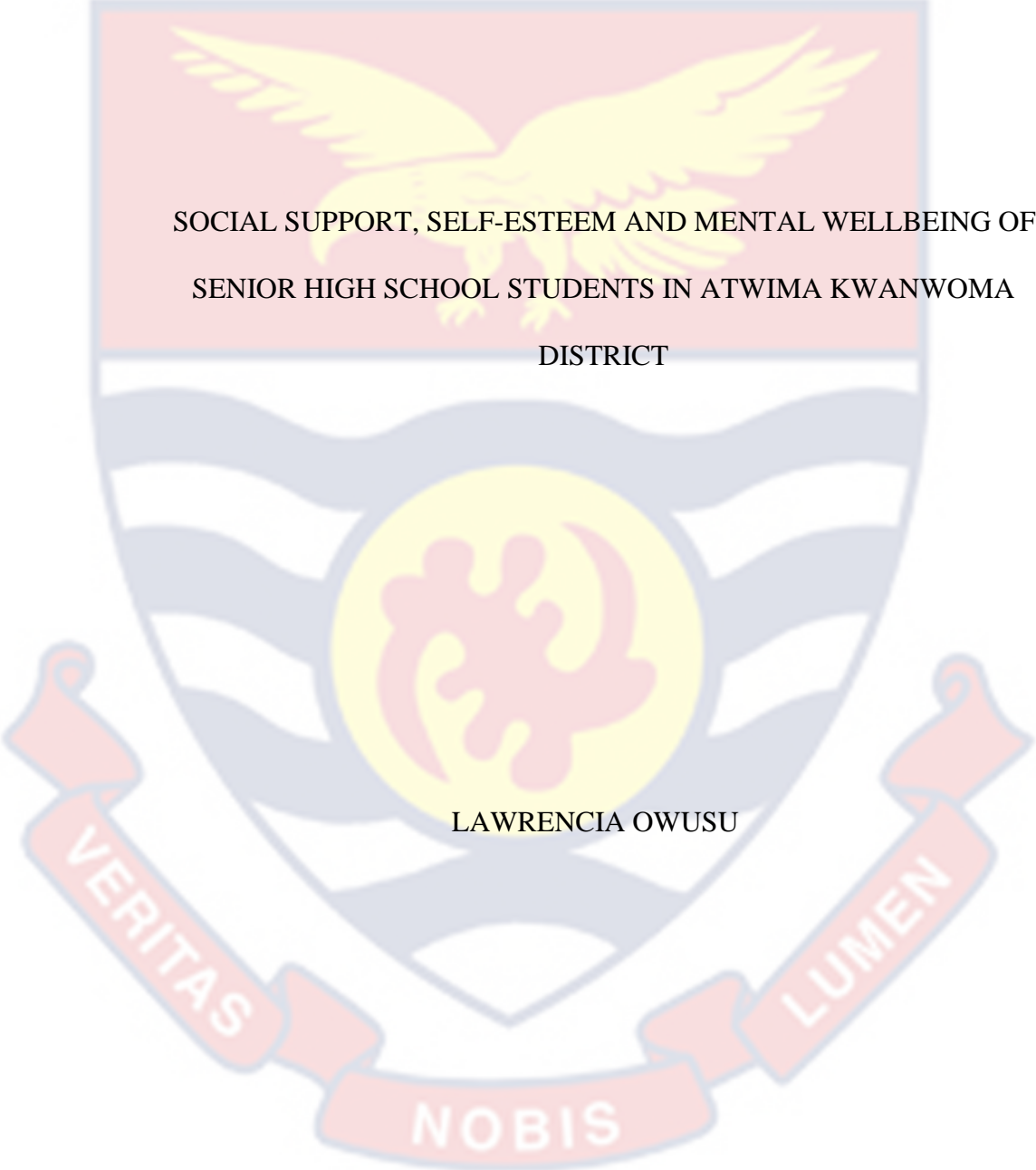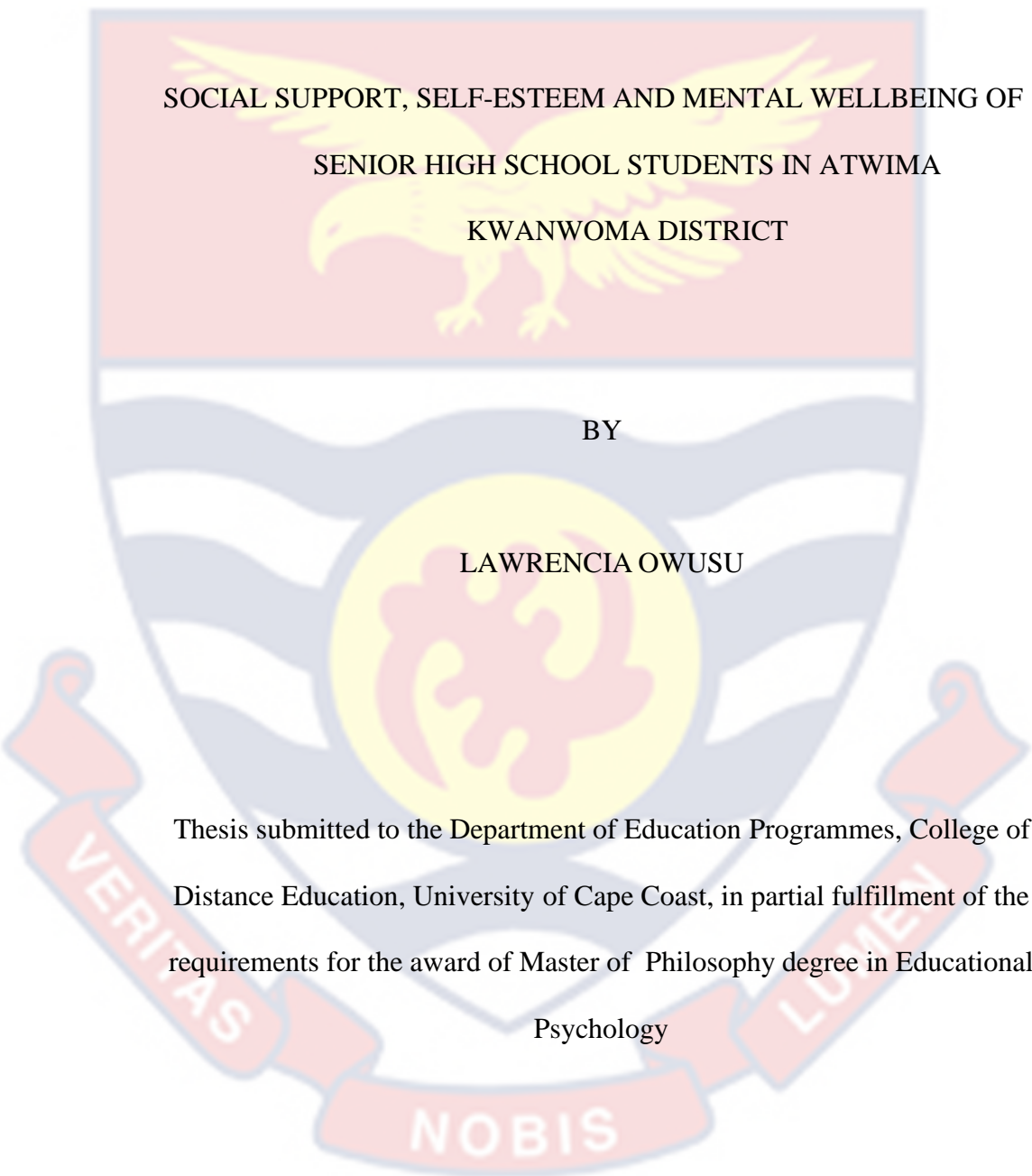UNIVERSITY OF CAPE COAST

SOCIAL SUPPORT, SELF-ESTEEM AND MENTAL WELLBEING OF

SENIOR HIGH SCHOOL STUDENTS IN ATWIMA KWANWOMA

DISTRICT

LAWRENCIA OWUSU

2023

UNIVERSITY OF CAPE COAST

SOCIAL SUPPORT, SELF-ESTEEM AND MENTAL WELLBEING OF

SENIOR HIGH SCHOOL STUDENTS IN ATWIMA

KWANWOMA DISTRICT

BY

LAWRENCIA OWUSU

Thesis submitted to the Department of Education Programmes, College of

Distance Education, University of Cape Coast, in partial fulfillment of the

requirements for the award of Master of Philosophy degree in Educational

Psychology

SEPTEMBER 2023

DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

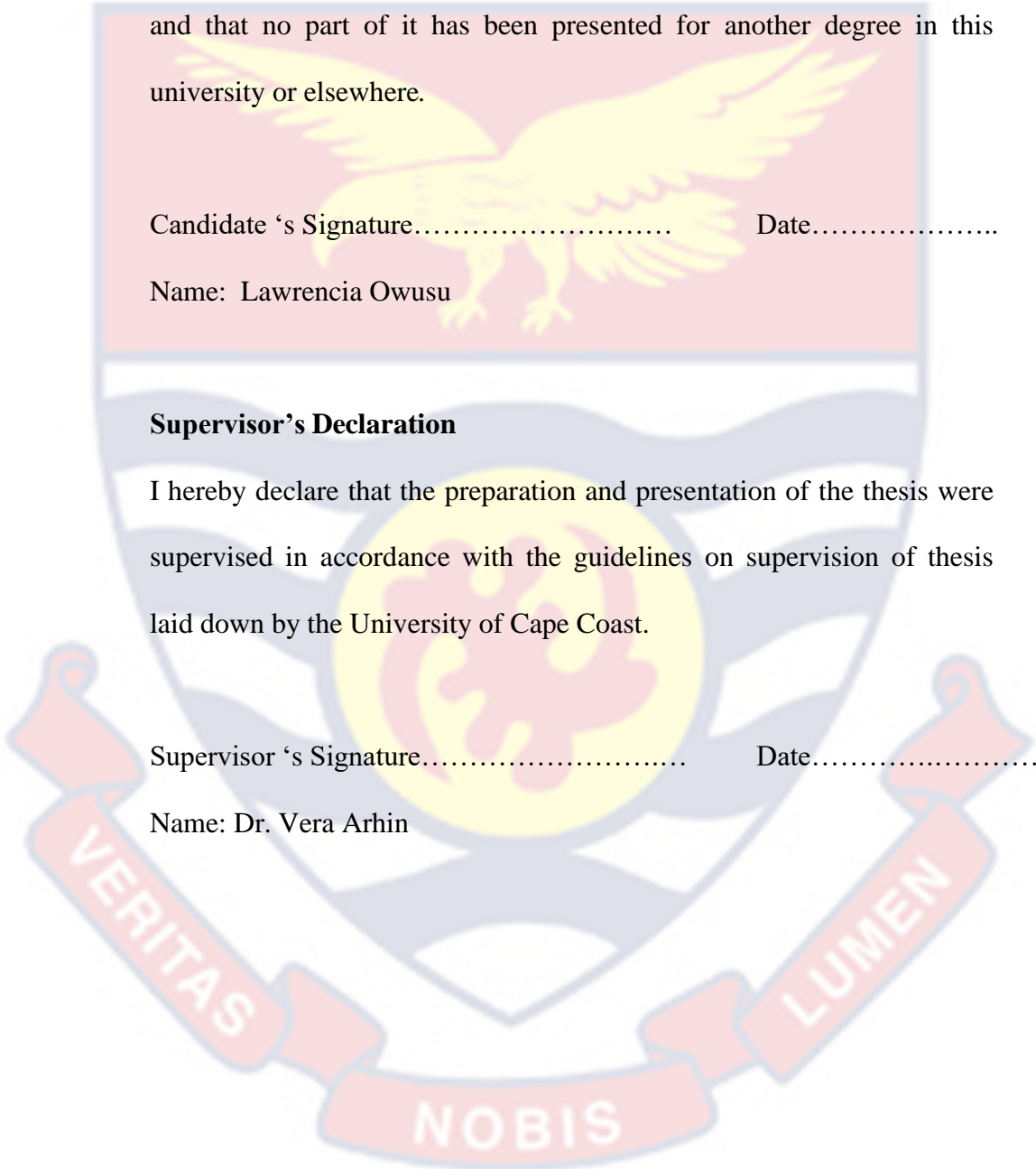Candidate 's Signature……………………   Date………………..

Name: Lawrencia Owusu

Supervisor's Declaration

I hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Supervisor 's Signature……………………   Date……………………

Name: Dr. Vera Arhin

ABSTRACT

This study sought to investigate the mediating role of self-esteem on social support and mental wellbeing of senior high school students in the Atwima Kwanwoma District of the Ashanti Region of Ghana. The correlational research design was adopted for the study. Five hundred and four students were sampled from a population of 1679 senior high school students in the District. The multi-stage sampling technique was adopted. Data were collected using Multidimensional Scale of Perceived Social Support, World Health Organization Well-Being Index, and Rosenberg Self- Esteem Scale and analysed using Pearson Product Moment Correlation, Hayes PROCESS Macro and Multiple Regression Analysis. The study findings revealed that there was a statistically significant moderate positive correlation between social support and mental wellbeing. There was also a statistically significant moderate positive correlation between social support and self-esteem. Further, the findings of the study showed that there was a statistically significant weak, positive correlation between self-esteem and mental wellbeing. Also, the findings revealed that self-esteem significantly mediates the relationship between social support and mental wellbeing. Finally, the study found that social support was a predictor of mental wellbeing than self-esteem. It was recommended that parents, family members and friends, as well as staff of the institutions should consistently provide the best of support to students. This can help improve their mental wellbeing since social support was found to significantly relate to mental wellbeing. Again, school heads should collaborate with guidance and counselling units in their schools to organise seminars and programmes that focus on helping students to build up their self-esteem.

KEYWORDS

Self-esteem

Mental

Wellbeing

Social

Support

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DEDICATION

To my husband and children

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CHAPTER ONE

INTRODUCTION

The issue of mental wellbeing among students is very paramount for students to be able to accomplish their academic journey successfully. Poor mental health can have an adverse impact on a student's relationship with peers and family, his or her quality of life, academic performance, and general physical wellbeing. If the mental wellbeing of students' is not dealt with, it is likely that it will affect students negatively overtime as they grow into full adult. This study relates to Ji et al., (2019) investigation to find out if self-esteem and perceived discrimination play a mediation role in the association between social support and subjective wellbeing. The results of this study suggest that all stakeholders of education should lay down policies that will improve on the wellbeing of students and also improve on social support activities to reduce the level of students' anxiety, stress and depression which impedes their physical and mental wellbeing.

Background to the Study

Students' mental wellbeing is of increasing concern all over the world. On the global front, the policies of the western countries regarding mental health have placed a priority on the creation of early intervention and treatment initiatives that are primarily aimed at young people. These shifts in policy have been motivated in part by the realisation that mental diseases which are not addressed have a negative effect on the maturation and development of young people, their success in school and the workplace, and the economic well-being of their countries (Gore et al., 2011; McGorry, 2011). Such concerns are also a part of a larger context in which it is widely

held and hotly contested that mental health in western nations has been worsening since the Second World War (Busfield, 2012). Particular concern in the reports indicated that, young people have seen the biggest increase in mental health issues (Collishaw et al., 2004).

The Australian National Survey of Mental Health and Wellbeing (2008) shows that the most common mental disorders – " anxiety, depression and substance abuse" – occur most frequently in people between the ages of 16 and 24, with an overall incidence of one in 20 in the oldest age group, between 75 and 85 years (Australian Bureau of Statistics, 2008). Twenge et al. (2010) and Collishaw et al. (2010); have maintained that in recent years, the mental health of teenagers and young people has gotten worse. Twenge et al. (2010) and Collishaw et al. (2010) study outcomes noted that there is a considerable higher level of emotional and stress-related problems than in the past decades and these problems are not confined to western societies alone.

In the individual and social life, mental wellbeing consists of a group of positive emotions like happiness and efficient functioning (Amalu, 2018). It is a multi-dimensional concept because it encompasses a variety of elements that have been identified as unique aspects of wellbeing, including self-belief, self-discipline, pleasure, freedom from failure, anxiety, and feeling of aloneness (Bordbar et al., 2011; Kachroo & Ramanathan, 2020). A positive mental wellbeing has arisen as an essential predictor of overall health and long life (WHO, 2001; Chida & Steptoe, 2008; Huppert, 2009). Mental wellbeing goes beyond just the nonexistence of mental disorders. It infers 'feeling good' and 'functioning well' and comprises aspects such as optimism, happiness, self-esteem, good relationships with others, resiliency and agency autonomy

(WHO, 2001; Chida & Steptoe, 2008; Huppert, 2009).

