich parents and are provided with most of what they needed as school requirements; they are not prone to having poor subjective wellbeing and somatization symptomatology. Students who are ashamed of themselves and their looks are likely to perform poorly in academic work and are likely to experience poor socioeconomic well-being and these variables need to be dealt with among these students. In view of this, the present researcher intends to carry out this study among students, specifically among urban students in Enugu State. And empirical search for the variables under study, revealed some gaps in knowledge which led to the statement of problem.

Statement of the Problem

Among Americans, Mar (2004) pointed that somatic symptoms are common in children and adolescents and it contributes significantly poor performance in college students. Campo, Jansen-Mc Williams, Corner & Kelleher (1999), had indicated that somatic symptoms are medically unexplained; they can lead to considerable impairment in the child's life, affecting development, school, and social adjustment. Among Africans, Uzoka (1982) indicated that somatization symptomatology manifest through undesirable symptoms among Nigerian students: eg poor memory, fear of

speaking in the class, low confidence, afraid during examination and heart suddenly wants to fly out. These undesirable symptoms among Nigerian students are still unresolved. Most of the existing studies that examined the relationship between socioeconomic-wellbeing and somatization symptomatology comprised of older men and women ((Grundy & Foverskoy, 2015; Villarroel, Atens & Contreras, 2015; Pinquart & Sorensen 2000).

There is a need then to do the study on students; specifically among adolescents so that appropriate intervention strategies would be targeted at this age group. Again, most of the studies that examined the relationship between self esteem and somatization symptomatology were carried out by foreign researchers. Very little research work has been done in this area in our locality among students. It is in the light of all these considerations that a survey of the relationship between self-esteem and socioeconomic wellbeing as associates with somatization symptomatology among students becomes necessary. Therefore this study sought to contribute to knowledge and in order to inquire into these area, three research questions were raised:

- *Will self-esteem significantly associate with somatization symptomatology among urban secondary school students in Enugu?*
- *Will socioeconomic wellbeing significantly associate with somatization symptomatology among urban secondary school students in Enugu?*
- *Will gender significantly associate with somatization symptomatology*

among urban secondary school students in Enugu?

Purpose of the Study

The major aim of the study is to ascertain if self-esteem, socio –economic wellbeing and gender will associate with somatization symptomatology among urban secondary school student in Enugu. Specifically, the purposes were:

- (1) To find out if self-esteem will significantly associate with somatization symptomatology among urban secondary school students in Enugu.
- (2) To find out if socioeconomic well-being will significantly associate with somatization symptomatology among urban secondary school students in Enugu.
- (3) To find out if gender will significantly associate with somatization symptomatology among urban secondary school students in Enugu.

Operational Definition of Key Study Variables

Self-esteem refers to how positively or negatively a student feels about himself or herself. It was measured in this work by the scores on Index of Self-esteem (Hudson, 1982).

Socio –economic Wellbeing refers to how satisfied a student is with his/ her social and economic factors. It was measured in this work by the scores on Interviewers Rated Multivariate Assessment of Socioeconomic Well-being (Obi-Nwosu , 2018).

Somatization symptomatology refers to bodily pains and sensations reported by students; it was measured in this work by the scores on Clinical Symptoms Inventory (Uzoka, 1981).

METHOD

Participants

Participants of this study were three hundred (300) secondary school students selected from: New Haven Secondary School (NHSS n = 100); Dunamis International Gospel Centre (DIGC n = 100) ; Stuff Link Lesson Centre (SLLC n = 100) These establishments chosen are located in Enugu Urban. The participants were selected through convenient sampling method that is any student who volunteered to participate and gave consent was engaged in the study. Data collected showed that by the participant's ages, 176 (59%) were younger and 124 (41%) were older. By gender status, 168 (56%) were females and 132 (44%) were males. By educational status, 112 (37%) were in junior class and 188 (63%) were in senior class. Data also revealed that 236(79%) secondary school students had low self-esteem while 64 (21%) secondary school students had high self-esteem based on their scores on Index of Self-esteem (Hudson, 1982). Similarly 173 (58%) secondary school students were classified as having high socio-economic wellbeing , while 127 (42%) secondary school students were classified as having low socio-economic wellbeing based on their scores on the Interviewer Rated Multivariate Assessment of Socio-economic Well-being (Obi Nwosu, 2018). Their ages were between 11 to 18 years, with a mean age of 0.41 years and a standard deviation of 0.49.

