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FAMILY SUPPORT AND EMOTIONAL HEALTH AMONG NIGERIAN UNDERGRADUATE ADOLESCENTS

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Abstract

Adolescence is a developmentally sensitive period in which emotional foundations are consolidated under the combined pressures of identity formation, academic demand, and, for many Nigerian undergraduates, growing distance from parental oversight. This study examined the relationship between family support and the emotional health of undergraduate adolescents in three universities within Oyo Metropolitan, Nigeria. Specifically, it assessed the level of perceived emotional, financial, and social support, evaluated respondents' emotional health, and tested the relationship and combined predictive power of the three support dimensions. A descriptive survey design was adopted, and 280 undergraduates were selected through multistage sampling across Atiba University, Emmanuel Alayande University of Education, and Ajayi Crowther University. Data were analysed using descriptive statistics, Pearson Product Moment Correlation, and multiple regression at the .05 significance level. Results showed that most respondents perceived moderate family support and moderate emotional health, and that all three-support dimensions correlated significantly and positively with emotional health, jointly explaining 42.1% of its variance, with emotional support the strongest predictor. The study concludes that family support remains central to adolescent emotional health and recommends family-inclusive counselling and periodic emotional health screening in Nigerian universities.

Keywords: adolescents, emotional health, family support, psychological well-being, Nigeria

INTRODUCTION

Adolescence denotes one of the most demanding phases in human development, a passage through which young people begin constructing the emotional foundations that will carry them into maturity. As puberty gives way to the gradual assumption of adult roles and responsibilities, rapid physical

growth, cognitive restructuring, identity exploration, and heightened emotional reactivity set in (Steinberg, 2019). For undergraduates navigating university life in Nigeria, many of whom fall within the extended understanding of adolescence that stretches into the early twenties (Arnett, 2000), this developmental stage is complicated further by academic demand, financial pressure, social adjustment, and the gradual loosening of parental oversight that accompanies tertiary education. It is within this crowded and often overwhelming terrain that the emotional health of the adolescent becomes both more fragile and more consequential. Surveys across several countries show that common mental disorders are widespread among first-year college students, and that campus demand for services frequently outstrips the resources available to meet it (Auerbach et al., 2018).

Emotional health, understood broadly as an individual's capacity to recognise, regulate, and appropriately express feelings while maintaining a stable and resilient sense of psychological well-being, is not a fixed trait that adolescents either possess or lack. It is cultivated, reinforced, and at times eroded by the quality of the relationships and environments that surround the young person (Achenbach & Rescorla, 2018). Among these environments, the family remains the most enduring and, for most adolescents, the most influential. Long before a young person encounters the classroom, the peer group, or the wider society, the family has already begun shaping how they interpret distress, seek comfort, and understand their own worth. Even as undergraduates begin to spend the greater part of their week away from home, the emotional, financial, and social support that families continue to extend often determines whether university life is experienced as manageable or as a series of accumulating burdens.

Family support, as conceptualised in the literature, is rarely a single undifferentiated construct. Scholars have consistently identified emotional support, encompassing warmth, empathy, and a sense of being genuinely cared for; financial or instrumental support, covering the material resources needed to meet basic and academic needs; and social support, referring to the sense of belonging and connectedness that family relationships provide, as distinct though related dimensions of the broader support a family offers its members (Cohen & Wills, 1985; Thoits, 2011; Zimet et al., 1988). Each dimension addresses a different vulnerability that adolescents face. Emotional support cushions the psychological weight of disappointment and stress; financial support removes or reduces the practical anxieties associated with tuition, feeding, and accommodation; and social support reassures the adolescent that they remain embedded within a network of people who notice their absence and celebrate their progress. Where one or more of these dimensions is weak or inconsistent, adolescents are frequently left to manage the ordinary difficulties of university life with fewer internal and external resources than their more supported peers.