It is an established fact that, students' time in school is not merely academic. It is a period within their life where they develop their social, physical, and emotional lives. At this stage of life, globally, Bilgel and Bayram (2014) posit that, mental ailments like anxiety, stress, and depression are the most common global challenges that affect most of the adolescents especially those in schools. Several studies such as that of Besser and Zeigler-Hill (2010) as well as MacKean (2011) show that, students are the ones who go through high degree of anxiety, stress, and depression in comparison to the rest of society.

Sahoo and Khess (2010) report that between (5%) and (70%) of young adults would experience some form of mental health issue related to stress, anxiety, or depression during their lifetimes. Additionally, according to Yamashita et al. (2012) and the American College Health Association (2011), anxiety is the commonest mental health challenge that students report. Lei et al. (2016) also revealed that most young students making the transition to adulthood deal with stressful events, which may contribute to the high rates of melancholy and anxiety. Findings from studies such as that of Beiter et al. (2015), Hamaideh (2015) and Singh et al. (2015) show that, long-term exposure to high levels of stress can have negative effects on a student's health and mental wellbeing.

Several studies outside Ghana have shown the existence of mental struggles and challenges among students. For instance, in a study done by Drum et al. (2009), (80%) of the students who took their own lives had never received any sort of counselling or support even though they

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experienced several mental disorders. Holliday et al. (2016) also found that students mostly suffered mental disorders including depression and anxiety which affected their overall mental wellbeing and by extension their academic performance. The evidence from most of the global studies is that many risk factors account for mental health challenges in students including personal and social factors (Chen et al., 2013).

Availability of a social support system has been connected to enhanced mental wellbeing and resilience during periods of challenges (Dollete et al., 2004). The frequency with which one receives assistance from other people, and the positive emotional experience that results, is what is referred to as social support (Santini et al., 2015). It is the sense of having support from others and a solid network to lean on in times of need, whether they arise frequently or only during particular crises (Taylor, 2011). Three groups can be regarded as providing social support: family, friends, and romantic partners. Essentially, social support is provided by a group of individuals comprised of family, friends, and the society at large (Awang et al., 2014).

In reaction to life crises or times of hardship, social support—which can be from friends, family, and the larger community is a crucial factor that promotes healthy behaviours and contributes to beneficial results in mental wellbeing (Kachroo & Ramanathan, 2020). Additionally, it has been demonstrated that social isolation contributes to mental health struggles, such as depression in students (Bukhari & Afzal, 2017; Yasin & Dzulkifli, 2010). The evidence linking a lack of social support to mental struggles like depression and stress is overwhelming (Alimoradi et al., 2014; Bukhari &

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Afzal, 2017; Kugbey et al., 2015). It is thus clear in the literature that social support is connected to general mental wellbeing.

Another variable in this study which has been identified to be connected to mental wellbeing is self-esteem. Self-esteem is defined as an evaluation of our worthiness as individuals, a judgement that we are good valuable people" (Neff, 2011, p. 1). According to Baumeister et al. (2003), self- esteem is the general positive or negative opinion that people have of themselves. Our level of self-esteem reflects how we view our personal traits, accomplishments, and failures in general (Baumeister et al., 2003). The evaluation of one's own value is often referred to as one's "global self-esteem," and it takes into consideration both internal and external elements. Internal factors include feelings, genetics, and personality features. In general, having high self-esteem indicates the belief that one is adequate and worthwhile as an individual and is correlated with a higher valuation of abilities and capabilities. Low self-esteem is characterised by self- rejection and a general lack of contentment with one's aptitude, competence, and value (Baumeister et al., 2003). Success and psychological well-being appear to be enhanced by self-esteem. In the view of Baumeister et al. (2003), folks with high self-esteem are generally happy compared to people with low self-esteem. Additionally, it has been discovered that people with high self- esteem experience low rates of depression and anxiety than people with low self-esteem, either generally or specifically as a form of responding to stress or trauma (Baumeister et al., 2003; Eisenbarth, 2012).

The connections between self-esteem and mental wellbeing are complex (d'Entremont et al., 2018). For instance, in some literature, while the

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correlation between self-esteem and psychological functioning has mixed results, unstable self-esteem has been linked to depressive disorders (Kernis, 2005). Additionally, there is evidence that self-esteem is connected to social support. For instance, several studies reported that adolescents who receive more social support also tend to have good levels of self-esteem (Bhat, 2017; Bum & Jeon, 2016; Tahir et al., 2015).

Campaign of mental wellbeing has been backed on health and economic grounds (Jenkins et al., 2008) because mental disorders are massively costly to the person and the society and can also be connected to several physical diseases, social inequalities and unhealthy lifestyles. Some compelling research proposes the economic benefits of endorsing positive mental health are significant and wide-reaching (Sainsbury Centre for Mental Health, 2003; Knapp et al., 2001). As a consequence, mental wellbeing now shoulders an important place in mental health and public health policy (Her Majesty's Government, 2010, 2011, 2014).

According to Dalir and Mazloum (2012), several studies reported that adolescents who receive more social support also tend to have better levels of self-esteem. Students are the next generation's physical and mental support system, as well as future professional leaders. Therefore, there is a need to ensure that, the level of mental distress is reduced. This is possible through high level of social support and self-esteem (Alimoradi et al., 2014; Awang et al., 2014; Jibeen, 2016; Pidgeon et al., 2014; Yasin & Dzulkifli, 2010).

From the forgoing, paying attention to issues related to mental wellbeing, social support and self-esteem is important.

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Statement of the Problem

The mental wellbeing of students in high schools has been an increasing concern the world over with a growing number of empirical studies indicating that students are at high risk of developing mental and psychological disorders (Eisenberg et al., 2013; Larcombe et al., 2016; Royal College of Psychiatrists, 2011; Stallman, 2010). Based on the 2017 Annual Progress Report of the Atwima Kwanwoma District Assembly, there are some children in the district who suffer neglect by their parents and these students drop out of school and find themselves at video and game centres. Other students usually move around in the town during school hours without care from relations.

Senior high school students within the Atwima Kwanwoma District frequently seek guidance from school counselors concerning novel challenges (higher levels of academic pressure, first experiences away from home, making new friends, experiencing independent living, and being exposed to alcohol and other drugs) which ultimately make them feel stressed, anxious, depressed and sometimes even suicidal (Guidance and Counseling Unit, Afua Kobi Ampem Girls'SHS and Atwima Kwanwoma SHTS, 2019, 2018). A case in point (2018) was when an adolescent girl nearly committed suicide due to a relationship issue with the partner at Atwima Kwanwoma Senior High School. Clearly, the student girl had issues that made her mentally unwell. Also, a student at Afua Kobi Ampem SHS (2019) was involved in drug abuse which affected her academic achievement. These situations seem to question students' mental wellbeing and how their mental wellbeing may be improved.

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It is therefore clear that some students in the district have challenges affecting their mental wellbeing.

Poor mental health can have an adverse impact on a student's relationship with peers and family, his or her quality of life, academic performance, and general physical wellbeing. These problems may have an effect on students' long-term health, earning potential and career prospects. Suicide and suicidal ideation can also have an impact on the larger school community (Eisenberg et al., 2007). This study is considered essential at this time because we are in a period where students are exposed to a barrage of information because of social media and also are mostly lonely with such situations having the likelihood of affecting their self-esteem and ultimately their mental wellbeing (Çiçek, 2021). In essence, if this problem is not investigated and addressed, situations like that of the girl from Atwima Kwanwoma Senior High School who nearly committed suicide is likely to be repeated. Also, if this problem is not addressed, the mental wellbeing of students is likely to be affected negatively overtime and this can affect students as they grow into full adulthood.

A number of research works have focused on student's mental wellbeing in developed countries. (Çiçek (2021) examined the mediating role of self-esteem on university students in association with loneliness and psychological and subjective wellbeing and in Ghana which is a developing country, Glozah (2013) examined how academic stress and perceived social support influence the psychological wellbeing of senior high school students in Ghana).

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None of the previous empirical researches conducted in Ghana and in Atwima Kwanwoma District in particular, have investigated these three variables (social support, self-esteem and mental wellbeing) in a single study. Moreover, most of the researches in developed countries which have highlighted the relationship between these variables are from another cultural milieu and it is not obviously established whether their findings can be generalised to our culture.

Therefore, the current study sought to fill this gap to investigate further on the mediating role of self-esteem on social support and mental wellbeing of students.

Purpose of the Study

The purpose of the study was to investigate the mediating role of self-esteem on social support and mental wellbeing of senior high school students in the Atwima Kwanwoma District.

Objectives of the Study

Specifically, the study sought to:

1. Establish the relationship between social support and mental wellbeing among senior high school students in Atwima Kwanwoma District,

2. Determine if there is a relationship between social support and self-esteem among senior high school students in the Atwima Kwanwoma District, and

3. Investigate the relationship between self-esteem and mental wellbeing among senior high school students in Atwima Kwanwoma District.

4. Examine the effect of self-esteem in the relationship between social support and mental wellbeing in the Atwima Kwanwoma District.

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5.   Examine which of the predictor variables best predict mental wellbeing of SHS students in the Atwima Kwanwoma District.

Research Hypotheses

In order to provide answers to the following objectives (one, two and three), the following hypotheses were formulated to guide the study:

H_01:   There is no statistically significant relationship between social support and mental wellbeing among senior high school students in the Atwima Kwanwoma District.

H_02:   There is no statistically significant relationship between social support and self-esteem among senior high school students in the Atwima Kwanwoma District.

H_03:   There is no statistically significant relationship between self-esteem and mental wellbeing among senior high school students in the Atwima Kwanwoma District.

Research Questions

In relation to research objectives four and five, research questions one and two were used to guide the study:

1.   To what extent does students' self-esteem mediate the relationship between social support and mental wellbeing in the Atwima Kwanwoma District?

2.   Which of the predictor variables best predict mental wellbeing of SHS students in the Atwima Kwanwoma District?

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Significance of the Study

There are many advantages that could be derived from a study of this nature. The findings of the study will be of much value to students in that, they will be aware of the various ways to solicit for help to deal with psychological problems in life while in school.

Because there is limited literature in Ghana on social support and mental wellbeing of students, the findings of this study will provide an enriched literature or data on the pervasiveness of mental issues of students and their relationship with social support. The outcomes of the study will also provide an enriched empirical literature for would be researchers.

Again, the outcomes of this research will assist all the stakeholders of education which include education ministries, school authorities, teachers, and parents to lay down policies that will improve on the wellbeing of students and also improve on social support activities to reduce the level of students' anxiety, stress and depression which impedes their physical and mental wellbeing.

Delimitations

This study focused on assessing the mediating role of self-esteem on social support and mental wellbeing of SHS students in Atwima Kwanwoma District. Because of the double track system of our second cycle schools, the participants for the study were delimited to second year students within the three SHS in Atwima Kwanwoma District (Atwima Kwanwoma SHTS, Afua Kobi Ampem Girls SHS and Anum Asamoah SHS).

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Limitations

The research design (correlational research) is limited only to drawing statistical conclusions from two variables at most and ignores cause and effect links because it cannot determine which of the two factors causes the statistical pattern. Furthermore, the study sample came from only one district that is, second cycle schools in the Atwima Kwanwoma District in the Ashanti Region of Ghana. Therefore, the results will be limited in terms of its generalisability to other parts of the region hence; its usage ought to be used with much moderation and care.

Another drawback of this study is that alternative mediators were not found and examined, despite the fact that self-esteem was shown to have a mediating function.

Definition of Terms

Social support- is the belief that one is supported, that help is available from others, and, most commonly, that one is a part of a strong social network.

Self-esteem- is having confidence in one's own worth or abilities; sense of superiority, others approval and uniqueness.

Mental wellbeing- is a combination of how we feel and how we function.

Senior high school student- a person enrolled in a school meant for persons between the ages of 14 or 15 and 17 or 18.

Organisation of the Study

The study was grouped into five chapters. Chapter One discusses the introduction, background, statement of the problem, purpose, research objectives, hypotheses, research questions and significance, delimitations, limitations, definition of terms and the organisation of the study. Chapter Two

focuses on the theories, concepts, and empirical review. Chapter Three describes the methodology covering the design, area of study, population, sampling techniques, data collection instrument, data collection method, how data will be analysed and finally concludes with a summary. Chapter Four presents analysis of the data collected. Chapter Five which is the final chapter of the study addresses the summary and conclusions drawn from the study and ends with recommendations.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This research work was to investigate the mediating role of self-esteem on social support and mental wellbeing of SHS students in the Atwima Kwanwoma District. This chapter focuses on the literature review of the study. The review entails the theoretical framework, conceptual framework, conceptual review and empirical review.

Theoretical Framework

In this section, the theories on which the study is based are reviewed. The theories are related to mental wellbeing, social support and self-esteem. These theories include Ryff's Theory of Mental Well-being, Relational Regulation Theory and Self-Determination Theory.

Ryff's Theory of Mental Well-being (1989)

The "Theory of Psychological or Mental Well-being" was propounded by Carol Ryff in 1989. The underlying tenet of Ryff's (1989) theory is that psychological well-being is used to describe a state of flourishing mental health. Ryff's thesis was based on the premise that establishing a condition of balance impacted by both difficult and fulfilling life events is the key to obtaining wellness. The theory of Ryff conceptualises wellbeing from two perspectives. The first is positive functioning which focuses on human development and the challenges that come along with it while the second is emotional wellbeing which focuses on the absence of psychological distress (Keyes & Magyar-Moe, 2003).

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The theory comprises six factors which contribute to an individual's wellbeing (Seifert, 2005). These are "autonomy", "environmental mastery", "positive relations with others", "purpose in life", "personal growth", and "Self-acceptance" (Ryff, 1989). These are discussed below:

Autonomy highlighted the extent to which a person was, independent and self-determined, resisted pressure from the social environment, behaved in certain ways by actions and thoughts, internally regulated behaviour and personal standards evaluated self (Ryff, 1989). According to the theory, a person must be free to make decisions, be independent, and not be constrained by social conventions. It emphasizes that people should be free to make their own decisions and not feel pressured to appease others or fulfill societal expectations.

Purpose in life means that, there is a need for the individual to have goals in life and have a belief that his or her life is meaningful. Life is much appreciated when a person's existence is perceived to be significant within the setting he or she finds himself in and when the person is living to fulfill some goals in life (Ryff & Keyes, 1995). A person's goal or purpose in life creates direction that eradicates despondency. Aside this, people who have a strong sense of direction in life and believe that they have a purpose to accomplish in life usually have greater level of wellbeing (Ryff, 1989).

Positive relations with others highlight the importance of having valuable and satisfying relationships with other people in the mental well-being of an individual. Positive relations thus involve the extent to which an individual has a relationship with other people which is full of warmth and trust and is satisfied by those relationships (Ryff, 1989). Also,

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relationships involve giving and taking and so people would feel satisfied when they feel a sense of care from other people they are related to. Relationships that are built on trust and on a strong communication system also enhance positive relations (Ryff & Keyes, 1995). Aside these, better consideration of others and promoted understanding of others bring about psychological wellbeing while frustration is as a result of poor relations with others (Ryff, 1989).

An individual 's level of personal growth is determined by how they perceive themselves as evolving, how receptive they are to new experiences, how much they believe they are living up to their potential, and how much they notice changes in their lives and behaviour over time (Ryff, 1989). When an individual experiences continuous development of self in different aspects of life, the individual's psychological wellbeing is likely to be improved.

Environmental mastery indicates the ability of a person to manage life and one's environment. In essence, this component focuses on the degree to which a person has a strong feeling of competence and command in handling his or her immediate environment and external activities (Ryff, 1989). It also involves the individual taking opportunities around him or her and making use of those opportunities to satisfy his or her needs and that of society. An individual who has gained mastery over his environment is very likely to have higher psychological wellbeing (Ryff & Singer, 1998).

A crucial component of mental health is self-acceptance, which connotes a good attitude toward a person 's present and past. Therefore, rather than concentrating solely on one's positive or negative traits, it is expected of

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a person to be able to take delight in both his or her strengths and weaknesses.