Instrument

Three instruments were used in the study: Index of self-esteem, Interviewer Rated Multivariate Assessment of Socio-economic Well-being and Clinical Symptoms Inventory.

Index of self-esteem (ISE)

Index of Self-esteem is a 25-item self report measure developed by Hudson (1982) and it was used to measure the levels of self-esteem of the students. The instrument was scored using likert response pattern with the expression of 1 to 5, where “ 1-Rarely” , “2- little of the time” , “ 3-Some of the time” , “4 - A good part of the time” and “5-Most of the time” . Direct scoring and reverse scoring were used for the items. In direct scoring, add together the values of the numbers shaded in each of these items 6,7,8,9,10,11, the numbers shaded are : 3,2,5,4,,1,2, respectively, the score for the 6 : $3+2+5+4+1+2=17$. In reverse scoring, change the values of the numbers from 1,2,3,4,5, to 5,4,3,2,1, respectively and add together the reversed values of the numbers, if in items 13,14,15,16,17,18 the numbers shaded are : 3,2,5,4,1,2 respectively, the score for the items is : $3+4+1+2+5+4=19$.. Hudson (1982) provided the original psychometric properties for American samples while Onighaiye (1996) provided the properties for Nigerian samples. Hudson (1982) obtained a coefficient alpha of .93 and a two-hour test-retest coefficient of .92; while Onighaiye (1996) obtained the following coefficients of validity by correlating ISE with below stated test : Concurrent validity with SCL -90 by Derogatis (1973) in scale C – interpersonal sensitivity = -.42. EIS and ISE measure opposite ends of self-esteem. Scores higher than the norm (32.04) indicate that the clients have low self-esteem. The lower a score is below the norm, the higher the client's self-esteem.

Interviewer Rated Multivariate Assessment of Socio-economic Well-being

Interviewer Rated Multivariate Assessment of Socio-economic Well-being was developed by Obi-Nwosu (2018). It has five domains: “Economy” , “Education” , “Social Interaction” ,”Health” and “Local Transportation” .Items are scored from 1 to 5 as indicated in its ratings (columns) . Possible least total score is 12, while possible highest total score is 60. The higher the score, the better well-being is assumed; however, scores 12 to 36 depict low socio-economic wellbeing, while scores 37 and above depict high socio-economic wellbeing. Each of the domain: “Economy”, “Education”, “Social Interaction” ,”Health” and “Local Transportation” can be assessed independently if desired and in that case, the norm is calculated thus: $N = nx3+1$. Where N represents norm, n” is the number of items, 3 is the theoretical mean, and 1 is a constant that produces a shift away from the mean. It has cronbach alpha internal consistency reliability coefficient of .88 (Obi-Nwosu, 2018).

Clinical Symptoms Inventory

Clinical Symptoms Inventory is a 42-item self report measure developed by Uzoka (1982) and it will be used to measure the level of somatization of the students. The inventory items represent the most frequently encountered symptoms in the students populations; the inventory is open-ended and two spaces was provided for participants to include any symptom peculiar to them not listed on the inventory. Moreover, all the participant’s responses stopped at the 40th-item. The instrument was scored using likert response pattern

with the expression of 1 to 7, where “ 1- Never experience symptom” , “2- Rarely experience symptom” , “ 3-Occasionally experience symptom” , “4 – Mild symptom” , “5-Moderately severe symptoms ” , “6- Just severe symptom” and “7- Very severe symptom” . Direct scoring was used for the items. In the scoring, add together the values of the numbers shaded in each of the item ,Uzoka (1982) provided the original psychometric property ; The psychometric property as reported by Uzoka (1982) shows that CSI has test-retest reliability. With Cronbach alpha internal consistency reliability coefficient of .87. In studies (Uzoka,1979, 1980) reported that CSI has shown improvement from psychotherapy and accompanied by significant decrements in symptoms as reflected in client scores on the inventory.

In the present study, the author obtained cronbach alpha reliability co-efficient with 50 students in Assemblies of God Secondary School with the three scales as follows : an alpha co-efficient of 0.75 was obtained with Index of Self-esteem (ISE), an alpha co-efficient of 0.69 was obtained with Interviewer Rated Multivariate Assessment of Socio-economic Well-being (IRMASW) and an alpha co-efficient of 0.89 was obtained with Clinical Symptoms Inventory (CSI).