Theoretical Framework

The theoretical grounding for the relationship between family support and adolescent emotional health draws from several complementary perspectives. Bronfenbrenner's (1979) ecological systems theory situates the family within the microsystem, the innermost and most immediate layer of influence surrounding the developing person, and argues that the quality of interaction within this layer shapes outcomes across every other domain of the adolescent's life, including academic performance, peer relationships, and self-concept. Bowlby's (1969, 1988) attachment theory extends this reasoning by proposing that the emotional bonds formed within the family, particularly the sense of having a secure base to return to in times of distress, become an internal working model that adolescents carry into new environments and use to interpret and manage subsequent relationships and stressors. Family Systems Theory, associated with Bowen (1978), adds a further layer by conceptualising the family as an interconnected emotional unit in which the well-being of one member, including a young adult away at university, remains bound up with the functioning and responsiveness of the family system as a whole. Cohen and Wills' (1985) stress-buffering hypothesis complements these developmental accounts by proposing a mechanism: perceived support moderates the psychological impact of stressful events rather than acting only as a general, background good. Later reviews have refined this account by distinguishing a stress-buffering pathway from a

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main-effect pathway, in which support benefits well-being regardless of how much stress a person is exposed to (Cohen, 2004; Thoits, 2011). Taken together, these frameworks support the proposition that family support does not merely accompany adolescent emotional health as a background variable; it actively shapes it. Figure 1 summarises how the three dimensions of family support examined in this study relate, theoretically, to adolescent emotional health.

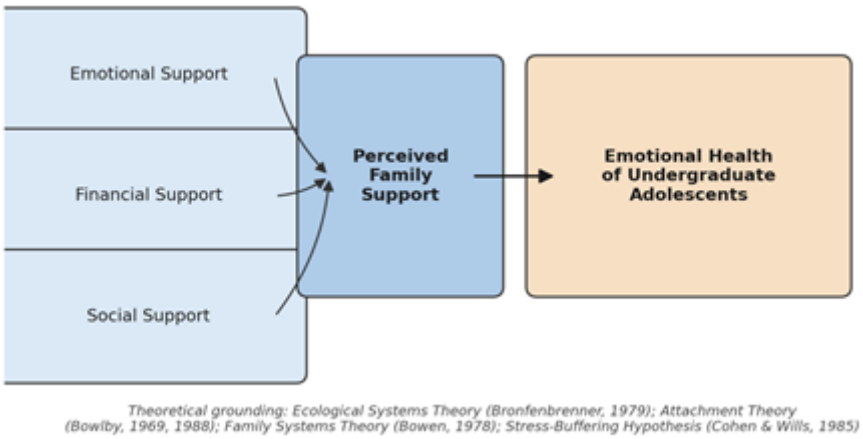


Figure 1. Conceptual framework linking the dimensions of family support to adolescent emotional health

Unlike the nuclear family structures common in much of the Western literature, the Nigerian family is often an extended one, with parents, older siblings, and even aunts, uncles, and grandparents sharing responsibility for a young person's welfare. This can widen the pool of support available to an adolescent, but it can also blur who is actually responsible, leaving gaps unnoticed when communication with the wider family grows thin. What ultimately matters, though, is not how much support exists on paper but how consistently the adolescent feels it, since it is perceived support, not merely available support, which shapes emotional outcomes (Cohen & Wills, 1985).

Empirical Review

Empirical evidence from around the world lends considerable weight to these theoretical claims. Cohen and Wills' (1985) stress-buffering hypothesis, one of the most enduring frameworks in the social support literature, demonstrated that perceived support from significant others, including family, moderates the psychological impact of stressful life events, with individuals who feel well supported showing greater resilience and lower rates of anxiety and depressive symptoms under comparable levels of stress. A later meta-analysis of over 273,000 participants confirmed that perceived social support is consistently and inversely associated with depressive symptoms across childhood and adolescence, with family-sourced support among the strongest correlates identified (Rueger et al., 2016). Related meta-analytic work has similarly linked perceived social support to broader indices of youth well-being, including self-esteem and life satisfaction (Chu et al., 2010). Among university students specifically, those who report lower-quality perceived social support are markedly more likely to experience mental health problems, including a sixfold risk of depressive symptoms relative to peers with high-quality support (Hefner & Eisenberg, 2009). More recent research expands this understanding by identifying perceived stress as a mechanism through which social support translates into better mental health outcomes, rather than acting directly on mood (Acoba, 2024).