When an individual possesses good attitude towards self, accepts and acknowledges different aspects of himself or herself as either good or bad, he or she is likely to have high psychological wellbeing (Ryff, 1989).

The theory is noteworthy in this research because in the view of Ryff (1989), life experiences of a person and their clarifications of these experiences impact their well-being. In its relation to education how an individual will do well in the education system depends on the wellbeing of the person and also support systems and interactions that individuals have also impact on their mental wellbeing. On this basis, Ryff's theory is considered relevant in the study.

Relational Regulation Theory (Lakey & Orehek, 2011)

Relational Regulation Theory (RRT) was propounded by Brian Lakey and Edward Orehek (2011). According to Lakey and Orehek, RRT was the result of a 30-year research effort. The theory was created to give insight into the relationship between social support and the wellbeing or mental health of a person (Knowles, 2013). The proponents of the theory (Lakey & Orehek) stressed that stress and coping theories could not sufficiently explain how social support and mental health were related and as such there was the need for a new theory. This led to the development of RRT.

RRT postulates that rather than focusing on stress management, talks about everyday topics and shared activities help people regulate their emotions   and are the source of the connection between felt support and mental health (Thoits, 1995). Those who provide the support, conversational themes,

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and activities that assist in regulating emotion are mostly subjective and of personal preference, making this regulation relational. Previous researches demonstrate that the majority of perceived supports which are of a relational form lend weight to this theory (Lakey, 2010).

There are eight key principles of RRT.

First, social connection is the primary means through which people control their emotion, action, and thinking (Lakey & Orehek, 2011). People are able to favourably alter their emotions, behaviours, and cognitions to ones that are desired thanks to the support they receive from their social interactions. According to Knowles (2013), the first principle is predicated on the idea that social contact is a matter of personal preference.

Affect, behaviour, and cognition are primarily governed by social contact in a relational fashion (Lakey & Orehek, 2011). A major part of principle is the relationship between the receiver and the giver. Therefore, the giver or provider should be someone who was chosen specifically by the individual before the support can be effective.

The majority of relational regulation occurs in everyday interactions with significant emotional consequences (Lakey & Orehek, 2011). According to this principle, there is no need for people to talk about a traumatic experience all the time. The principle basically combines the first two principles.

Relational regulation happens basically through "conversation and shared activities that elaborate on recipients' cognitive representations of relationships and quasi relationships" (Lakey & Orehek, 2011, p. 488). This means that desirable feelings and behaviours come to existence when an

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individual engages in communication and mutual pursuits according to his or her preferences.

Perceived support is founded mainly on "relational regulation of affect through ordinary interactions but sometimes also on enacted support" (Lakey & Orehek, 2011, p. 489). This principle is a build-up on the third principle. The person who is the receiver of the support begins to speak with the giver of the support in normal interactions as a means of weighing up the kind of support he or she may receive. If the receiver feels more supportive then he or she would continue to rely on the provider.

Relational regulation is not static since it changes the more people change their conversations, people they interact with and the activities they engage in (Lakey & Orehek, 2011). This principle gives the indication that, recipients of support will make changes in order to accommodate the support they are receiving.

This principle connotes that "social support interventions will be more effective if they harness relational regulation" (Lakey & Orehek, 2011, p. 490). This principle is related to the second principle which stresses the value of the receiver in making the choice of the provider. This means that social support will take place effectively if the relationship between the giver and receiver is significant.

This principle means that "the wider the diversity of potential relationships and quasi relationships that are available to recipients, the greater the likelihood of effective regulation" (Lakey & Orehek, 2011, p. 490). This is connected to the fact that a receiver needs options in terms of providers of support. This speaks also to earlier principles that change may

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happen in the course of social interactions.

From all the principles, one significant point is that the capacity for everyday social contacts with relationally significant others can account for much of the effect that social support has on people. In this sense, the support from interactions can serve as a buffer for individuals in their daily lives (Wethington & Kessler, 1986).

Because it allows for the flexibility to take into account the connection between social support and mental health, the RRT is regarded as pertinent to the study. The hypothesis holds that routine experiences and sharing of activities with close relations have a satisfactory influence on feelings, behaviours and thinking (Lakey & Orehek, 2011). The theory is thus useful in studying mental wellbeing and how social support connects to mental wellbeing.

Self-Determination Theory (Deci & Ryan, 1985)

Edward Deci and Richard Ryan (1985) first presented the self-determination theory (SDT). The idea emphasizes the motivating component of self-determination as well as the influence of autonomy and motivation on pupils (Chirkov, 2009). Self-determination is a psychology word that refers to voluntary behaviors people carry out in accordance with their own free will. Self-determined conduct is the consequence of purposeful, voluntary decision (Nota et al., 2011). It is also seen as "the capacity to choose and to have those choices….be the determinations of one's action" (Deci & Ryan, 1985, p. 38).

According to the self-determination theory, every person's actions are driven by one of three fundamental psychological needs which determine

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the outcomes of an individual (Nayler, 2010). These needs are autonomy, competence, and relatedness.

Autonomy denotes to the feeling that an individual has a choice and he does not feel forced or compelled to behave in some specific way. Autonomy is enforced by acknowledging an individual 's wishes, preferences and perspectives and allowing for the individual to act without force or coercion (Bao & Lam, 2008).

The sensation of mastery and effectiveness in one's activity is referred to as competence. It is often developed by giving the individual the right kinds of challenges and chances, fostering their initiative, providing structure to mobilize and coordinate behavior, and giving pertinent feedback (Niemiec & Ryan, 2009).

The concept of "relatedness" is used to describe the desire to have meaningful relationships with other people. This is accomplished when others take a lively interest in one's activities, respond to their feelings empathically, and show them how important they are (Nayler, 2010).

Personal development and well-being are facilitated when social circumstances offer assistance and opportunities to meet these requirements (Chirkov et al., 2003; Ryan & Deci, 2004). In other words, data shows that people are more autonomous in their activities, are more likely to persevere at their habits, and feel better all-around when all three requirements are adequately met. In a different sense, a person's total quality of life is severely impacted when the psychological demands are not adequately addressed or are even hindered through social interactions.

According to SDT, when individuals are at their most alive and lively,

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fully functional and driven, and when all of their 'needs' are met, real, authentic self-esteem is steady and secures (Kernis, 2003). When the needs are not met then the self-esteem would be negative. Humans, according to SDT, have an innate need to learn about the world and better themselves and their self-esteem. As a result, in daily interactions, people seek to meet the psychological needs (autonomy, competence and relatedness) which together build up a person's self-esteem (Ryan & Deci, 2004).

The theory is relevant in this current research because it clearly indicates that mental and general wellbeing depends on satisfying the three psychological needs. The three psychological needs have element of relatedness which speaks of interactions with others and thus reflective of social support. Also, the three needs when fulfilled have been described to impact on self-esteem. The implication is that all the three variables in the study (mental wellbeing, social support and self-esteem) are connected in the self-determination theory.

Conceptual Framework

Mugenda and Mgenda (2003) opine that a conceptual framework explains the researcher's understanding of the link between variables that are thought to be important in a study. Figure 1 depicts the conceptual framework created to serve as the study's compass.
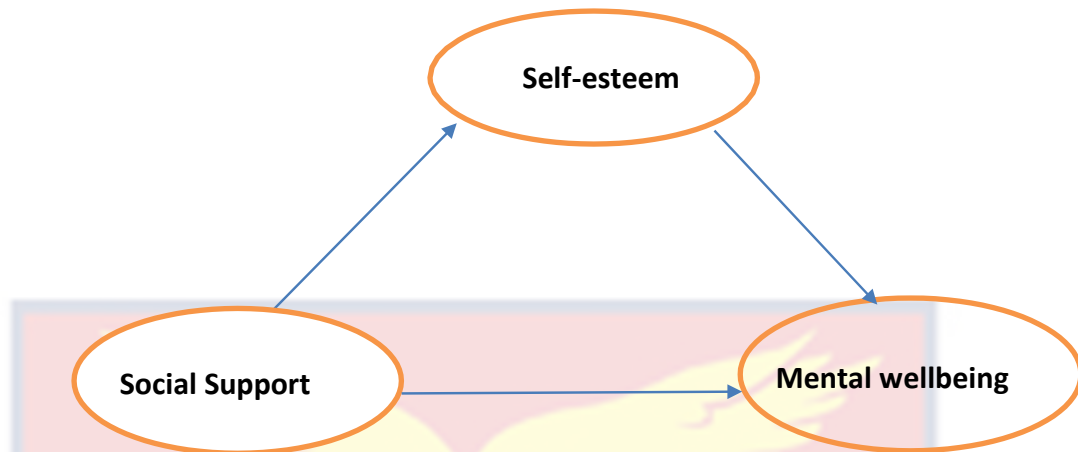
Figure 1: Mediating role of Self- esteem in relationship between Social

Support and Mental Wellbeing

The conceptual framework shown in Figure 1 illustrates the connection between the three variables of the study. The variables are social support, self-esteem and mental wellbeing. It is shown in the Figure 1 that there is a direct connection between self-esteem and mental wellbeing in the same vein as there is an indirect linkage between social support and mental wellbeing. Also, self-esteem and social support are shown to be related. From the figure, it is clear that all the variables and the linkage between them are clearly indicated.

Conceptual Review

Concept of Mental Wellbeing

Madlan (2004) defined mental health as a person's manner of thinking, feeling, and acting in daily life. Positively mentally healthy people can realize their abilities, willingness to accept failure, capacity to control their emotions, and appreciation. As defined by The World Health Organisation (WHO, 2014), mental health is "a state of well-being in which an individual comprehends his or her own potential, copes with the normal stresses of life, has the ability to work productively and prolifically, and is able to get

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involved in the activities of or contribute to his or her community".

Additionally, according to Galderisi (2015), a healthy mind is one in which a person is able to make the most of their talents while also respecting the norms of society. Galderisi added that mental health also involves capability to know, express and moderate one's own feelings, as well as understand others; adaptability, the capacity to deal with conflicting life situations and societal roles, and a pleasant connection between the body and the mind.

As defined by Amalu (2018), mental wellness is the outcome of a one's ability to perform at their highest level in both their personal and social lives. Hopefulness, self-control, cheerfulness, feeling of purpose, freedom from failures, worry, and aloneness have been identified as the distinctive features of well-being. It is a complex notion that covers a variety of other factors as well (Bordbar, et al., 2011; Kachroo & Ramanathan, 2020). There are situations where people have mental health struggles or disorders.

Ball (2016) estimates that (20%) of American young people suffer from a diagnosable mental health condition. Mental health disorders as indicated by the World Health Organisation (2014) comprise of both emotional and behavioural symptoms. Emotional disorders include depression and anxiety whereas the behavioural disorders are those physically exhibited by the individual. The American Academy of Pediatrics (AAP) cited that, only 21% of children in need have access to therapy, despite the fact that 1 in 5 children suffer from a recognised mental health issue. Herrman et al. (2005) pointed out that there are so many factors that influence a person's mental health. Prominent among them are personality, social relations and economic

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conditions, as well as family factors.

Most senior high school students are in their adolescent stages of life and at this stage several changes occur in their bodies. These changes according to WHO (2014) are both physical and mental. Berenbaum et al. (2015) cited that, neuronal (brain) development is correlated with increasing sex-specific teen-age hormones and brain make-up changes, such as the changing amount of grey matter and white matter. This rapid change creates a disparity between physical and mental development of the individual. Stang and Story (2005) held that, psychosocial development includes emotional, cognitive, and intellectual skills and it can be affected by physical changes. Students face several challenges as they navigate the period of life between childhood and adulthood. According to Kaur (2014), parents' increasing demands on their children's grades and academic performance may place an additional load on them, which can lead to a variety of medical or mental conditions.

In the educational setting, Sawyer et al. (2012) were of the views that, several challenges can occur when students are dealing with their issues. These issues can lead to mental health problems. Berenbaum et al. (2015) supporting this, posited that, poor body image for both the opposite sex can also be related to eating disorders; mental health issues, such as depression and anxiety (Patton & Viner, 2007). Stang and Story (2005) added that, it may lead to health risk behaviours, such as drinking and smoking, which can in turn negatively affect students' physical and mental development. The World Health Organisation (WHO, 2016) revealed that, mental struggles, such as depression and anxiety, have negative influences on students' ability to live

productively and can severely affect their development and educational accomplishments if not treated properly.

Concept of Social Support

According to McKay (cited in Sawatzky, 1998), the idea of social support is not a recent one; rather, it dates all the way back to the 1930s. As a result, in conceptualising social support, it is essential to look at the views of some earlier authors. According to Cobb (1976), social support is characterized as knowledge that enables individuals to have the belief that they are appreciated, cared for, and a part of a network of a community compulsion. Also, Rook (1987) asserted that, social support denotes the overall sensation of sufficiently getting the support or care of others. In the view of Cohen and Wills (1985), social support creates trusting interpersonal connections that lead to social inclusion, confidence, direction, and material assistance. Aside all these views, there have been some authors in current time who have written about social support.

For instance, Gurung (2006) described social support as a person's perception of their relationships with others as being appreciated, respected, and caring for them. Also, social support has been viewed as "the function and quality of social relationships, such as perceived availability of help or support received" (Schwarze et al., 2004, p. 2). In a recent definition, according to Taylor (2019), having strong social support is knowing that you have a community of people who have your back and care about you. The indication from these definitions is that social support depends on the connections around an individual. There are positive effects on one's mood, physical health, and ability to deal with stressful situations when they are

actively engaged in social relationships (Reevyl & Maslach, 2001). Social support may thereby enhance psychological wellbeing and aid in the emotive, physical, and cognitive facets of personal growth. Additionally, it satisfies people's social, psychological, and physical needs by fostering their sense of community,loyalty, love, and self-worth (Panahi et al., 2016).

According to Sawatzky (1998), friends and family are students' primary social support system. Some forms of social support may be more important than others, although this may vary from student to student (due to factors like their unique level of need or desire for assistance) and situation to situation (Wang & Eccles, 2012). Additionally, there is some backing to suggest that receiving social support from a variety of networks may be advantageous than receiving it from just one or two networks (Woolley & Bowen, 2007). However, most of the time, a students' perception of social support is created through how they perceive themselves, their significant others; the dynamics of interpersonal relations and the distinguishing characteristics of the interactions where supportive action takes place (Feeney & Collins, 2015).

In conceptualising social support, Mai et al. (2021) opined that social support can be put into four categories which include emotional, informational, appraisal and instrumental support. While instrumental support connotes the provision of goods and services to those in in need, emotional support implies showing others compassion, warmth, love, and trust (Thoits, 2011). According to Taylor et al. (2007), appraisal support is the provision of relevant knowledge for others' self-evaluation, whereas informational support refers to aiding others in problem-solving by offering

helpful recommendations and information. Delivering informational support also entails offering suggestions on various courses of action as well as data and ideas to aid with problem-solving (Thoits, 2011).

It has been noted by Chen and Feeley (2013) that, while it is established that all forms of social support have an influence on health, emotional and informational support have been notably demonstrated to be crucial with regards to physical and mental consequences. Therefore, all forms of social assistance are generally necessary for each individual.

Another conceptualisation of social support was given by Haber et al. (2007). According to Haber et al., social support may be broken down into two sorts despite being a wide phrase that encompasses many different aspects. The first is objective and visible support, which is independent of a person's perception and is therefore an objective reality. It consists of monetary aid and social network aid (which encompasses both stable and unstable social links, such as friends, marriage, colleagues, etc.). The second type of support is subjective support, which includes emotional support as well as sentiments of respect and understanding from a person in social situations.

Generally, throughout the literature, significant relationships between social support and mental wellbeing have been established (Tajalli et al., 2010). Social support brings about increased mental health and wellbeing (Alipour et al., 2015). However, social support is not only important for promoting the positive but also dealing with the negative. Research indicates that, protecting oneself against the psychological and physiological impacts of stress is greatly aided by having a strong social support system (Nandi et al.,

2008). Maulik et al. (2011) also opined that, social support defends the one under stress. Overall, the connection between social support mental wellbeing exists because the support from an individual's social network can help the individual deal with and come back from difficult circumstances and hardshipsand improve their mental state (Yildirim & Tanriverdi, 2020).