Procedure

The researcher obtained a letter from the Department of Psychology, Nnamdi Azikiwe University, Awka, identifying the researcher as a post Graduate student of the Department. The letter stated the objectives of the study and requested that the researcher be permitted to conduct the

research using the students. Approval was granted by the principals of New Haven Secondary School; the adolescent church coordinator granted approval for the study in Dunamis International Gospel Center Enugu and the manager of stuff link Lesson Center granted approval for the study in the lesson centre. The researcher met the students in New Haven Secondary School during break time and told them her purpose for coming. The researcher met the students in the church auditorium and told them her purpose for coming. The researcher met the students in Stuff link Lesson Center and told them her purpose for coming.. The researcher moved into each hall where these students were assembled to get acquainted with the participants who met the inclusion criteria.

Inclusion criteria for the study

- 1) *Participants must be a secondary school student in Enugu Urban (from JSS1 to SS3)*
- 2) *The minimum ages for the participants were from 11 years to 18 years*
- 3) *The students must show willingness to participate in the study.*

Exclusion criteria for the study

- (1) Participants who came for GCE, JAMB or not currently in a secondary school in Enugu Urban
- (2) Participants below 11 years of age.
- (3) Participants must not be forced to participate in the study.

Before the administration of the instrument by the researcher, good rapport was created with the participants, and they were properly guided on how to attend to the

items of the instruments truthfully. Immediately they were done attending to all the items of the instruments, the completed copies of the questionnaire were submitted to the researcher for scoring and analysis. Data collection for this study lasted for 3 months and 2 weeks.

Design/Statistics

The design for the study was cross sectional survey design. and hierarchical multiple regression was used for data analysis.

RESULTS

Table 1 : Summary of means and standard deviation for age of the participants

N	N	Minimum	Maximum	Mean	Std
Deviation					
AGE	300	.00	1.00	.4133	.49325
CSI	300	40.00	256.00	91.2667	37.09
Valid	300				

The table above shows mean and standard deviation of the age of participants and somatization symptomatology. The ages were between 11 to 18 years with a mean age of 0.41 and standard deviation of 0.49 years.

Table 2: Model Summary

Model	R	R SQ	Adj R SQ	ST Error Est	R Sq Change	F Change	df1	df2	SigFC
1	.159	.025	.015	36.81392	.025	5.551	3	296	.056
2	.311	.097	.085	35.49691	.075	23.372	1	295	.000
3	.313	.098	.083	35.53563	.001	.357	1	294	.098

Results of the hierarchical multiple regressions for the test of the hypotheses is shown in Table 2. Dimensions of demographic variables (gender, age and class) was included in the Step 1 of the regression analysis with $R = .16$; the inclusion of demographic variables into the model showed a slight association with somatization symptomatology: R square change = .025, F change = 5.55, $p = .05$. The inclusion of self esteem into the model showed significant association with the somatization symptomatology: R square change = .08, F change = 23.37, $p = .00$. The inclusion of socio economic well being in the model did not show association with somatization symptomatology: R square change = .00, F change = .36, $p = .10$

Table 3: ANOVA Summary

Model	Sum of Squares	df	Mean Square	F	Sig
Regression	10370.285	3	3456.762	2.551	.056
Residual	401158.382	296	1355.265		
Total	411528.667	299			
Regression	39819.700	4	9954.925	7.901	.000
Residual	371708.966	295	1260.030		
Total	411528.667	299			
Regression	40271.107	5	8054.221	6.378	.000
Residual	371257.560	294	1262.781		
Total	411528.667	299			

Table 3 shows that the regression model containing self esteem in this study was a

more significant associates with somatization symptomatology $F(4, 295) = 7.90$, $p = .00$ than the model containing the demographic variable with socio economic wellbeing $(5, 294) = 6.38$, $p = .00$ or the model containing the demographic variables only $F(3, 296) = 2.55$, $P = .06$

Table 4: Coefficient Summary

Model	B	Std Error	Beta	t	Sig
Constant	84.106	4.124		20.387	.000
Gender	9.780	4.310	.131	2.269	.025
Age	8.660	5.374	.115	1.612	.108
Class	-3.025	5.487	-.040	-.551	.582
Gender	10.852	4.162	.145	2.607	.010
Age	10.223	5.191	.136	1.969	.050
Class	-2.133	5.294	-.028	-.403	.687
ISE	.831	.172	.270	4.834	.000
Gender	10.465	4.217	.140	2.482	.014
Age	10.322	5.200	.137	1.985	.048
Class	-1.724	5.344	-.023	-.323	.747
ISE	.806	.177	.261	4.547	.000
IRWB	-.192	.321	-.035	-.598	.550