Evidence from outside Africa reinforces the apparent universality of this pattern. Among Jordanian secondary and university students, Alshammari et al. (2021) found that adolescents who perceived stronger family and social support reported markedly better mental health and well-being than peers with weaker support networks, suggesting that the protective function of family support generalises

across differing cultural and religious contexts rather than being a peculiarly Western or Nigerian phenomenon.

Within the Nigerian context, the significance of family support takes on additional weight given the collectivist orientation of many Nigerian family structures and the considerable economic pressures under which many households currently operate. Nigerian undergraduates frequently rely on their families not only for emotional reassurance but also for the direct financing of tuition, accommodation, and daily upkeep, meaning that the financial dimension of family support carries a practical urgency that may be less pronounced in more economically stable settings. Edet et al. (2023), studying adolescents in Calabar, southern Nigeria, found that perceived social support predicted depression and self-esteem more strongly than family socioeconomic affluence, indicating that the relational quality of support a family provides matters more for adolescent mental health than material wealth alone. This is consistent with the broader Nigerian literature documenting persistent gaps between the demand for youth mental health support and the resources available to meet it, particularly outside major urban centres (Fadele et al., 2024). Studies of Nigerian university students point in the same direction. Poor family functioning, together with an inability to afford three meals a day, was significantly associated with depression among University of Ibadan undergraduates (Ojewale, 2021). Depression has also been documented as a common problem among university students in Western Nigeria (Peltzer et al., 2013), where it has been associated with household and living-circumstance factors such as very large family size and problems with accommodation (Adewuya et al., 2006).

Despite this growing body of evidence, the specific dynamics of family support and emotional health among undergraduate adolescents in Oyo Metropolitan remain comparatively under-examined. Oyo Metropolitan, which hosts a mix of public and private universities drawing students from diverse socioeconomic and family backgrounds across southwestern Nigeria, presents a particularly instructive setting in which to examine these relationships. Students in this environment navigate the familiar stresses of Nigerian tertiary education, including academic disruptions, examination pressure, and rising costs of living, while simultaneously managing varying degrees of physical distance from their families. Understanding how emotional, financial, and social support from the family relate to the emotional health of these students offers practical value not only to parents but also to university counsellors, student affairs personnel, and policymakers seeking to design more effective support structures for young people in higher education.

The consequences of inadequate family support during adolescence rarely end once a student adapts to campus life. Adolescents who perceive persistent gaps in family support are more likely to experience chronic stress, difficulty forming stable peer relationships, and, in more severe cases, symptoms consistent with anxiety and depression, patterns that can outlast graduation and quietly shape how young adults later approach relationships, work, and their own eventual roles as parents. The World Health Organization (2025) reports that globally, one in seven adolescents aged 10 to 19 experiences a diagnosable mental disorder, and that most such conditions go undetected and untreated. In southwest Nigeria specifically, depressive symptoms have been documented even among in-school adolescents (Fatiregun & Kumapayi, 2014). Against that backdrop, the family's role as a protective factor matters more than ever, not as a substitute for professional mental health services, which remain scarce across much of Nigeria, but as the one source of support most young people can still reach, even from a distance.

Statement of the Problem

University life in Nigeria places undergraduate adolescents under considerable academic, financial, and social pressure, often at the very moment when they are least equipped, psychologically, to manage it alone. Reports from campus counselling units suggest that a meaningful number of undergraduates struggle with mood instability, low self-esteem, and difficulty coping with setbacks, yet formal emotional health support structures within many Nigerian universities remain limited or altogether absent (Fadele et al., 2024). Where such struggles occur, the family is often the first, and

sometimes the only, source of support available, whether through a reassuring phone call, an unexpected financial transfer, or simply the knowledge that someone at home is thinking of them. Consistent with this, a study of University of Ilorin undergraduates found that the vast majority would rather talk to friends and family about their mental health difficulties than seek psychotherapy or medical help (Muhammed et al., 2024). Yet how far Nigerian undergraduate adolescents in Oyo Metropolitan actually experience their families as emotionally, financially, and socially supportive, and how this perceived support relates to their emotional health, has not been sufficiently established. This study was designed to close that gap.