School-related social support

According to Lakey and Cohen (2000) many individuals including students always sought for social support when faced with situations that are very stressful. They tend to seek social support from friends especially on campuses and family members. Social support is very vital in the sense that, it reduces the impact of stressful situations on an individual because it impacts the way in which a stressful instance is assessed or appraised by an individual. Chandra and Batada (2006) found that, social support has the tendency of influencing the coping strategies used by a person and also offers psychological comfort, which reduces stress for those receiving it (students inclusive). In dealing with academic related stress, students require social support from friends, family and teachers. This brings about a positive impact on their mental wellbeing.

Schools and classrooms are among the most significant environments in childhood and adolescence because they serve as social gathering places for students and teachers (Demir & Leyendecker, 2018). According to the literature, students' perceptions of school-related social support were connected with their academic initiative, demonstrating that social support from facilitators and friends has a direct impact on how people see their school initiatives (Danielsen et al., 2010), school-based wellbeing

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(Tian et al., 2013), and adjusting to school life (Wentzel et al., 2017).

Improved perceived support predicts low stress levels and improved overall health, and the link between school-based social support and stress and health is both direct and indirect (Garca-Moya et al., 2013). In situations where school-based social support is high, it can also positively affect students' ability to adjust, their social skills, self-conceit, and academic performance (Demaray & Malecki, 2002; Stewart & Suldo, 2011).

Concept of Self-Esteem

William James coined the phrase "self-esteem" in 1890 in his book The Principles of Psychology (Kachroo & Ramanathan, 2020). According to Kachroo and Ramanathan, a person's opinion of their own personality's ultimate worth can be either positive or negative. Put differently, a definition of self-esteem is a perspective on oneself. Self-esteem is also the emotional assessment that people have of themselves, usually expressed as acceptance ordislike (Malinauskas & Dumciene, 2017).

In this research work, one's belief, perception, and attitude about oneself that shapes their behavior and, ultimately, their life successes is known as one's self-esteem. One may have a high or low sense of self. Positive sentiments about oneself and life in general are frequently experienced by those who have high self-esteem. This in turn makes them become able to handle life's challenges better. However, when individuals' self-esteem is low, they are likely to perceive themselves and life in a negative sense. Consequently, they feel unable to handle the challenges of life.

Individuals with high self-esteem place more emphasis on personal development and advancement than do those with low self-esteem (McLeod,

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2012). One who has a high sense of self-worth believes that he is superior than someone who has a low sense of self-worth. According to McLeod, the individuals with high self-esteem place more emphasis on personal development and advancement than those with low self-esteem, who place more emphasis on avoiding failure.

The development of self-esteem among learners is a very important process in the life of the students that should not be neglected. Self-esteem can be fostered and encouraged by both parents and educators. According to Mogonea and Mogonea (2014), a person's attitude and conduct at home and at school give indications as to their self-esteem levels. Self-esteem and academic success are said to be correlated in a linear fashion (Kaya & Oğurlu, 2015).

The actions that attempt to boost students' self-esteem can also improve their general wellness (Davies & Brember, 1999). Students who can more clearly connect their successes and failures to causes and effects will be better able to adjust to academic life. Because they may customize their expectations for the future in accordance with their skills and interests, people with high self-esteem are more driven to succeed.

The evidence is clear in the literature that self-esteem is major determinant of success across several aspects of life. For instance, in terms of academic achievement, several studies have confirmed that self-esteem impacts greatly on overall school achievement (El-Anzi, 2005; Wang et al., 2012). Self-esteem is also strongly related to the mental wellbeing and general health of students (Alshammari et al., 2021).

Empirical Review

Relationship between Social Support and Mental Wellbeing of Students

The relationship between social support and mental wellbeing of students has been researched in most previous studies. Some of these studies are discussed in this section. Alsubaie et al. (2019) investigated the influence of various types of social support on students' mental health. The students completed an online questionnaire made up of the " Patient Health Questionnaire (PHQ-9)'', the " Multidimensional Perceived Social Support (MPSS)'', and the " Quality of Life (WHOQOL-BREF)''. The survey was completed by 461 students in total. A key predictor of depressed symptoms was social support from family and friends, according to the study, which found that depressive symptoms were prevalent (33%). Family and friend support was another major factor in determining one's happiness. The researchers discovered that having a strong social network of friends andloved ones was a strong indicator of happiness.

From their results, Alsubaie et al. (2019) concluded that university administrations would do well to make use of students' social support systems as a means of safeguarding their mental health. The research of Alsubaie et al. is similar to the current study even though the current study does not concentrate on quality of life of students.

In a large, randomly selected group of college students, Hefner and Eisenberg (2009) assessed the connection between mental health and social support. Using an online survey, information was gathered from 1,378 learners. According to the findings, students with poor social support had a higher risk of mental health issues, including depressive symptoms, than those

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with superior social support.

Left-behind (LB) children in Mainland China had their self-esteem, mental health, and preparation for school evaluated by Shi (2022). In all, 335 students partook in the study. It was pointed out that adolescents' perceptions of social support had a major impact on their mental wellbeing, sense of self, and preparation for school. Additionally, it was discovered that the perception of social support contributes favourably to psychological resilience. Additionally, psychological resilience has shown to be a key mediator in the relationships between self-esteem and perceived social support and school preparation.

College students in Kashmir, India, were studied by Kachroo and Ramanathan (2020) to see how characteristics like social support, optimism, and self-esteem (protective factors) impacted students' mental health. A sample of 480 learners from Kashmiri responded to questionnaires. Protective factors were found to have a favourable effect on individuals' psychological health.

Ghafari et al. (2021) examined the relationship between students' social networks and their psychological well-being. The research involved a sample of 280 students who were selected using random sampling. Information was obtained with a questionnaire made up of the "Mental Health Test (GHQ- 28)'' and the "Scale of Perceived Social Support (PRQ-85)". The outcomes pointed out that 56% of the sample had difficulties in their mental wellbeing. Also, a strong unfavorable link between the overall mental health score and the social support score was realised. Considering the negative link between social support and mental health, it was recommended

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that, in order to enhance students' mental health, the degree of social support ought to be raisedconstantly.

In addition, the connection between social support and adolescents' mental wellbeing in Jordan was studied by Alshammari et al. (2021). Data were gathered from 2,741 students in Irbid governorate, Jordan. They were selected through multistage cluster sampling. It was demonstrated that having a strong social network contributed to greater feelings of happiness and self-worth. Significant too is the inverse relationship between social support and depression symptoms. From the results, the researchers concluded that support from family was most important in the wellbeing of students.

In Ghana, Glozah and Pevalin (2014) sought to explore how psychosocial variables support adolescent health and academic achievement. A self-report questionnaire was given to 770 senior high school aged males and females who were chosen at random. The most recent terminal examination grades, published by the school were used as the benchmark for academic achievement. Four of the hypothesised pathways were entirely supported by structural equation modeling, while two others were moderately supported, indicating a pretty excellent match to the posteriori model. Stress was adversely correlated with perceived social support, which also predicted health and wellbeing but not academic achievement. Although the work of Glozah and Pevalin is similar to the current study, the variance exists in that the current study sampled both male and female students unlike the studyof Glozah and Pevalin.

From the studies reviewed, the importance of social relationships on one's psychological health was recognised. In most cases, students with high

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social support had improved or positive wellbeing while students with low level of social support had poor mental wellbeing.

Relationship between Social Support and Self-Esteem of Students

In some existing studies, the connection between social support and self-esteem of students has been researched. Some of the existing studies are discussed in this section. In the study of Ikiz and Cakar (2010), the link between perceived social support and self-esteem of 257 high school students in Burdur, Turkey was examined. Data were taken using questionnaire comprising "Social Support Appraisals Scale for Children and Adolescent". The outcomes revealed that students of both sexes report similar levels of self-esteem and they report significantly different degrees of peer and teacher support. Adolescents' self-esteem levels and perceived social support levels were identified to be positively correlated statistically.

Similarly, Gidi et al. (2021) examined the incidence of Low Self- Esteem (LSE) and mental discomfort, as well as their contributing variables, among Jimma University's medical students. The "Rosenberg Self-Esteem Scale" was used to gauge self-esteem. The findings showed that LSE and mental distress were each present in 19.0% and 19.7% of the population, respectively. Additionally, students with LSE were 5 times more likely to experience mental distress. Additionally, the risk of LSE in students with low social support was increased by a factor of 4.3.

Further, Moltafet and Sharifi (2021) looked at how students' levels of thankfulness, social support, and self-esteem may be used to predict their psychological well-being at Yasouj University. In all, 360 learners were involved in this research and they responded to the "Gratitude

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Questionnaire", "Social Support Scale", "Self-esteem Scale" and "Psychological Wellbeing Scale". Gratitude, social support, self-esteem, and psychological well-being were all shown to be correlated in this study's findings. Additionally, gratitude, social support, and self-esteem were all found to be strong predictors of psychological health.

From the studies reviewed, it can be seen that social support and self- esteem were significantly associated. The relationship was due to the fact that the more support an individual has, the higher the likelihood that he or she will have a positive view of himself or herself. The reverse is that low level of social support can make a person have a negative view of himself or herself.

Relationship between Self-Esteem and Mental Wellbeing of Students

The relationship between self-esteem and mental wellbeing of students has been researched in the literature. Some of the studies in this regard have been reviewed. The level, stability, and predictive roles of mental health and self-esteem in teenagers over the course of a school year were all examined by Moksnes and Reidunsdatter (2019), along with gender differences. Three hundred and fifty-one students in Mid-Norway, between the ages of 15 and 21, made up the research sample. The students were assessed using the "Warwick-Edinburgh Mental Well-Being Scale", the "Hopkins Symptom Checklist" and the "Rosenberg Self-Esteem Scale". According to the findings, females reported considerably more despair and anxiety than boys did, and throughout the two evaluations, depression and anxiety, stress, and self-esteem all exhibited a marginally significant rise. Additionally, boys had significantly higher self-esteem and mental wellbeing scores and reported

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stable mental health throughout the academic year. Self- esteem has a strong correlation with both mental health and depression/anxiety. Depression/anxiety and mental health both substantially predicted self-esteem.

Further, Agrawal (2020) evaluated how secondary school students' academic achievement and psychological well-being related to their self-esteem and coping skills. Using a purposive selection approach, information was gathered from 100 Varanasi district residents between the ages of 15 and 16 who attended both government-run and private schools. Data were taken using the "Rosenberg Self-esteem Scale (RSES)", "Psychological Well-Being Scale (PWBS)" and the "Adjustment Inventory for School Students (AISS)". Academic performance, psychological well-being, and self-esteem are all positively correlated. Academic success and student wellbeing were shown to be significantly positively connected with adjustment level of the students.

Glozah (2013) investigated how academic pressure and perceived social support affected Ghanaian SHS students' psychological wellness. The focus was on 226 students in all took part in the study. It was realised at the end of the study that having social support lessened the toll that academic pressure took on one's mental health. Girls conveyed more despair but also higher ratings for perceived social support. Boys conveyed more academic stress and greater mental health, and these findings have been in part linked to the socialisation function of gender.

Yahaya (2019) also investigated variables influencing pupils in senior high schools in Offinso Municipality of Ashanti Region's perceptions of their bodies, self-esteem, and health behaviour. Data from 561 students were used.

The correlation results showed a modest positive association between self-esteem and health behaviour and a moderately favourable connection between body image and self-esteem. The biggest predictor of body image was familial influence.

The studies have clearly made known that self-esteem and mental wellbeing was significantly related. When students have a positive view of themselves, they are likely to have improved mental health while students who have a negative view of themselves are likely to experience some mental health disorders.

Mediating Role of Self-Esteem on the Relationship between Social Support and Mental Wellbeing

Several researches have looked at the impact of self-esteem on the connection between a student's social support and mental wellbeing. This section reviews a few of these studies. Lee (2013) looked at the relationships between students' pre-college levels of self-esteem, perceived social support, and coping methods, and their subsequent levels of depression during their first year of college. The inquiry was a long-term study conducted in Chicago. The findings showed how students' perceptions of social support and strategies for dealing with disengagement may be influenced by their sense of self-worth, which may then be utilized to anticipate depressive symptoms.

Further, the relationship between self-esteem and perceived social support was shown to be reciprocal, meaning that both factors may influence one another. Disengagement coping was also discovered to be a precursor to the development of psychopathology in both those with high and low self-esteem. Lee deduced from the findings that depression symptoms, which are

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markers of mental wellness, and social support, have a link that is influenced by self-esteem.

Çiçek (2021) looked at how loneliness and psychological and subjective well-being are related to self-esteem in university students, 340 of them. The questionnaire for collecting data comprised "Rosenberg Self-Esteem Scale'', "Flourishing Scale", "Satisfaction with Life Scale" and "UCLA Loneliness Scale". The findings showed that self-esteem, psychological well-being, and subjective well-being were all strongly and adversely correlated with loneliness. Additionally, psychological well-being and subjective well-being were strongly and favourably correlated with self-esteem.

Further, the results of Çiçek (2021) found that females had high likelihood to express higher self-esteem, subjective well-being and psychological well-being, while they reported less loneliness in comparison to males. Feelings of isolation are a strong and unfavourable predictor of happiness, self-worth, and psychological health. Self-esteem substantially and favourably predicted psychological wellness and subjective well-being, actingas a partial mediator between loneliness and health outcomes.

Similarly, among Chinese undergraduates, Kong et al. (2013) looked at the link between social support and subjective well-being, looking at both the mediating and moderating impacts of global self-esteem. Questionnaire was completed by a total of 391 learners. Global self-esteem fully mediated the impact of social support on positive affect and life satisfaction, but only partially on negative affect. Students who had more social support reported greater life satisfaction and good affect ratings than

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those who had less social support when they reported having a high degree of global self-esteem. When people lacked an adequate sense of self-worth, neither high nor low levels of social support made a difference in their levels of happiness or pleasant emotions. Overall, Kong et al. came to the conclusion that students' subjective wellbeing and social support were mediated by their sense of self-worth.

Additionally, Çivitci (2015) looked into the moderating effects of positive and negative affect on the link between college students' perceptions of social support and stress. According to the research's findings, happy affect does not have a comparable moderating function in the association between perceived social support and stress as does negative affect. Student self-esteem was also found to play a significant role in the correlation between social support and stress, according to Çivitci's research.

Ji et al. (2019) evaluated a sample of Chinese citizens with physical disabilities to see if self-esteem play a mediation role in the association between social support and subjective wellbeing. A total of 210 respondents partook in the study. The data were subjected to path analysis. The findings demonstrated that self-esteem strongly impacted perceptions of physical disability discrimination, subjective wellbeing, and social support. This study is similar to the current study in terms of having similar objectives. However, the population was different since the study of Ji et al. (2019) focused on people with disabilities. The findings, nevertheless, have some relations to the current research.

The studies reviewed in this section have shown clearly that self-esteem significantly moderates the connection between social support and

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wellbeing. This is because even though the studies were carried out in different contexts, their findings were similar.

Predictive Ability of Social Support and Self-Esteem on Mental Wellbeing

Some studies have been carried out to find out how social support and self-esteem predict mental wellbeing. Harandi et al., (2017) investigated the effect of social support on mental health in the literature in Iran. The study was a meta-analysis of studies from 1996 through 2015. Databases included "SID and Magiran, the comprehensive portal of human sciences, Noor specialized magazine databases, IRANDOC, Proquest, PubMed, Scopus, ERIC, Iranmedex and Google Scholar". The results showed high effect of prediction of social support on mental health.

In their 2019 study, Khan and Arif looked at how university students' mental health is predicted by their social support networks. Those who were involved in the study were 150 students taken from Islamabad and Rawalpindi. Questionnaire was used in obtaining information and the outcomes showed that peer and family support showed a negative correlation with psychological distress and a positive correlation with psychological wellbeing. Additionally, it demonstrated that among college students, social support is a positive predictor of mental health.

Further, Jalilbal et al., (2024) sought to predict mental health and self-esteem based on perceived social support in youth with physical disabilities in Tehran. The research method was descriptive and correlational. Data were gathered using questionnaire. The results of the study showed that the components of family, others, and perceived social support could predict mental health. The findings indicate that perceived social support was

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identified as the strongest predictor of mental health.

Peñate et al., (2020) analysed the connection between depression and anxiety levels and positive and negative affect, self-esteem, and perceived social support. A total of 467 learners in Chile were involved in the study. Self-esteem and social support were both shown to have similar connection with anxiety and depression.