Table 4 shows that gender significantly associated with somatization symptomatology: $\beta = .13$, $t = 2.27$, $p = .03$. Age did not significantly associate with somatization symptomatology: $\beta = .12$, $t = 1.61$, $p = .11$ and class of the students did not significantly associate with somatization symptomatology: $\beta = -.04$, $t = -.55$, $p = .58$. Self esteem significantly associated with somatization symptomatology: $\beta = .27$, $t = 4.83$, $p = .00$. Socioeconomic wellbeing did not significantly associate with somatization symptomatology: $\beta = -.04$, $t = -.60$, $p = .55$

Summary of Findings

The first hypothesis which states that self-esteem will significantly and positively

associate with somatization symptomatology was upheld; the result indicated that self-esteem significantly and positively associated with somatization symptomatology, $\beta = .27$, $t = 4.83$, $p = .00$. The second hypothesis which states that socio-economic wellbeing will significantly and positively associate with somatization symptomatology was not upheld; the result indicated that socio-economic wellbeing did not significantly associate with somatization symptomatology, $\beta = -.04$, $t = -.60$, $p = .55$. The third hypothesis which states that gender will significantly associate with somatization symptomatology was upheld; the result indicated that gender significantly and positively associated with somatization symptomatology, as female students in Enugu Urban have more somatization symptomatology than their male counterparts (Female—Mean = 95.3929; SD = 36.68250; Male—Mean = 86.0152; SD = 34.41329).

DISCUSSION

The study investigated self esteem and socio economic wellbeing as associates with somatization symptomatology among Secondary School Students in Enugu Urban. A student's self-esteem may mean little to a layman, but means a whole lot to an academia in the development and progress of a student. Low self-esteem can predispose somatization symptomatology and has the capacity to hinder academic progress among students and should be avoided. The first result shows that self-esteem significantly and positively associated with somatization symptomatology among urban secondary school students in Enugu ($\beta = .27$, $t = 4.83$, $p = .00$). The finding supports the first hypothesis of the study which stated that

self-esteem will significantly and positively associates with somatization symptomatology among urban secondary school students in Enugu State.

The finding of the study was in line with the study by Garaigordobil and Pérez, (2005). In their study, they investigated psychopathological symptoms and self esteem among adolescents. They found that there was a meaningful prediction between self esteem and psychopathological symptoms like somatization. This indicated that the previous study and present study reported in the same manner. The reasons for the agreement could be; same in the methodology, eg the researchers in the previous study used adolescents as their participants and the present study made use of students in the same group. These could be one of the reasons for the agreement in their findings.

Accordingly, viewing the findings of this study from Bronfenbrenner bio ecological theory (1986) which stated that interaction with the child from inside the family and outside the family environment can promote or inhibit the child's self esteem. The significant association result obtained among the participants may be as a result of appropriate parent-child relationship which has reduced in our present homes. In an appropriate parent- child relationship, the child benefits from the following; parents provide a training ground for personality development, moral development, social development, emotional development and other forms of development. Of course these interactions are educative, it builds child's self esteem, it gives the child a sense of belonging, and it makes the child happy and

reduces somatization symptomatology. But in the present day, most parents fail to provide stimulation for their children's development. Most times they felt that at adolescence stage, the students are no longer children. And for these reasons, some of the parents have neglected most of their duties and have withdrawn from certain helps expected from them, and the students are left alone and these actions have negatively affected the students self esteem and exposed these students to having somatization symptomatology.