Significance of the Study

The findings of this study should prove useful to several groups. Parents and guardians stand to gain evidence-based insight into how the support they provide relates to their children's emotional well-being, even from a distance. University counsellors and student affairs personnel can draw on the findings to design family-inclusive counselling programmes and to identify students who may need closer attention. Policymakers and university management, meanwhile, are reminded of the financial pressure many families face and the emotional consequences that can follow when that support falls short. The study also adds to the still-limited body of Nigerian literature on family support and emotional health among university students, and extends this literature by situating Nigerian evidence alongside comparable international findings (Alshammari et al., 2021; Edet et al., 2023).

Scope of the Study

This study covered undergraduate students in three selected universities within Oyo Metropolitan, Nigeria: Atiba University, Emmanuel Alayande University of Education, and Ajayi Crowther University. It focused specifically on three dimensions of family support, emotional, financial, and social, and their relationship with emotional health. It did not extend to postgraduate students, institutions outside Oyo Metropolitan, or other possible correlates of emotional health such as peer support or personality traits.

Objectives of the Study

1. To determine the level of family support (emotional, financial, and social) perceived by undergraduate adolescents in selected universities in Oyo Metropolitan, Nigeria.

2. To assess the emotional health status of undergraduate adolescents in selected universities in Oyo Metropolitan, Nigeria.

3. To determine the relationship between the dimensions of family support (emotional, financial, and social) and the emotional health of undergraduate adolescents in selected universities in Oyo Metropolitan, Nigeria.

4. To determine the combined predictive effect of emotional, financial, and social support on the emotional health of undergraduate adolescents in selected universities in Oyo Metropolitan, Nigeria.

Research Questions

The following research questions guided the study:

1. What is the level of family support (emotional, financial, and social) perceived by undergraduate adolescents in selected universities in Oyo Metropolitan, Nigeria?

2. What is the emotional health status of undergraduate adolescents in selected universities in Oyo Metropolitan, Nigeria?

3. What is the relationship between the dimensions of family support (emotional, financial, and social) and the emotional health of undergraduate adolescents in selected universities in Oyo Metropolitan, Nigeria?

4. What is the combined predictive effect of emotional, financial, and social support on the emotional health of undergraduate adolescents in selected universities in Oyo Metropolitan, Nigeria?

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METHOD

Research Design

A descriptive survey research design was adopted to examine the relationship between family support and the emotional health of undergraduate adolescents. This design was considered appropriate as it permitted the systematic description of existing levels of family support and emotional health among the target population, while also allowing inferential analysis of the relationships among the study variables without any experimental manipulation of participants' natural circumstances.

Population and Sample

The undergraduate students in three selected universities within Oyo Metropolitan, Nigeria (Atiba University, Emmanuel Alayande University of Education, and Ajayi Crowther University) were purposively chosen to represent both public and private university experiences. A sample of 280 undergraduate students was drawn using Yamane's (1967) simplified formula at a 95% confidence level, distributed as 120 from Atiba University, 90 from Emmanuel Alayande University of Education, and 70 from Ajayi Crowther University, broadly proportionate to each institution's student population. The sample comprised 152 female respondents (54.3%) and 128 male respondents (45.7%), with ages ranging from 16 to 24 years (M = 20.1, SD = 1.8), drawn fairly evenly across the 100 to 400 levels of study.

Sampling Procedure

Participants were selected through a multistage sampling technique. At the first stage, the three universities were purposively selected based on their location within Oyo Metropolitan. At the second stage, two faculties were randomly selected from each institution to ensure a fair spread across the sciences, social sciences, and humanities. At the third stage, simple random sampling was used to select departments within each selected faculty, and systematic random sampling was applied to select respondents from class lists within the selected departments, with care taken to maintain a reasonable balance between male and female participants and across the various levels of study.

Inclusion and Exclusion Criteria

Inclusion criteria: full-time undergraduate students aged 16 to 24 years; currently enrolled in one of the three selected universities; and voluntary consent to participate in the study.

Exclusion criteria: postgraduate students; part-time and distance-learning students; students who had lost a parent or primary guardian within the preceding six months; and students who declined to give informed consent.