The study conducted by Liu et al., (2021) investigated the correlation between resilience and self-esteem in early adolescence, as well as the relationship between self-esteem and common mental health disorders. Those involved in the study were 1015 adolescents. Using a questionnaire, data were gathered five times at 6-month intervals throughout the course of two years. The results showed that self-esteem negatively predicted community health protection.

Chapter Summary

In this chapter, literature related to the study has been reviewed. The review covered Ryff's Theory of Mental Well-being, Relational Regulation Theory and Self-Determination Theory. Also, the review expanded on some concepts relating to the current study. Some past studies relating to the studies were also reviewed. The review highlighted clearly that social support and self-esteem are related to each other and also related to mental wellbeing.

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CHAPTER THREE

RESEARCH METHODS

Introduction

This research investigated the mediating role of self-esteem on social support and mental wellbeing of SHS students in the Atwima Kwanwoma District. In this chapter, the methods utilised in the research work are discussed. It focuses on the research design, study area, population, sample and sampling procedures, data collection instruments, pilot testing, validity and reliability of the study, data collection procedures, data processing and analysis and ethical consideration.

Research Design

Correlational research design was the method employed in this investigation. A correlation between two variables that are closely related is established through correlational study design. Two distinct groups are required for this kind of study. No assumptions are made while evaluating the link between two separate variables; rather, statistical analysis techniques compute the relationship between the two variables. The connection between two variables is established by a correlation coefficient. The correlation coefficient indicates whether there is a positive connection between the two variables if it leans toward one, and if there is a negative association if it leans toward zero (Ratner, 2009).

Finding unidentified or hypothesised links between variables is the main objective of correlational research because it may reveal shared traits or occurrences in other variables (Lorraine, 2021). Even if the research does not yield any definitive answers, it is still useful since it paints a more

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complete picture of a problem or phenomenon that was previously just glimpsed at in exploratory or descriptive studies. Investigators assess the correlation between two variables in correlational research without modifying either of them. Correlational research method was adopted for the study because it offers several benefits for researchers and businesses. First, it provides a cheap and efficient (not time-consuming) means of determining the statistical relationship between two variables. Additionally, it enables the researcher to completely comprehend a variable in its unmodified, original state. Furthermore, variables in their original states are more relevant to real-world scenarios. Researchers may also determine the intensity and strength of the link using this approach. The data may be categorized easily using the correlation coefficient, which ranges from -1.00 to 1.00 and measures the strength of a link. Additionally, it offers the smoothest transition from performing correlational or experimental research and offers insights into how variables interact with one another that other approaches are unable to.

There are some drawbacks to this kind of research method, as there are with all other research methods. It is constrained since it can only draw statistical conclusions from two variables at most and ignores cause and effect links because it cannot determine which of the two factors causes the statistical pattern. Additionally, because it uses historical statistical patterns to identify the relationship, it cannot be completely trusted for future research. The study also used a quantitative technique to gain a true representation of the social support and mental health of senior high school students. To enable the researcher to compile more exact and quantifiable data on the topic under consideration, a quantitative technique was chosen.

Study Area

The study took place in Atwima Kwanwoma District one of the largest districts in Ashanti Region (Ghana Statistical Service, 2022). The district covers 251.9 square kilometres making up 1.03% of Ashanti Region's total land area (24,389sq.km) (Population and Housing Census Summary Report, 2021; Ghana Statistical Service, 2022) and From the Ghana Statistical Service 2014a and the Ministry of Finance (2014), the district is situated between the longitudes of 1°15″ and 1°46″ W and the latitudes of 6°24″ N and 6°43″ N. With a poverty incidence of 4.9, it is rated 202/216 in Ghana's district league table for poverty incidence (Ghana Statistical Service, 2015). From the 2021 Population and Housing Census, the Atwima Kwanwoma District has a population of 234,846 people, representing 4.3 percent of the region's total population. 51.4 percent of the population is female and 48.6 percent male. The district has a young population with a big base demographic pyramid and a small share of elderly individuals. The main occupation of the inhabitants is farming. Agriculture is the mainstay of the district economy and it employs about 62.6% of the labour force. (2021 Composite Budget – Atwima Kwanwoma District)

Students, especially, the day students absent themselves from school to partake in activities like farming and being drivers' mate and sometimes too they engage in these activities after school. Students engaging in these stressful activities show that the social support that they receive is inadequate and this will in turn affect their mental wellbeing. Therefore, using the district as the study context becomes very important in addressing the menace as it will provide an in-depth understanding on the main issues that entice students

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to engage in such activities.

Population

Frankel and Wallen (2006) define the population as the set of people to whom the study's outcomes are supposed to be applicable. This study was interested in investigating the mediating role of self-esteem on social support and mental wellbeing of SHS students within the Atwima Kwanwoma District. The study population came from second year senior high school students within the Afua Kobi Ampem Girls' Senior High School (SHS), Atwima Kwanwoma Senior High Technical School (SHTS) and Anum Asamoah Senior High School (SHS).

From the registry of the Atwima Kwanwoma Education Directorate and the various schools, second year students of Afua Kobi Ampem Girls' SHS, Atwima Kwanwoma SHTS and Anum Asamoah SHS have a population size of 1265, 320 and 94 respectively. The population was therefore, 1679 students. However, it was not every student that was engaged in this study.

Table 1 shows the number of second year students in SHS in Atwima Kwanwoma District.

Table 1: Population Distribution

Name of School	Population
Afua Kobi Ampem Girls' SHS	1265
Atwima Kwanwoma SHTS	320
Anum Asamoah SHS	94
Total	1679

Source: Data from the Registry of Atwima Kwanwoma Education
         Directorate and Schools (2022)

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Sample and Sampling Procedures

To achieve reliable results as stated by Yarkoni (2019), it is not necessary to use the entire population in research. With the researcher's intent of investigating the mediating role of self-esteem on social support and mental wellbeing of SHS students in the Atwima Kwanwoma District, 504 students were sampled from a population of 1679 senior high students from the three senior high schools in the district. The sample size was determined using Gall et al. (2003) recommendation for finding samples. At least 30% of the population, as stated by Gall et al. (2003), is considered to be representative. The sample size needs only thirty percent (30%) of the total population who can be reached.

The sampling technique that was adopted for this study was the multi-stage sampling technique. At stage one, the purposive sampling was used to select the three schools because they were the only senior high schools in the district. Also, second year students were purposively selected because of the shift system.

At stage two, the sampling size for the various schools was selected using proportional sampling in order to get equal participant from each school.

At stage three, stratified sampling technique was adopted to determine the number of participants to be selected from each school. This procedure involves a classification of population into mutually exclusive groups, called strata, and using a random sample from each stratum (Scheaffer et al., 2006). The stratified sampling has the advantage of improving efficiency of sampling since every group in the population was represented in the sample in proportion equal to the size of that segment within the main population.

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The stratification was done according to the schools. Thus, the sample taken from each school was proportional to the population of second year students in the school. The computation was based on this formula $\frac{n}{N} \times S = s$

Where:

n= population of specific groupN=Total population

S=Sample Size

s=sample for specific group (school).

For instance, in getting the sample for Afua Kobi Ampem Girls' SHS, thecalculation is shown as follows:

$\frac{1265}{1679} \times 504 = 379.7$. Thus, 380

The sample distribution is shown in Table 2.

Table 2: Sample Distribution

School	Students	
	Population	Sample
Afua Kobi Ampem Girls' SHS	1265	380
Atwima Kwanwoma SHTS	320	96
Anum Asamoah SHS	94	28
Total	1679	504

Source: Author's Calculations

Fourthly, after calculating the sample for each school, the actual respondents in each school were selected using the simple random sampling technique. Respondents from each school were selected using 'YES or NO' written on strips of card board papers and rolled in a secret ballot box for students to pick. Students who picked YES in their various schools were

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selected for the study. This was done to prevent bias selection of respondents for the study.

Data Collection Instruments

The questionnaire served as the primary tool for gathering data for the study. In educational research, questionnaires are frequently used to collect data because they are useful in that they are particularly effective at securing factual information and enquiring into opinions and attitudes of a particular group. Three instruments were adapted to create the questionnaire. These are "Multidimensional Scale of Perceived Social Support (MSPSS)'", "World Health Organization Well-Being Index (WHO-5)" and "Rosenberg Self-Esteem Scale (RSES)".

Multidimensional Scale of Perceived Social Support (MSPSS)

In 1988, the Multidimensional Scale of Perceived Social Support was created by Zimet, Dahlem, Zimet, and Farley. Using a 7-point Likert type scale With responses ranging from "1-of very strongly disagree, 2-of strongly disagree, 3-of mildly disagree, 4-of neutral, 5-of mildly agree, 6-of strongly agree, and 7-of very strongly agree". The 12-item Multi-Source Perceived Social Support Scale (MSPSS) assesses how much emotional and practical help one receives from friends, family, and romantic partners. The instrument was modified to use a 4-point scale instead of a 7-point scale, with the options being strongly disagree, disagree, agree, and highly agree.

World Health Organization Well-Being Index (WHO-5)

In academic and therapeutic settings, one frequently used questionnaire to measure subjective psychological well-being is the 5-item "World Health Organization Well-Being Index (WHO-5)". Since its first

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introduction in 1998, the WHO-5 has been used in studies all around the world and has been rendered into over 30 languages. According to WHO-5, subjective quality of life is measured by three factors: general interest (being interested in things), vitality (awakening alert and ready to go and rejuvenated), and positive mood (having a good attitude and relaxing).

Rosenberg Self-Esteem Scale (RSES)

The 10-item Rosenberg Self-Esteem Scale (RSES) measures both optimistic and pessimistic self-perceptions to determine one's overall sense of worth. The instrument was first created as a means of gauging the self-esteem levels of students. However, since its creation, the scale has been utilised by many different types of people, including adults for whom norms are already established. The scale is believed to be one dimension. The alternatives for each question's replies range from strongly agree to strongly disagree on a 4-point Likert scale.

The final questionnaire used for the study had four sections. The first section comprised demographic background of the respondents on section A, with section B focusing on the perception of social support. Section C of the questionnaire was on mental wellbeing of students and Section D of the questionnaire was on Rosenberg scale of self – esteem ranging from "Strongly Agree (SA) to Strongly Disagree (SD)". Overall, the questionnaire comprised 31 items.

Pre-Testing

The pre-testing is an important part of the data gathering process since it entails conducting a trial run on a smaller scale utilising all of the processes that are going to be used in the primary analysis (Monette et al., 2002). It is

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critical to conduct pre-testing of the research questionnaire before it is used in the investigation. Not only does this help enhance the quality of the questionnaire, but it also makes the research more effective overall.

The intent of the pre-testing is to (a) remove any uncertainty that may be present in the survey tool, (b) help highlight any difficulties that may be experienced when gathering the primary information, (c) analyse the directions for gathering the primary data, and (d) test the effectiveness of the actual investigation (Fraser et al., 2018). Due to the fact that many of the respondents' features are comparable, the questionnaire underwent a pre-testing with 50 students from a senior high school closer to the district who were not involved in the original study. It has been established that for a survey, 10% of the study sample is usually appropriate for a pre- test (Connelly, 2008; Hertzog, 2008). Since the sample for the study was 504, 50 students represented approximately 10% of the study sample size. On this basis, the choice of 50 students for the pre-test was appropriate.

Validity and Reliability of the Study

The validity of the questionnaire was established, specifically, content validity. This is the degree to which the items on the questionnaire fully measure the entirety of what it was designed to assess is referred to as content validity (Rubin & Babbie, 2016). In establishing content validity, expert opinion is most relied on. For this study, the supervisor of the researcher who is an expert in Educational Psychology was the main person who assessed the content validity of the questionnaire. Aside this, research and measurement experts in the Department of Education and Psychology in the University of Cape Coast also assessed the content validity of the questionnaire. In the end,

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it was established that the items on the questionnaire adequately and sufficiently measured what the questionnaire was intended to measure.

According to Kendi (2012), reliability connotes the extent with which an instrument consistently assesses specific issues. In establishing the reliability, the data collected during the pre-testing was analysed with the help of the Statistical Product and Services Solution (SPSS) version 22. Internal Consistency method of reliability was established. This was done through the use of Cronbach co-efficient alpha. The overall reliability co-efficient obtained was 0.81. The reliability for the various subscales was as follows:

Multidimensional Scale of Perceived Social Support   –   0.82

World Health Organization Well-being Index   –   0.79

Rosenberg Self-Esteem Scale   –   0.83

The reliability coefficients obtained were all above 0.7. This means that the overall reliability of the instrument was acceptable. It has been established in the literature that reliability coefficients from 0.7 and above are considered acceptable and high (Adeniran, 2019).

Data Collection Procedures

The Institutional Review Board at the University of Cape Coast gave approval after an ethical review was conducted. Following this, a letter of introduction was taken from the Department of Education and Psychology. This was to assist in obtaining authorization from the respondents to be able to gather the data from them.

Prior to beginning of the research, consent from the participants was obtained. The participants were offered the chance to learn more about the study's objectives and to ask any questions they had. The dissemination and

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collection of questionnaires from and to respondents were helped by research assistants. The data were collated within the hours of 12:00 and 1:00 (o'clock) noon since it was the time respondents were free to be approached. Other respondents were reached after school hours between the hours of 3:30 and 4:30pm. Data gathering took place in two weeks.

Data Processing and Analysis

Inferential statistics were used for the data analysis. SPSS, the Statistical Package for Social Sciences, was utilized in this. Responses were cross-checked in the field to acquire quality data. In order to prevent errors and discrepancies, the responses were screened and cleansed, ensuring the quality of the data gathered. Prior to entering them into the SPSS software, answers to the questions were also coded. Hypotheses one, two and three were tested using Pearson Product Moment Correlation while research questions one and two were answered using Hayes PROCESS Macro and Multiple Regression Analysis respectively.

Ethical Considerations

The researcher sought permission and consent of the sampled schools and respondents before they took part in the study. Thus, the participants willingly took part in the research. The research process and the purpose of the study were explained vividly to them. They were assured of the nondisclosure of confidential information and their identity, and any documents they provided were kept anonymous. They were told not to write their names and schools on the questionnaire to conceal their identity. The respondents were accorded the highest maximum of respect and were notified that they had the chance to withdraw their participation in the study if they

ever felt like doing so. The articles, books, and online resources that were consulted were duly recognised in the reference section of this manuscript.