Bronfenbrenner (1986) also emphasized the interaction of the child outside the family. The significant association result obtained among urban secondary school students in Enugu may be as a result of inappropriate teacher-student relationship. Teacher-student relationship offer a lot of benefit to students like:; teachers tend to assist students, appreciate them, accept their indifferences, welcome their problems, create warm atmosphere for them, act as role models, encourage them, direct them, discipline them and promote the image of the students And by so doing, self esteem is built positively and educational goals are achieved. Okafor and Ugwuegbula (2000) found that teacher student relationship tend to enhance the adolescents self concept and self esteem and enable the students to maintain constant academic prowess as they work to achieve success and academic goal. Some of the teachers in our present schools have neglected most of their role, duties and have withdraw certain helps expected of them .This may be attributed to irregular payment of teachers salaries and benefits from the government. As a result, teachers are no longer dedicated, and some of them

have extra business outside teaching profession so as to make both ends meet. And for this reasons, attention given to the students have reduced, and this actions reflected the present finding that self-esteem significantly and positively associated with somatization symptomatology among urban secondary school students in Enugu; the positive symptoms in self-esteem is an indication that as self-esteem increases, somatization symptomatology increases as well among the students.

On the other hand, the finding disagrees with another study by Garaigordobil and Pérez, (2007). The study investigated self esteem, self concept and psychopathological symptoms in persons with intellectual disabilities. Result showed that there was no prediction between self esteem and somatization. Based on their findings, there is a difference between the result found in the present study and the earlier study. The reasons for the disagreement could be; difference in the methodology, eg the researchers in the previous study used persons with intellectual disabilities as their participants and the present study made use of students who are physically sound. This could be one of the reasons for the disagreement in their findings.

Furthermore, in line with the second purpose of the study, a second hypothesis was postulated. Particularly, the hypothesis stated that socio-economic wellbeing will significantly and positively associate with somatization symptomatology among urban secondary school students in Enugu State, the result was not significant; hence the hypothesis was rejected ($\beta = -.04$, $t = -.60$, $p = .55$). Socio-economic wellbeing of students has the capacity to hinder or

promote academic prowess. Economic factors of students like parents' financial capacity can hinder or promote students' growth, affect their happiness/satisfaction and expose them to somatization symptomatology. On the other hand social factors of the student like "the type of school" can hinder or promote students' growth, affect their happiness/satisfaction and expose them to somatization symptomatology. Therefore, to avoid these symptoms among students, the socioeconomic wellbeing which a student finds himself/herself, should be accepted.

The study's finding disagrees with the finding as reported by Yilmaz (2017). In his study, he assessed school specific subjective wellbeing and emotional problems among high school adolescents. He found that there was a small to moderate association between subjective well-being and emotional problems like: anxiety, depression, negative self concept, somatization, and hostility. The disagreement could be traced to difference in methodology eg the researchers in the previous study used different emotional problems as dependent variable (anxiety, depression, negative self concept, somatization, and hostility) and the present study made use of one dependent variable (somatization symptomatology) This could be one of the reasons for the disagreement in the findings.

Also, present study finding on the second hypothesis disagrees with previous studies that reported socio economic wellbeing as being more likely to associate with somatization symptomatology. For example, in a study conducted by Buijs, Maes, Salonna, Damme, Hublet, et al, 2016, the study investigated the relationship between

socioeconomic status, adolescent health and wellbeing. They found that people's life satisfaction was positively related to both family affluence and perceived wellbeing but in the present study, student's life satisfaction was based on their parent's financial capacity, accomplishment and growth in the school sector. Based on that, it could be one of the reasons why the result was not significant; the students are still under their parents or a guardian who works hard for the student's care and upbringing, the somatization symptomatology may be seen more on their parents/guardian who are responsible for the student's upbringing and cares and may be unnoticed among these students..

The third hypothesis which stated that Gender will significantly associate with somatization symptomatology among urban secondary school students in Enugu State was upheld. The result indicated that gender significantly and positively associated with somatization symptomatology among urban secondary school students in Enugu. Specifically, female students in Enugu Urban have more somatization symptomatology than the male counterparts (Female—Mean = 95.3929; SD = 36.68250; Male--- Mean = 86.0152; SD = 34.41329). The finding of the study was consistent with a study which analyzed gender difference in somatization Hiller, Rief and Brahler (2006)) he found that women have significantly higher somatization score and higher number of somatic symptoms than men. The finding was in support of this present study.

This finding is consistent with sociological factors in bio psychosocial theory which stated that any form of environmental abuse

can predispose somatization symptomatology. The significant positive result obtained among female participants may be as a result of domestic abuse in our different homes. In an average Nigerian home, it is assumed that domestic work is for women and most times students at this age bracket (12-18) are mostly used in different homes. Though these students may be enrolled in a secondary school, they are used as servants in their different houses; they do all the cleaning, cooking, taking care of babies or younger ones and almost all the domestic work at home. Most times the male counterparts fetch only water and do minor works at home like washing car. The bio psychosocial theory, as viewed by sociological factors, indicated that it is an abuse and could be a factor for female students to have higher somatization symptomatology than male students.