Research Instruments

Family Support Scale (FSS). The Family Support Scale, adapted from the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) and refined for the Nigerian undergraduate context, comprised 18 items measuring three dimensions of family support: emotional support (six items), financial support (six items), and social support (six items). Responses were rated on a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Pilot testing among a similar but non-participating group of undergraduates yielded a Cronbach's alpha of .87 for the overall scale.

Emotional Health Scale (EHS). The Emotional Health Scale, adapted from the emotional well-being subscale of the World Health Organization's Well-Being Index (WHO-5; Topp et al., 2015) and existing adolescent emotional health measures (Achenbach & Rescorla, 2018), comprised 15 items assessing mood stability, emotional regulation, self-esteem, and general psychological well-being. Items were rated on a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree), with appropriate items reverse-scored. Pilot reliability testing yielded a Cronbach's alpha of .85.

Validity and Reliability of Instruments

Content and face validity were established through review by three experts in educational psychology and measurement, who examined the items for clarity and appropriateness for the Nigerian

undergraduate population. Minor wording adjustments were made before the instruments were piloted on 30 undergraduates who were not part of the main study sample. Reliability, determined using Cronbach's alpha, stood at 0.87 for the Family Support Scale and 0.85 for the Emotional Health Scale, both comfortably above the conventional 0.70 threshold (Nunnally, 1978).

Ethical Considerations

Ethical approval was sought and obtained before data collection began. The study's purpose and respondents' right to withdraw consent at any time, without penalty, were clearly stated. Signed informed consent was obtained, with no personally identifying information collected. Completed questionnaires were securely stored and used strictly for the purposes of this research.

Data Collection Procedure

Permission was obtained from the appropriate authorities in each of the three participating institutions prior to data collection. Trained research assistants administered the questionnaires directly to respondents in classroom and hostel settings, with each session preceded by a brief explanation of the study's purpose and assurance of anonymity and confidentiality. Respondents completed the instruments independently, and completed copies were collected immediately to minimise loss. A total of 280 questionnaires were administered, all of which were correctly completed and retrieved, giving a 100% return rate.

Data Analysis

The Statistical Package for the Social Sciences (SPSS), version 26.0, was used for analysis. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to answer Research Questions 1 and 2. Pearson Product Moment Correlation was used to answer Research Question 3, while multiple regression analysis was used for Research Question 4. Every inferential analysis was tested at the .05 level of significance.

RESULTS

The analysis results concerning "descriptive statistics for family support dimensions and emotional health" are presented in Table 1.

Table 1. Descriptive statistics for family support dimensions and emotional health

Variable	Mean	SD	Range	Skewness	Kurtosis
Emotional Support	3.45	.79	1.17–5.00	-.21	-.35
Financial Support	3.02	.88	1.00–5.00	.14	-.48
Social Support	3.28	.81	1.17–5.00	-.09	-.41
Emotional Health	3.36	.76	1.27–5.00	-.17	-.29

Note. N = 280.

Table 1 shows that respondents reported moderate to moderately high levels across all three dimensions of family support and on the emotional health measure. Emotional support recorded the highest mean score (M = 3.45, SD = .79), suggesting that most respondents felt genuinely cared for by their families. Social support followed closely (M = 3.28, SD = .81), while financial support recorded the lowest mean among the three dimensions (M = 3.02, SD = .88), reflecting the economic pressures that many Nigerian families currently face in meeting the material needs of undergraduates. Emotional health scores were also moderate (M = 3.36, SD = .76). Skewness and kurtosis values for all variables fell within the acceptable range of ±2.0 (George & Mallery, 2010), confirming that the data were approximately normally distributed and suitable for parametric analysis.

Research Question 1: What is the level of family support (emotional, financial, and social) perceived by undergraduate adolescents in selected universities in Oyo Metropolitan, Nigeria?

TIJSEG
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The analysis results regarding the "level of family support among respondents" are presented in Table 2.

Table 2. Level of family support among respondents

Level	Score Range	Frequency	Percentage (%)
Low	18.00–41.99	43	15.4
Moderate	42.00–65.99	167	59.6
High	66.00–90.00	70	25.0
Total	—	280	100.0

Note. N = 280. Scores derived from the 18-item Family Support Scale.