Chapter Summary

The research design that was chosen for this study was correlational research design. The population came from all second-year students (N=1679) in the three public SHSs within the Atwima Kwanwoma District. Out of this, 504 students were selected through the multi-stage sampling technique. Students sampled answered the questionnaire that was adapted from three different instruments. These are "Multidimensional Scale of Perceived Social Support (MSPSS)", "World Health Organization Well-Being Index (WHO-5)" and "Rosenberg Self-Esteem Scale (RSES)". The data were analysed using inferential statistics. SPSS, the Statistical Package for Social Sciences, was utilised in this. The data gathering process lasted for two weeks.
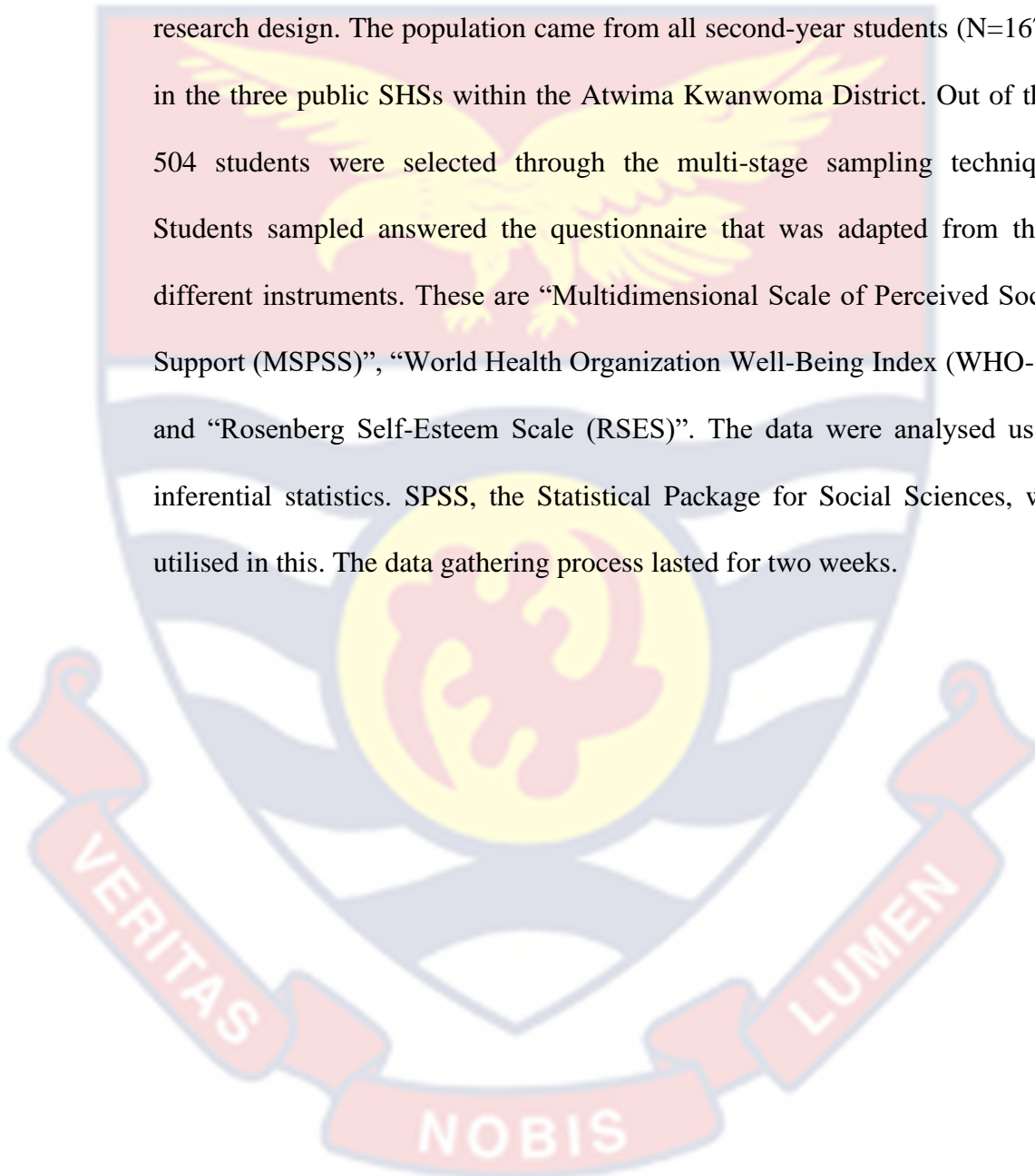
CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This study aimed to investigate the mediating role of self-esteem on social support and mental wellbeing of senior high school students in the Atwima Kwanwoma District. Correlational research design was employed in this study. Focusing on the Atwima Kwanwoma District, 504 students were sampled from second year senior high students using multi- stage sampling technique. Data were collected using "Multidimensional Scale of Perceived Social Support", "World Health Organization Well-Being Index" and "Rosenberg Self-esteem Scale". Research hypotheses one to three were tested using Pearson Product Moment Correlation and research question one and two answered using Hayes PROCESS Macro and Multiple Regression Analysis respectively.

Demographic Data of Respondents

The demographic data of the participants are presented in Table 3.

Table 3: Demographic Data of Respondents

Demographic	Frequency (F)	Percentage (%)
Gender		
Male	104	20.6
Female	400	79.4
Age		
18 years and below	422	83.7
19-23 years	82	16.3
Type of School		
Female only	380	75.4
Mixed	124	24.6
Programme of Study		
Business	131	26.0
Science	17	3.4
General Arts	141	28.0
Visual Arts	93	18.4
Home Economics	122	24.2

Source: Field survey (2022)

The findings in Table 3 show that (79.4%) of the respondents were females and (20.6%) of the respondents were males. This indicates that there were more females than males in the study. Since the study area had one female school and two mixed sex schools, this result was not surprising. Also, it can be seen in the findings in Table 3 that majority of the respondents (83.7%) were aged 18 years or below. Thus, only (16.3%) were aged above 18 years old. Since most senior high school students are adolescents, the results are not surprising.

Further, the findings in Table 3 revealed that (75.4%) of the respondents were from only female school. This gives confirmation to the reason why there were more females involved in the study. Finally, it is shown in Table 3 that the respondents offered varied programmes of study in schools. The common programmes included General Arts (28%), Business (26%) and Home Economics (24.2%).

Analysis of the Main Data

Results of Hypothesis One

Research hypothesis one sought to investigate if there is no statistically significant relationship between social support and mental wellbeing among senior high school students in the Atwima Kwanwoma District.

The null hypothesis, which states that, there is no statistically significant relationship between social support and mental wellbeing among senior high school students in the Atwima Kwanwoma District, was used for the investigation. In testing this hypothesis, Pearson Product Moment Correlation Co-efficient (PPMCC) was used for the analysis. In using Pearson

Product Moment Correlation Co-efficient (PPMCC), two main assumptions were tested. These were the assumption of normality and the assumption of linear relationship.

The Normality Testing is based on the idea that the data should be normally distributed before Pearson Correlation can be done. The assumption of normality was met. This is because the points cluster around the horizontal line. This means that the data are normal and as such Pearson Correlation canbe used as shown in Appendix C.

The Linear Relationship assumption was carried out to determine if a linear relationship exists between the variables. This was tested and results are presented in Appendix D. The scatterplot confirmed that there was a linear relationship between social support and mental wellbeing. In the scatterplot (Appendix D), the points are not overly scattered but they do appear to be in some line. Therefore, linearity can be assumed in the data.

The results of the Pearson Correlation of the relationship between social support and mental wellbeing are shown in Table 4.

Table 4: Relationship between Social Support and Mental Wellbeing

		Social Support	Mental Wellbeing
Social Support	Pearson Correlation	1	.478**
	Sig. (2-tailed)		.000
	N	504	504
Mental Wellbeing	Pearson Correlation	.478**	1
	Sig. (2-tailed)	.000	
	N	504	504

**. Correlation is significant at the 0.01 level (2-tailed).

Source: Field survey (2022)

The association between social support and mental wellbeing was examined using a Pearson product-moment correlation. The findings in Table 4 revealed that there was a statistically significant moderately favourable connection between social support and mental wellness (r = .478, n = 504, p = .000). From the results in the table, it can be said that as social support increases, mental wellbeing increases. This is because the relationship was found to be positive. The null hypothesis, which claimed there was no statistically significant link between social support and mental wellbeing among senior high school students in the Atwima Kwanwoma District, was also rejected in light of the findings.

Results of Hypothesis Two

Hypothesis two sought to find out if there is no statistically significant relationship between social support and self-esteem among senior high school students in the Atwima Kwanwoma District.

This hypothesis sought to find out the relationship between social support and self-esteem among senior high school students in the Atwima Kwanwoma District. In testing this hypothesis, Pearson Product Moment Correlation Co-efficient (PPMCC) was used. The assumption of normality and the assumption of linear relationship were tested.

The Normality Testing assumption is based on the idea that the data should be normally distributed before Pearson Correlation can be done. This is depicted in Appendix E. It was confirmed that the assumption of normality was met for data on social support and self-esteem. This is because the points clustered around the horizontal line (Appendix E). This means that the data are normal and as such Pearson Correlation can be carried out.

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The linear relationship was done to determine if a linear relationship exists between the variables. For Pearson Correlation to be done there should be a linear relationship between the variables. This was tested and results shown in the scatterplot in Appendix F. It is shown in the scatterplot that the dotted points appear to be in some form of a line. They are not overly scattered without direction and there are no extreme outliers. Thus, linear relationship was assumed between the variables.

The results of the Pearson Correlation of the relationship between social support and self-esteem are shown in Table 5.

Table 5: Relationship between Social Support and Self-Esteem

		Social Support	Self-esteem
Social Support	Pearson Correlation	1	.535**
	Sig. (2-tailed)		.000
	N	504	504
Self-esteem	Pearson Correlation	.535**	1
	Sig. (2-tailed)	.000	
	N	504	504

**. Correlation is significant at the 0.01 level (2-tailed)

.Source: Field survey (2022)

An analysis of the Pearson product-moment correlation was done to determine the connection between self-esteem and social support. According to Table 5's findings, social support and self-esteem showed a statistically significant moderate, positive association (r = .535, n = 504, p = .000). Since the relationship was found to be positive, it may be claimed that self-esteem grows along with social support. The null hypothesis, which claimed there was no statistically significant connection between social

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support networks and self-esteem among senior high school students in the Atwima Kwanwoma District, was also disproven in light of the findings.

Results of Hypothesis Three

Hypothesis three also sought to find out if there is no statistically significant relationship between self-esteem and mental wellbeing among senior high school students in the Atwima Kwanwoma District.

This hypothesis sought to find out the relationship between self-esteem and mental wellbeing among senior high school students in the Atwima Kwanwoma District. In testing this hypothesis, Pearson Product Moment Correlation Co-efficient (PPMCC) was used. The assumption of normality andthe assumption of linear relationship were tested.

The Normality Testing assumption is based on the idea that the data should be normally distributed before Pearson Correlation can be done. This is shown in Appendix G. It is visible from the figure in Appendix G that the assumption of normality is met for data on social support and self-esteem. This is because it can be observed that the points cluster around the horizontal line. This means that the data are normal and as such Pearson Correlation can be carried out.

The Linear Relationship was carried out to determine if a linear relationship exists between the variables. This was tested and results presented in the Figure in Appendix H. It is shown in the scatterplot in Appendix H that the dotted points appear to be in some form of a line. They are not overly scattered and there are no extreme outliers. Therefore, linear relationship can be assumed between self-esteem and mental wellbeing.

The results of the Pearson Correlation of the relationship between self-

esteem and mental wellbeing are presented in Table 6.

Table 6: Relationship between Self-Esteem and Mental Wellbeing

		Self-esteem	Mental Wellbeing
Self-esteem	Pearson Correlation	1	.138**
	Sig. (2-tailed)		.002
	N	504	504
Mental Wellbeing	Pearson Correlation	.138**	1
	Sig. (2-tailed)	.002	
	N	504	504
**. Correlation is significant at the 0.01 level (2-tailed)			

Source: Field survey (2022)

An analysis of Pearson product-moment correlation was carried out to find out the relationship between self-esteem and mental wellbeing. It can be observed in the findings in Table 6 that there was a statistically significant weak, positive correlation between social support and self-esteem ($r = .138$, $n = 504$, $p = .002$). Since the relationship was found to be positive, the implication is that as self-esteem increases, mental wellbeing also increases. On the basis of the results, the null hypothesis that there was no statistically significant relationship between self-esteem and mental wellbeing among senior high school students in the Atwima Kwanwoma District was rejected.

Results of Research Question One

To what extent does student' self-esteem mediate the relationship between social support and mental wellbeing in the Atwima Kwanwoma District?

This research question intended to find out the extent to which students' self-esteem mediate the relationship between social support and

mental wellbeing in the Atwima Kwanwoma District. In analysing the data for this research question, mediation analysis was carried out. Mediation analysis was done using Hayes SPSS PROCESS Macro (Hayes, 2013). Hayes' PROCESS Macro provides various coefficients and test statistics that explain the indirect, direct, and total effects during mediation analysis.

In the mediation analysis, the independent variable was social support (SS) while the outcome or dependent variable was mental wellbeing (MW). The mediating variable was self-esteem (SE). The results of the analyses are presented in Table 7. In the table, B represents the effect, SE represents standard error estimate, while the LLCI and ULCI represent lower-level confidence interval and upper level confidence interval respectively.
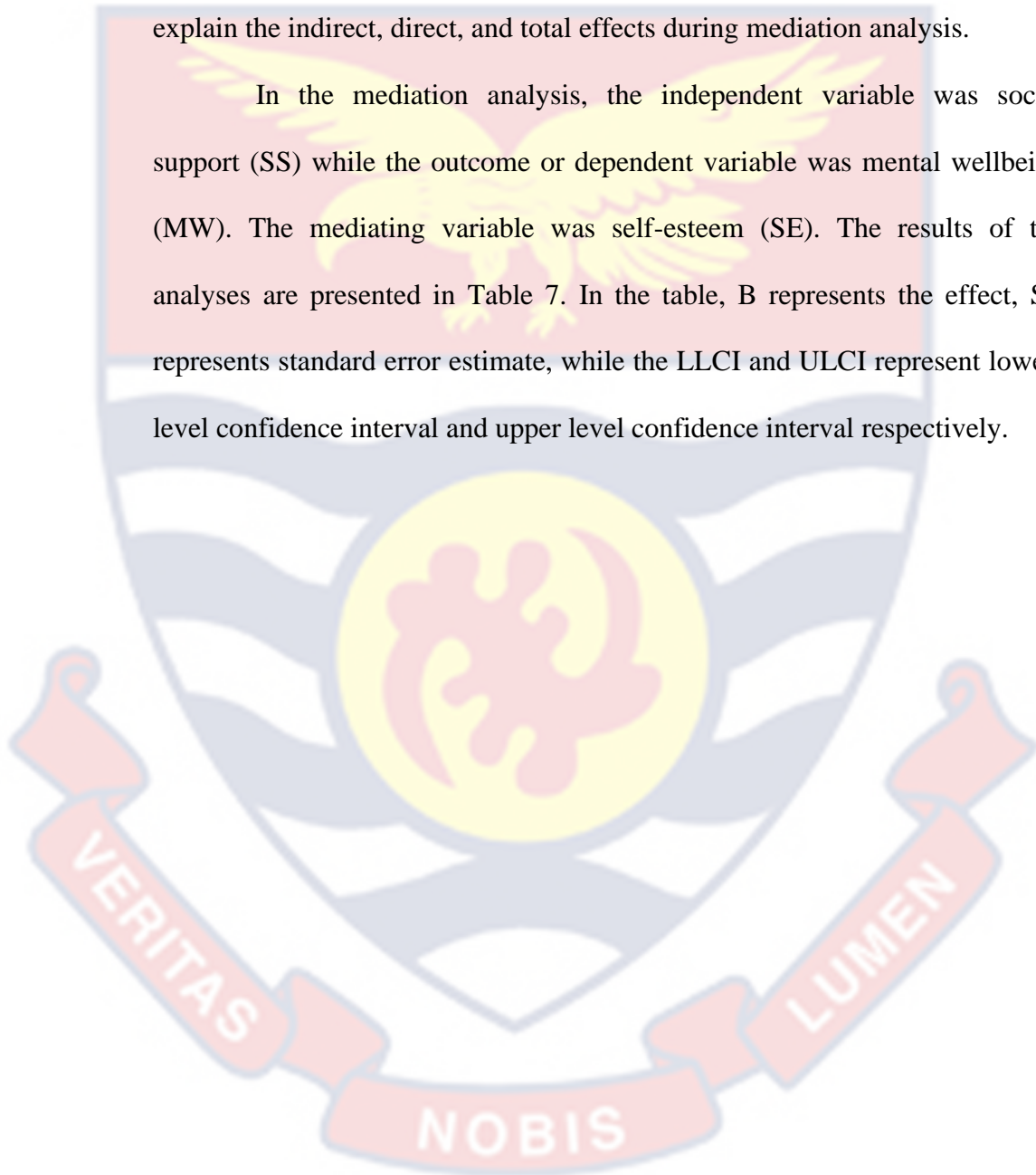
Table 7: Mediation Analysis Using Hayes' PROCESS Macro

	B	SE	t	p	LLCI	ULCI
SS --> SE *(a)*	.3897	.0275	14.1885	.0000	.3357	.4437
SE --> MW *(b)*	-.1107	.0308	-3.5891	.0000	-.1713	-.0501
(Total) SS -->MW *(c)*	.2343	.0192	12.1998	.0000	.1966	.2720
(Direct) SS -->MW *(c')*	.2774	.0225	12.3484	.0000	.2333	.3216
SS -->SE >MW*(ab)* Indirect effect	-.0431	.0055			-.0767	-.0123

$R^2(a) = .286$; $R^2(b) = .248$; $R^2(c) = .229$.

Source: Field survey (2022)   *Significant, p<.05

In Table 7, results of the mediation analysis are presented. The first step of the analysis showed that the effect of social support (SS) on self-esteem (SE) was significant (b =0.389, t=14.189, p < .05). The second step of the analysis showed that the effect of self-esteem (SE) on mental wellbeing (MW) was significant (b =-.111, t=-3.589, p < .05). This means that both path *a* and *b* were significant.