Again, the result is consistent with the study by Eagly & Wood (1999); Keenan & Shaw, (1997), they worked on gender differences in emotions and social behavior. They found that women show significantly higher emotions and are more likely to conceal their feelings, likely to be anxious or depressed while men are more likely to be competitive, bold and engage in physical aggression. The finding was in support of this present study, which means it is possible that most female students find it difficult to be open, meet their teachers for clarifications, they struggle with their problems and they tend to suppress their problems as much as they can. But most times, these female students communicate these distress through body language (eg head ache, stomach upset etc) in the form of somatization symptomatology and this is

unlike male students. And this could account for higher somatization symptomatology seen in female students in this present study.

Conclusion

This study aimed at establishing the relationship between self-esteem and socioeconomic wellbeing on somatization symptomatology among urban secondary school students in Enugu State. Three hypotheses were tested (I) Self-esteem will significantly and positively associate with somatization symptomatology among participants (II) Socio-economic wellbeing will significantly and positively associate with somatization symptomatology among participants. (III) Gender will significantly associate with somatization symptomatology among participants.

The result indicated that self-esteem significantly and positively associated with somatization symptomatology; Socio-economic wellbeing did not significantly associate with somatization symptomatology and gender significantly and positively associated with somatization symptomatology, as female students in Enugu Urban have more somatization symptomatology than their male counterparts

The first result means that as self-esteem of the students' increases, their somatization symptomatology also increases. The result was not expected and that exposed the importance of cordial child-parents relationship and the teacher-student relationship as the students develops. Students need to be guided, corrected, motivated and encouraged as they move along in their career. This result also shows that the students are left on their own most of the time, and in such cases, they have

self-esteem but lacked confidence and such predisposed them to somatization symptomatology.

The second result means that socio-economic wellbeing of the students did not associate with somatization symptomatology. Socio-economic wellbeing of students has the capacity to hinder or promote academic prowess. Economic factors of students like parents' financial capacity can hinder or promote students' growth, affect their happiness/satisfaction and expose them to somatization symptomatology. On the other hand social factors of the student like "the type of school" can hinder or promote students' growth, affect their happiness/satisfaction and expose them to somatization symptomatology. Therefore, to avoid negative symptoms among students, the socioeconomic wellbeing which a student finds himself/herself, should be accepted.

The third result proves that female students experience more somatization symptomatology than male students. This is an indication that the female students in Enugu are more likely to conceal their feelings; are likely to be anxious and such may have exposed somatization symptomatology than their male counterparts. Therefore, these female students should be handled with care and there should be gender equality in our different families.

Implication of Study

- 1) *The finding of the study has exposed the importance of parents-child relationship*

- 2) *The finding of the study has exposed the importance of teacher-student relationship*
- 3) *The participants should increase the level of their relationship with both parents and teachers.*

Limitation

This research study was restrained by the following limitations;

1. *At first, the study used students in three settings in Enugu State .There are lots of students in rural communities in Enugu Local Government Area and other towns in Enugu Metropolis. Students in these places were not explored. So the actual student population in Enugu State was not represented.*
2. *This study only covered children within the age of 11- 18 years old and who were willing to participate in the study; therefore the study was limited to only few students within this age.*

Recommendations

Based on the finding of the study, the following recommendations were suggested:

- 1) *Parents and teachers should be particularly mindful of the way they address students at home and in the school.*
- 2) *The finding of the research suggest that the government should engage professional services from clinical psychologists who will help to model assertiveness training, in-service training and appropriate problem solving skills to teachers and also build healthy self esteem to students.*

Suggestions for Future Research

The following suggestions were made for further studies in this area:

- 1) *This study investigated good variables that significantly associate somatization symptomatology but there are still other variables like: anxiety, depressive symptoms, personality and socio-economic status etc. These variables mentioned should be vigorously studied.*
- 2) *And to make generalization of result of this kind possible, the present researchers encourage subsequent researchers to increase their sample size to a reasonable number, considering the vast population of students in Enugu State.*

Conflict of interests

The authors declare that they have no financial or personal relationship(s) that may have inappropriately affected their report of the findings of this research.

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