As shown in Table 2, a little over half of the respondents (59.6%) perceived a moderate level of family support, while about a quarter (25.0%) reported a high level. Only a small proportion (15.4%) reported low family support, suggesting that, on the whole, most undergraduate adolescents in the selected universities perceive reasonably adequate support from their families, although a meaningful minority continue to experience limited support across the emotional, financial, and social dimensions measured.

Research Question 2: What is the emotional health status of undergraduate adolescents in selected universities in Oyo Metropolitan, Nigeria?

The analysis result regarding "Level of emotional health among respondents" is presented in Table 3.

Table 3. Level of emotional health among respondents

Level	Score Range	Frequency	Percentage (%)
Poor	15.00–34.99	39	13.9
Moderate	35.00–54.99	174	62.1
Good	55.00–75.00	67	24.0
Total	—	280	100.0

Note. N = 280. Scores derived from the 15-item Emotional Health Scale.

Table 3 indicates that the majority of respondents (62.1%) reported a moderate level of emotional health, while about a quarter (24.0%) reported a good level. A smaller proportion (13.9%) reported poor emotional health. These figures suggest that while most undergraduate adolescents in the sample are managing reasonably well emotionally, a notable minority appear to be struggling with mood instability, low self-esteem, or difficulty regulating their emotional responses to the demands of university life. Figure 2 presents these two distributions side by side for ease of comparison.

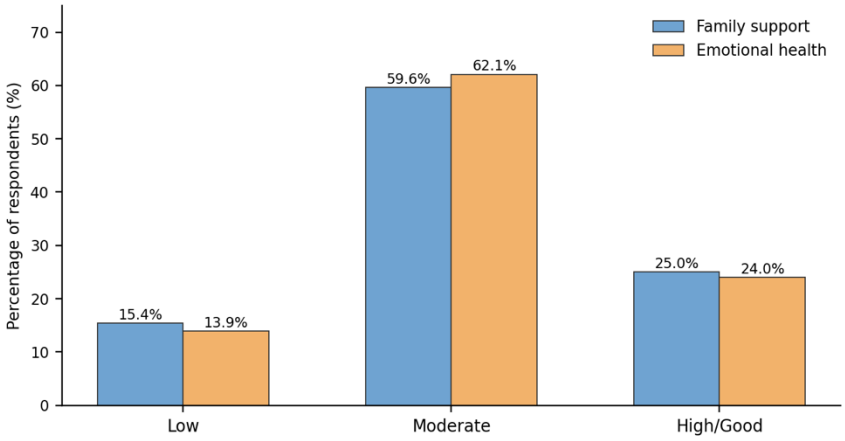


Figure 2. Distribution of family support and emotional health levels among respondents

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Turkish International Journal of Special Education and Guidance & Counseling 2026, volume 15, issue 2

Research Question 3: What is the relationship between the dimensions of family support (emotional, financial, and social) and the emotional health of undergraduate adolescents in selected universities in Oyo Metropolitan, Nigeria?

The analysis result regarding "Intercorrelation matrix for family support dimensions and emotional health" is presented in Table 4.

Table 4. Intercorrelation matrix for family support dimensions and emotional health

Variable	1	2	3	4
1. Emotional Support	—			
2. Financial Support	.36**	—		
3. Social Support	.44**	.39**	—	
4. Emotional Health	.58**	.41**	.52**	—

*Note. N = 280. **p < .001.*

As presented in Table 4, all three dimensions of family support were significantly and positively correlated with emotional health. Emotional support showed the strongest relationship with emotional health (r = .58, p < .001), followed by social support (r = .52, p < .001), and financial support (r = .41, p < .001). The moderate correlations among the three predictor variables themselves (r = .36 to .44) indicate meaningful conceptual overlap without evidence of problematic redundancy. These results confirm that adolescents who perceive greater emotional, financial, and social support from their families tend to report correspondingly better emotional health.

Research Question 4: What is the combined predictive effect of emotional, financial, and social support on the emotional health of undergraduate adolescents in selected universities in Oyo Metropolitan, Nigeria?

The results of the Multiple Regression analysis regarding "Predictors of Emotional Health" are presented in Table 6.