Further, the direct effect of social support (SS) on mental wellbeing (MW) was also shown to be significant (b =.2774, t=.0225, p < .05). Regarding the indirect effect, Geert van den Berg (2022) noted that PROCESS does not compute any p-value for *ab*, instead, it estimates a confidence interval by bootstrapping. However, the 95% CI [-0.08, -0.01] does not contain zero giving the indication that p < .05 even though PROCESS does not compute the actual p-value. From this result, it is clear that self-esteem mediates the relationship between social support and mental wellbeing. A final point is that since the direct effect was significant: the indirect effect only partly accounted for the relation from social support onto mental well-being. Figure 2 below presents the mediation model.
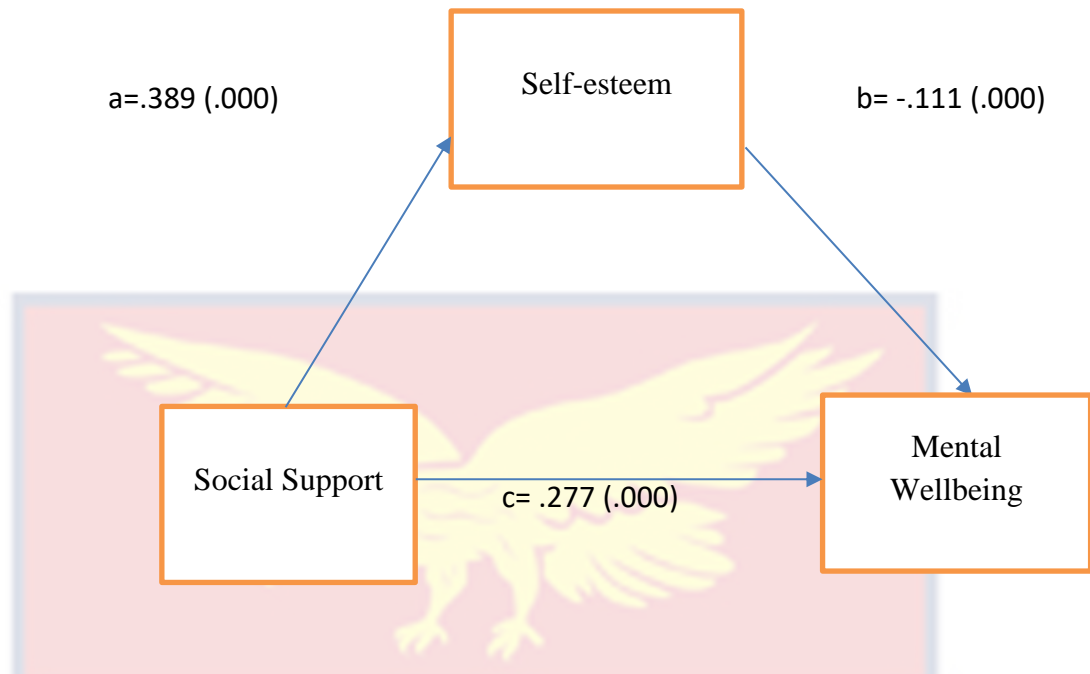
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Figure 2: Mediating relationship between social support, self-esteem and

mental wellbeing

Source: Field survey (2022)

Research Question 2: Which of the predictor variables best predict

mental wellbeing of SHS students in the Atwima Kwanwoma District?

This research question aimed at finding out which of the predictor variables best predict mental wellbeing of SHS students in the Atwima Kwanwoma District. The predictor variables were social support and self-esteem while the dependent variable was mental wellbeing. Multiple regression analysis was used in carrying out this analysis. The results are shown in Table 8.

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Table 8: Predictor Variables and Mental Wellbeing

Model		B	Std. Error	Beta	T	Sig.
		Unstandardized Coefficients		Standardized Coefficients		
1	(Constant)	6.095	.858		7.103	.000
	Social support	.277	.022	.566	12.348	.000
	Self-esteem	-.111	.031	-.165	-3.589	.000

a. Dependent Variable: Mental Wellbeing

b. Predictors: (Constant), Social support, Self-esteem

c. $F(2, 501)=82.619^{***}$, $p<.000$, $R^2=.248$

Source: Field survey (2022)

Table 8 shows that social support significantly predicts mental wellbeing (t=12.348, p=.000). Also, it can be seen that self-esteem significantly predicts mental wellbeing (t=-3.589, p=.000). The beta values showed that social support (.566) predicted mental wellbeing than self-esteem.

Further, the F-statistic from the ANOVA test was significant [F (2, 501) =82.619, p<.05] implying that the regression model was significant. Finally, the R^2 value of .248 gives the indication that the predictor variables (social support and self-esteem) contributed 24.8% to the variation in the dependent variable which is mental wellbeing (R^2=.248 X 100=24.8%). From the results, it is clear that both social support and self-esteem predicted mental wellbeing but social support was the best predictor of mental wellbeing.

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Discussion

The results obtained are discussed in this section in relation to previous literature.

The study sought to determine the important connection between social support and students' mental wellbeing. The association between social support and mental wellbeing was examined using a Pearson product-moment correlation. Social support and mental wellbeing were found to have a statistically significant, moderately positive association. From the results in the table, it can be said that as social support increases, mental wellbeing increases. This is because the relationship was found to be positive.

Social support for students is mostly reflected in how families and friends show them support. The kind of support that students receive gives them some form of comfort and assurance as they pursue their daily lives. In this sense, the general mental wellbeing of students can be improved significantly. For the students in this current study, their mental wellbeing is likely to be improved if they receive the high level of social support. This means that if social support is low, it is likely that mental wellbeing of the students would be low.

The findings of the present study match those of Shi (2022), who found that perceived social support had a significant impact on students' mental health, sense of self, and preparation for school. Shi added that perceived social support not only improves mental wellbeing but also equips students to be resilient in situations where their psychological and mental wellbeing are threatened.

The findings of this study are also in line with those of Alsubaie et al.,

(2019), who looked at the varying effects of social support sources on students' wellbeing. They discovered that a strong predictor of depression symptoms was social support from friends and relatives. Alsubaie et al. came to the conclusion that social support networks are an important tool for safeguarding students' mental welfare.

Additionally, the findings of this study are in line with those of Hefner and Eisenberg (2009), who discovered that students with lower levels of perceived social support have high likelihood of mental health struggles. In essence, Hefner and Eisenberg confirmed that social support was directly related to the mental wellbeing of students.

Several other studies have shown that social support can significantly be related to the mental wellbeing of students. For instance, the association between protective variables and psychological wellbeing of Kashmiri college students in India was studied by Kachroo and Ramanathan in 2020. They discovered a strong association between protective factors and overall psychological health. This sends the signal that social support can significantly predict the wellbeing of students. This was evident in the current study.

The study of Kachroo and Ramanathan (2020) as mentioned above was similar to the current study even though the researchers examined social support along with other protective factors such as hope and self- esteem. This means that the study of Kachroo and Ramanathan was much broader than the current study.

Moreover, the findings of this current study are in support of the findings of Ghafari et al., (2021) that there was a significant correlation between social support score and total mental health score. Ghafari et al. noted

that if the relationship was negative then is because the students had poor mental health and such suggested that there was the need to enhance social support levels for students so as to enhance their mental health.

From the forgoing, it is evident that the results of this current study support the results of several international studies. However, it is not only foreign studies that were confirmed. The findings of the current study also confirmed the Ghanaian study conducted by Glozah and Pevalin (2014). Glozah and Pevalin found that perceived social support significantly predicted health and wellbeing of students.

Theoretically, the results of the current study confirmed Ryff's (1989) psychological wellbeing theory. The theory of Ryff proposes that the support systems and interactions that individuals have can significantly impact on their mental wellbeing. According to RRT, people's ability to control their emotions through routine interactions and group activities is what causes the connection between felt support and mental health (Thoits, 1995). The support providers, conversational themes, and activities that assist in regulating emotion are mostly a matter of personal preference, making this regulation relational. Previous research demonstrating that the majority of perceived support is relational in nature lends weight to this (Lakey, 2010).

Additionally, the results of the study are in agreement with the Relational Regulation Theory. The theory's position holds that routine encounters and shared activities with relational people have a favourable influence on feelings behaviour and thinking (Lakey & Orehek, 2011). The theory thus confirmed the relationship between social support and mental wellbeing.

Inferring from the discussion, it was realised that social support was significantly related to mental wellbeing. Students with high level of social support are likely to have an improved mental wellbeing while students with low level of social support are likely to have and poor mental wellbeing.

Further, the goal of the study was to determine the connection between students' social support and self-esteem. The association between social support and self-esteem was tested using Pearson product-moment correlation. The findings showed that self-esteem and social support had a statistically significant somewhat positive connection. Since the relationship was discovered to be advantageous, it can be concluded that self-esteem grows along with social support.

It is evident from the results that the amount of social support an individual student receives can impact on his or her self-esteem. This means that if a person has a lot of external support, he or she is likely to feel much better about him or herself. This would happen because for students, the more people show support, the more he or she would feel that people like and appreciate him or her.

The findings corroborate those of Ikiz and Cakar (2010), who looked at the connection between adolescents' perceptions of their level of social support and their self-esteem in Burdur, Turkey. Between teenagers' self-esteem levels and their perceptions of social support, a statistically significant positive link was discovered. Similarly, the findings of the current study are consistent with the findings of Gidi et al., (2021) that students who had poor social support were more likely to have low self-esteem. Gidi et al. concluded on the basis of these findings that social support was significantly related to

self-esteem of students.

Further, the findings confirmed that social support and self-esteem are significantly related and this was in line with what Moltafet and Sharifi (2021) found that social support, self-esteem, and psychological well-being all showed positive correlations.

The discussion has confirmed strongly that social support and self-esteem were significantly related. The relationship was due to the fact that the more support an individual has, the higher the likelihood that he or she will have a positive view of him or herself. The reverse is that low level of social support can make people have a negative view of themselves.

Furthermore, the study aimed at finding out the relationship between self-esteem and mental wellbeing of students. After conducting Pearson product-moment correlation, it was revealed that there was a statistically significant weak, positive correlation between social support and self-esteem. Since the relationship was found to be positive, the implication is that as self-esteem increases, mental wellbeing also increases.

The connection between self-esteem and mental wellbeing has been well established in the literature thus self-esteem significantly predicted mental wellbeing of students. For instance, the findings of the current study confirmed the findings of Moksnes and Reidunsdatter (2019) that self-esteem significantly predicted depression/anxiety and mental well-being. Additionally, Moksnes and Reidunsdatter noted that depression/anxiety and mental health were strong predictors of self-esteem.

Similarly, the outcomes are in line with the results of Glozah (2013) that negative consequences of academic stress on psychological health were

mitigated by perceived social support. In this sense, Glozah argued that when students are given the support they need from family and friends, their levels of academic stress would reduce and ultimately their mental wellbeing would improve.

Further, the results support those of Agrawal (2020), who examined how secondary school students' self-esteem and coping skills related to their psychological health and academic success. According to Agrawal, there is a strong correlation between psychological well-being and self-esteem.

In relation to the theories reviewed in the study, it can be said that the findings gave support to relational regulation theory (RRT). The relational regulation theory speaks of the fact that if people are able to obtain positive emotions about themselves through their interactions with others, they are more likely to have positive mental wellbeing (Lakey & Orehek, 2011).

The studies discussed have clearly shown that self-esteem and mental wellbeing are significantly related. When students have a positive view of themselves, they are likely to have improved mental wellbeing while students who have a negative view of themselves are likely to experience poor mental wellbeing.

Further, the study sought to identify the mediating role of self-esteem on the relationship between social support and mental wellbeing. The study revealed that self-esteem significantly mediates the relationship between social support and mental wellbeing. The indication is that the extent to which social support predicts mental wellbeing can be mediated by self-esteem. Practically, this means that if students receive social support from key people in their lives, they are likely to have improved mental wellbeing. However, all of these

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can be enhanced or delayed depending on the level of self-esteem of the students.

The outcomes are in line with Çiçek's findings from 2021, which indicated that a lack of social connections or loneliness was a substantial and detrimental predictor of psychological and emotional well-being. Self-esteem significantly and favourably predicted psychological wellness and subjective well-being. It also mediated the relationship between receiving assistance and outcomes related to wellbeing.

Similarly, the results support Lee's (2013) investigation into the relationship between self-esteem, perceived social support, and coping mechanisms and the onset of depressive symptoms during the transition to college. Lee came to the conclusion that self-esteem may influence both perceived social support and mental health indicators. Lee further explained that there was a reciprocal relationship between perceived social support and self-esteem.

Additionally, the results are consistent with those of Kong et al., (2013) study, which looked at how global self-esteem affected the link between social support and subjective well-being among Chinese students. They discovered that global self-esteem modulated the link between social support and life satisfaction, wellbeing, and positive affect, as well as the effect of social support on life satisfaction and positive affect.

Moreover, the findings support the findings of Çivitci (2015) that self-esteem was a critical element in the relationship between social support and stress of the students. This was further reinforced by Moltafet and Sharifi's (2021) findings that social support, self-esteem, and psychological health all

correlated with one another.

An additional study which was confirmed in this current study was that of Ji et al., (2019). Ji et al. investigated whether self-esteem and perceived discrimination mediate the connection between social support and subjective wellbeing in a sample of Chinese people with physical limitations. The findings demonstrated that self-esteem strongly impacted both the perception of discrimination toward people with physical disabilities and the link between social support and subjective wellbeing. This study was similar to the current study in terms of having similar objectives. However, the target groups were different since the study of Ji et al. focused on people with disabilities while the current study focused on all students.

Theoretically, the current study supports the self-determination theory (SDT) proposed by Deci and Ryan (2000). Self-determination theory suggests that all humans have three basic psychological needs which determine the outcomes of an individual (Nayler, 2010). These needs are autonomy, competence, and relatedness. The three psychological needs have element of relatedness which speak of interactions with others and thus reflective of social support. Also, the three needs when fulfilled have been described to impact on self-esteem. The implication is that all the three key variables in the study (mental wellbeing, social support and self-esteem) are connected in the self-determination theory.

Further, according to the relational regulation theory, rather than stress-reduction discussions, the relationship between perceived support and mental health is caused by people managing their emotions via routine interactions and shared activities (Thoits, 1995). The theory's assertion that

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routine conversations and shared experiences with others have a beneficial influence on affect, behaviour, and cognition (Lakey & Orehek, 2011) confirms the idea that how people feels about themselves and who they are (self-esteem) are connected to the social support they receive.

The discussion has confirmed that self-esteem can significantly mediate the relationship between social support and mental wellbeing. This means that for social support to have the maximum impact on mental wellbeing, self-esteem is critical and has to be improved.

Finally, the study aimed at finding out which variable was the best predictor of mental wellbeing. The results showed that that social support significantly predicted mental wellbeing and self-esteem also significantly predicted mental wellbeing. However, it was confirmed that social support predicted mental wellbeing than self-esteem.

These results are consistent with the results of Harandi et al., (2017) that there was high effect size of the correlation between social support and mental health. Similarly, Khan and Arif (2019) examined the role of social support as a predictor of mental health among university students and found that family support and peer support were positively correlated with psychological wellbeing and negatively correlated with psychological distress. Khan and Arif also found that social support positively predicts mental health among university students. Additionally, Jalilbal et al., (2024) sought to predict mental health and self-esteem based on perceived social support in youth with physical disabilities in Tehran and found that perceived social support was identified as the strongest predictor of mental health.