Table 5. Multiple regression analysis: Predictors of emotional health

Variable	β	SE	t	p	R^2
Model Summary					.421
Emotional Support	.312	.061	5.71	< .001	
Social Support	.251	.058	4.63	< .001	
Financial Support	.178	.055	3.42	< .01	

Note. N = 280. Adj. R^2 = .415. $F_{(3, 276)}$ = 66.87, p < .001.

The regression results in Table 5 show that emotional, financial, and social support jointly accounted for 42.1% of the variance in emotional health (R^2 = .421, Adj. R^2 = .415, $F_{(3, 276)}$ = 66.87, p < .001), representing a substantial effect. Emotional support emerged as the strongest predictor (β = .312, p < .001), followed by social support (β = .251, p < .001) and financial support (β = .178, p < .01). All three dimensions of family support made unique and statistically significant contributions to the prediction of emotional health, confirming that family support, taken as a whole, is a meaningful predictor of how well undergraduate adolescents in the selected universities manage their emotional well-being.

DISCUSSION, CONCLUSION, and RECOMMENDATIONS

The finding that most respondents perceived a moderate to high level of family support is a reassuring one, suggesting that despite the pressures many Nigerian households currently face, the family continues to function as a reliable source of care and encouragement for undergraduate adolescents. This pattern is broadly consistent with Edet et al. (2023), who found that Nigerian adolescents'

perceived social support remained a stronger correlate of psychological outcomes than household affluence, implying that families under financial strain can still register as strongly supportive in relational terms. At the same time, the finding that financial support recorded the lowest mean among the three dimensions is consistent with the broader reality of rising tuition costs and living expenses that have placed considerable strain on Nigerian families in recent years, and it points to a specific area in which families, however willing, may simply lack the material means to provide as fully as they would wish. That financial strain can carry emotional costs is also suggested by Ojewale (2021), who found that an inability to afford three meals a day was significantly associated with depression among University of Ibadan undergraduates.

The moderate levels of emotional health reported by most respondents, alongside a meaningful minority reporting poor emotional health, echo global patterns in which university students, as a population, tend to display heightened vulnerability to emotional strain relative to their non-student peers, owing to the combined pressures of academic performance, social adjustment, and, for many, physical separation from familiar support systems (Rueger et al., 2016). Large multi-country surveys likewise show that common mental disorders are widespread among first-year college students (Auerbach et al., 2018), and Nigerian studies report depression as a common problem among university students (Adewuya et al., 2006). The proportion of respondents reporting poor emotional health in this study is a signal that cannot be dismissed as incidental; it suggests that a subset of undergraduate adolescents in these institutions may benefit from more deliberate emotional health screening and support services, particularly given the scarcity of such services across Nigerian higher education more broadly (Fadele et al., 2024).

The significant positive correlations between all three dimensions of family support and emotional health, with emotional support showing the strongest association, affirm the theoretical propositions of both attachment theory (Bowlby, 1969, 1988) and the stress-buffering hypothesis (Cohen & Wills, 1985). Adolescents who feel genuinely cared for by their families appear better equipped to interpret the ordinary setbacks of university life as manageable rather than threatening. Comparable evidence from Jordan, where perceived family and social support similarly predicted better adolescent mental health and well-being (Alshammari et al., 2021), suggests that this pattern is not peculiar to Nigeria but reflects a more general feature of how families buffer young people against developmental stress across cultural settings. Similar associations between lower-quality social support and poorer mental health have been reported among U.S. college students (Hefner & Eisenberg, 2009). The comparatively weaker, though still significant, correlation between financial support and emotional health suggests that material provision alone does not fully substitute for emotional warmth, even as it remains an important contributor to overall well-being.

The regression findings, which showed that the three dimensions of family support jointly explained a substantial proportion of the variance in emotional health, reinforce Bronfenbrenner's (1979) ecological systems theory, which situates the family as the most proximal and influential layer shaping adolescent development. One plausible explanation for how this influence operates is offered by recent work identifying perceived stress as a mediating pathway between social support and mental health outcomes (Acoba, 2024): family support may improve emotional health primarily by reducing how stressful university demands feel, rather than by acting on mood in some more direct fashion. The unexplained variance in the present model is a useful reminder that emotional health is also shaped by factors outside the family, including peer relationships, academic experiences, and individual personality traits, and future research would do well to examine these alongside family support, and alongside the stress-mediation pathway, in a more comprehensive model.

Taken together, these findings suggest that efforts to support the emotional health of undergraduate adolescents will fall short if they treat the student as though they exist apart from their family. Counselling approaches that draw parents in, or that simply help students keep communication with home alive, are likely to work better than approaches built around the student alone, especially in a setting where family ties tend to stay close and meaningful well into adulthood.

Theoretical and Practical Implications

Theoretically, the findings extend ecological systems theory, attachment theory, and the stress-buffering hypothesis into a Nigerian higher-education setting, and align them with recent cross-cultural evidence, indicating that these frameworks travel reasonably well beyond the Western contexts in which they were originally developed. Practically, the results suggest that Nigerian universities need not wait for a full-scale professional mental health infrastructure before acting: relatively low-cost interventions, such as structured parent-student communication programmes, orientation sessions that explicitly involve families, and brief screening tools administered during registration, could meaningfully extend the protective reach of family support identified in this study.

Limitations of the Study

As with most survey-based research, this study relied on self-report measures, which are open to social desirability bias (Podsakoff et al., 2003) and to differences in how respondents interpret their own experiences. The cross-sectional design also means the relationships found, while statistically significant, cannot be read as proof of direct causation; longitudinal work would be needed for that. The study was also limited to three universities within Oyo Metropolitan, so the findings should be generalised elsewhere with reasonable caution.

Conclusions

This study set out to examine the relationship between family support and the emotional health of undergraduate adolescents in selected universities in Oyo Metropolitan, Nigeria. The findings show that most respondents perceive moderate to high levels of family support across the emotional, financial, and social dimensions, and that these dimensions relate significantly and positively to their emotional health. Emotional support emerged as the strongest predictor, followed by social support and financial support, with the three together accounting for a substantial share of the variance in emotional health. The family, these results suggest, remains a central and largely irreplaceable resource in the emotional lives of undergraduate adolescents, even as they move through the semi-independent stretch of university life.

In the end, emotional health is not something a student builds alone in a lecture hall or a hostel room. It grows, or struggles to grow, in the quiet exchanges that happen between a young person and the people who raised them, and any serious effort to support Nigerian undergraduates emotionally must keep that truth close to heart.

Recommendations

Based on the findings of this study, the following recommendations are proposed:

1. Parents and guardians should make deliberate efforts to maintain warm, open, and consistent communication with their undergraduate children, recognising that emotional support carries the strongest association with adolescent emotional health and requires ongoing attention even after a child leaves home for university.

2. University management and student affairs units should establish or strengthen family-centred counselling programmes that actively involve parents and guardians in supporting students' emotional well-being, particularly for students who present with signs of emotional distress.

3. University counsellors and mental health professionals should implement emotional health awareness initiatives and periodic screening exercises to identify and support the minority of students who report poor emotional health before their difficulties intensify.

4. Future researchers should adopt longitudinal designs and incorporate perceived-stress and peer-support measures to test whether the stress-mediation pathway proposed by recent global research (Acoba, 2024) also holds among Nigerian undergraduates.

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Ethics and Conflict of Interest
The authors adhered to ethical standards throughout all stages of the research. Ethical approval was sought and obtained before data collection began. The study's purpose and respondents' right to withdraw consent at any time, without penalty, were clearly stated. Signed informed consent was obtained, with no personally identifying information collected. Completed questionnaires were securely stored and used strictly for the purposes of this research. The authors declare that they have no known competing financial or personal interests that could have influenced the work reported in this paper.

Author Contribution
Conceptualisation and design: all authors; data collection: Seun Weyinmi AJAGBE and Damilare Ayodeji OLADELE; formal analysis: Augusta Nkem MOLOKWU; drafting of the manuscript: Seun Weyinmi AJAGBE and Damilare Ayodeji OLADELE; critical revision: Augusta Nkem MOLOKWU. All authors read and approved the final manuscript.

Data Availability
The data supporting the findings of this study are available from the corresponding author upon reasonable request.

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