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Chapter Summary

This chapter focused on the results and discussion of the study. Three hypotheses were tested in the study along with two research questions being answered. Pearson product moment correlation, Hayes process and multiple regression analysis were carried out. The study found social support had a significant relationship with mental wellbeing and also with self-esteem. Also, self-esteem had a significant relationship with mental wellbeing. Finally, self-esteem significantly mediated the relationship between social support and mental wellbeing.
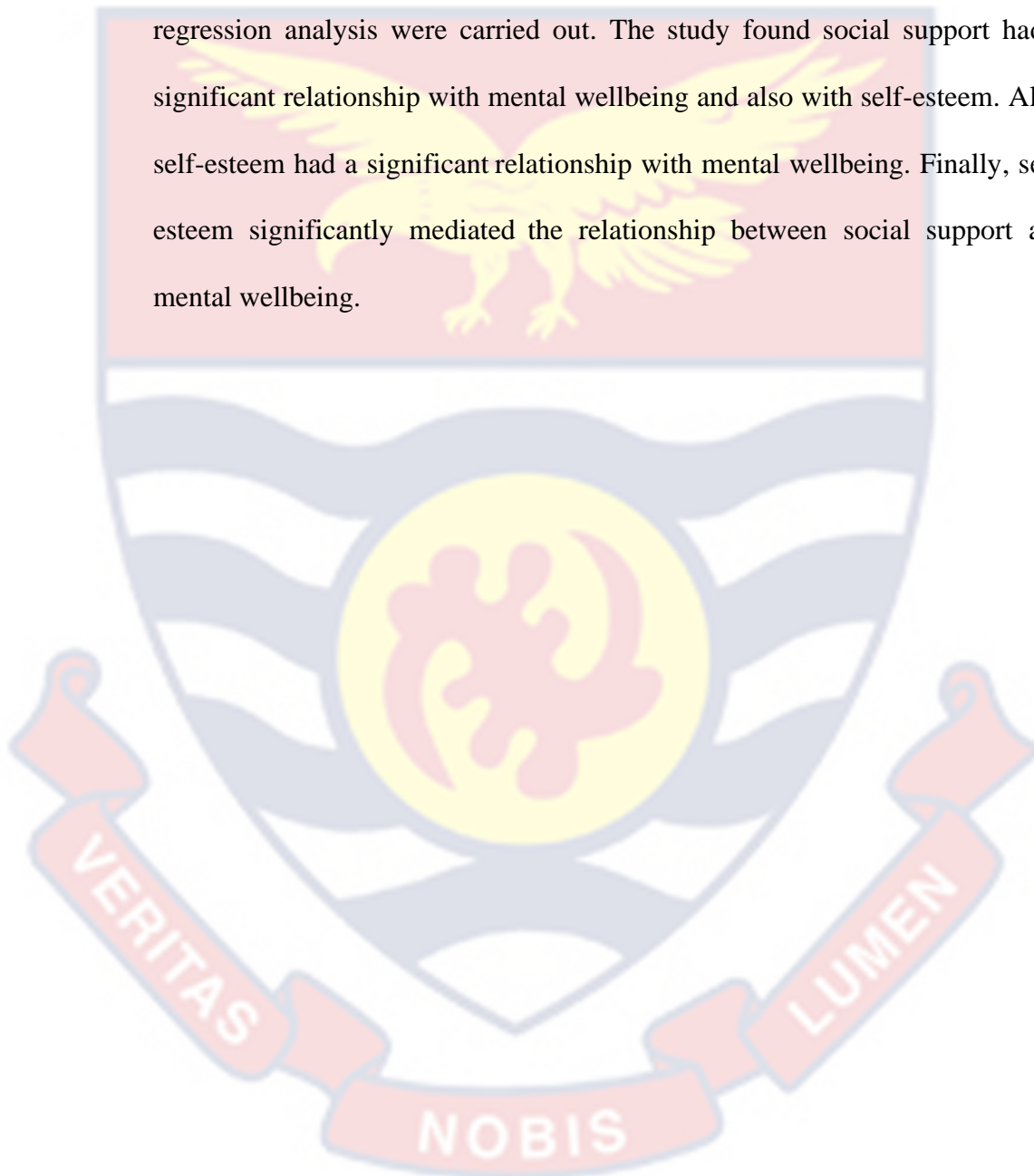
CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Overview

This study sought to investigate the mediating role of self-esteem on social support and mental wellbeing of senior high school students in the Atwima Kwanwoma District. Specifically, the study tested three hypotheses and answered one research question:

Research Hypotheses

H_01: There is no statistically significant relationship between social support and mental wellbeing among senior high school students in the Atwima Kwanwoma District.

H_02: There is no statistically significant relationship between social support and self-esteem among senior high school students in the Atwima Kwanwoma District.

H_03: There is no statistically significant relationship between self-esteem and mental wellbeing among senior high school students in the Atwima Kwanwoma District.

Research Questions

1. To what extent does students' self-esteem mediate the relationship between social support and mental wellbeing in the Atwima Kwanwoma District?

2. Which of the predictor variables best predict mental wellbeing of senior high school students in the Atwima Kwanwoma District?

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Correlational research design was utilised in this research. The study was purely quantitative. Focusing on the Atwima Kwanwoma District, 504 students were sampled from the three (3) senior high schools for the study using the multi-stage sampling technique. Data were gathered by utilizing questionnaire and analyses carried out through Pearson Product Moment Correlation, Hayes PROCESS Macro and Multiple Regression Analysis.

Major Findings

The study found there was a statistically significant moderate, positive correlation between social support and mental wellbeing. Since the relationship was positive, it can be said that as social support increases, mental wellbeing increases and as social support decreases, mental wellbeing increases decreases.

The study revealed that there was a statistically significant moderate, positive correlation between social support and self-esteem. Since the relationship was found to be positive, it can be said that as social support increases, self-esteem also increases and as social support decreases, self-esteem decreases.

Further, the study showed that there was a statistically significant weak, positive correlation between self-esteem and mental wellbeing. Since the relationship was found to be positive, the implication is that as self-esteem increases, mental wellbeing also increases and a decrease in self-esteem goes along with decrease in mental wellbeing.

Also, the study revealed that self-esteem significantly mediates the relationship between social support and mental wellbeing. The indication is that the extent to which social support predicts mental wellbeing can be

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mediated by self-esteem.

Finally, the study found that social support was a predictor of mental wellbeing than self-esteem. In spite of this, they both predicted mental wellbeing.

Conclusions

From the results of the study, it can be concluded that the levels of social support as received by students can affect the extent to which they are mentally healthy. If parents, friends and significant others are supportive of students, the students are more likely to be mentally well. In the larger conversation on mental wellbeing, it is clear that the study conclusion was generally supported in the literature.

Also, it is concluded that students' level of self-esteem is impacted by the level of social support that is available for the student. For students who have a lot of support, it is expected that they would have improved self-esteem. From this conclusion, it is evident that the current study was not contradictory to what was already established in the literature.

Further, it is concluded that students having good self-esteem could signal that the individual would have a much a better mental wellbeing while at the same time students having poor self-esteem could have a poor mental wellbeing. This conclusion supports much of the existing literature and even popular opinion in society.

It is concluded that the self-esteem of students does not only directly relate with social support and mental wellbeing but can also mediate between the support students receive and their mental wellbeing. In essence, self-esteem can play multiple roles.

The level of support that students receive can impact on their mental wellbeing more than their level of self-esteem. This implies that significant others around students should provide a great level of support for students.

Recommendations

The following recommendations are made on the basis of the findings:

1. Parents, family members and friends in the lives of students should consistently provide the best of support to students. This can help improve their mental wellbeing since the study found social support tobe significantly related to mental wellbeing.

2. School heads should collaborate with the guidance and counselling unit in schools and organize seminars and guidance programmes with the focus of helping students to build up their self-esteem. This can also make students feel that the school cares and supports them thereby improving their self-esteem. Also, by building up the self-esteem of students their mental wellbeing would be improved since it was found that self-esteem was related to mental wellbeing.

3. Teachers and school heads should consistently make students feel that they are cared for and supported in the school system. This perception of support can help improve self-esteem and ultimately mental wellbeing.

4. Students should seek support from all significant others in their lives in order to improve their self-esteem and their mental wellbeing.

Suggestions for Further Research

The following suggestions are given for further research:

1. A qualitative study could be conducted to explore the actual experiences of students in relation to social support, self-esteem and mental wellbeing. This can help obtain in-depth information to assist students.

2. Future study can be conducted with a much broader geographical focus. This can help generalize the results to a much larger scope.
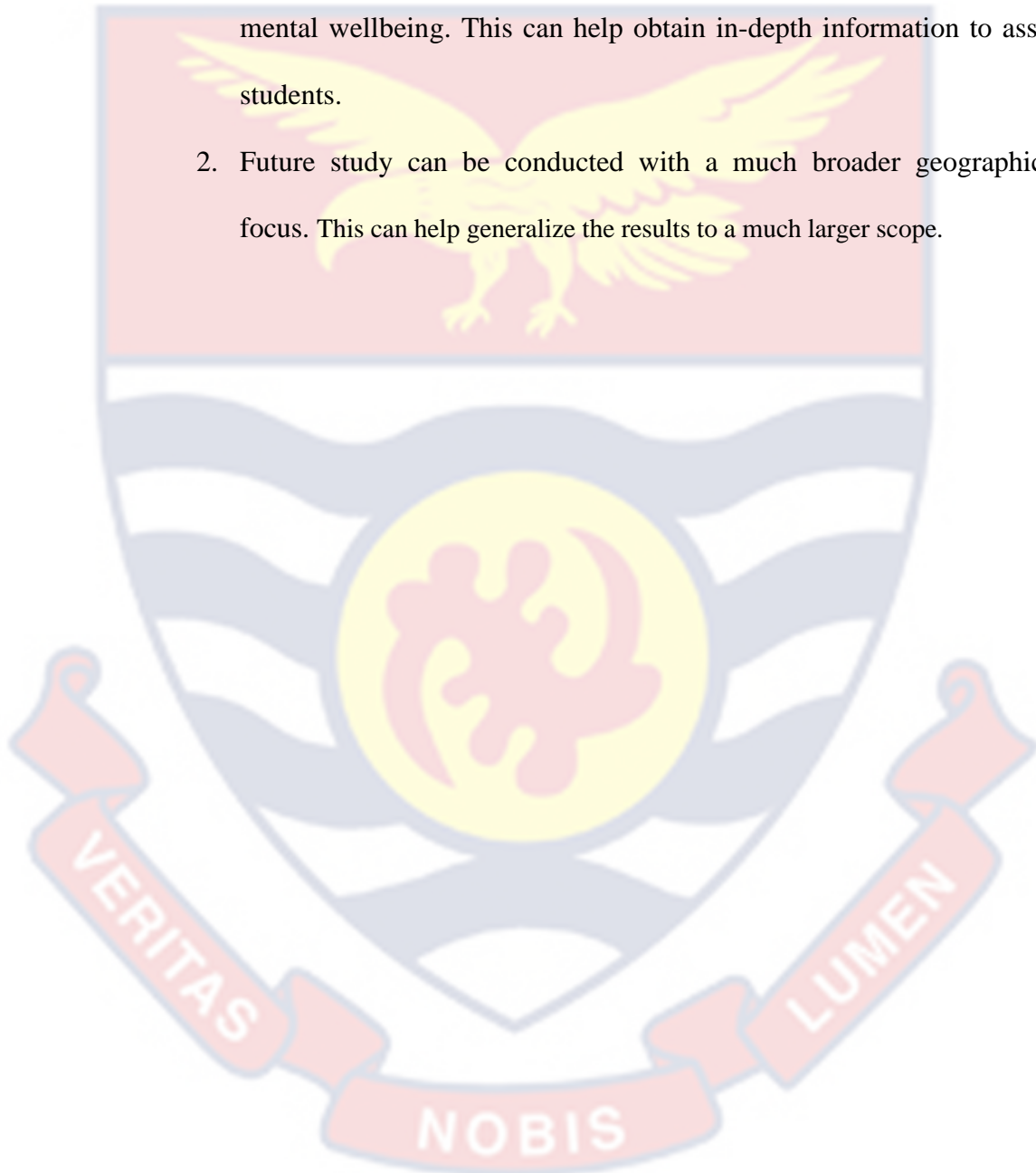
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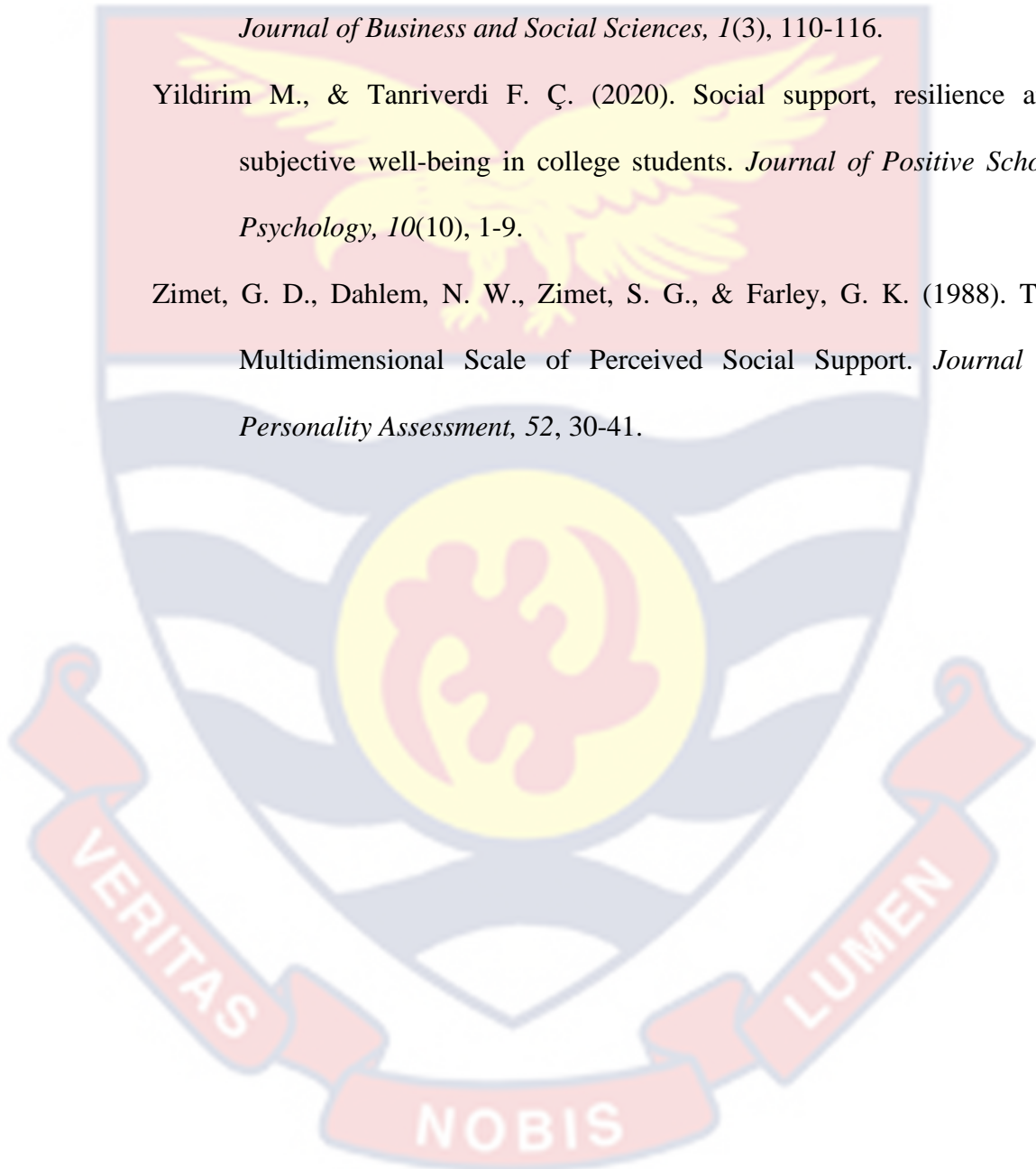
APPENDICES

APPENDIX A

QUESTIONNAIRE FOR SENIOR HIGH SCHOOL STUDENTS ON

SOCIAL SUPPORT, SELF-ESTEEM AND MENTAL WELLBEING

This questionnaire has been designed to solicit information on the role of self-esteem on social support and mental wellbeing of senior high school students. Your institution has been chosen for this study which is solely for academic purpose. I would appreciate your voluntary cooperation to complete this questionnaire. All information given by respondents will be treated confidentially. This questionnaire has four sections and you are to respond to all the sections.

SECTION A

DEMOGRAPHIC BACKGROUND OF RESPONDENTS

Provide the necessary information by writing or ticking (√) where appropriate.

1. Name of school………………………………………………

2.   Type of school:

a)   Female only [   ]

b)   Mixed [   ]

3.   The course you are reading presently in your school………………….

4.   Gender:

a)   Male [ ]   b) Female [ ]

5.   Age:

a) 15 -- 18years [ ]
b)   19 – 23years [ ]

c)   24 – 28years [ ]

d)   29years and above [   ]

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SECTION B

MULTIDIMENSIONAL SCALE OF PERCEIVED SOCIAL SUPPORT

The table below has questions concerning social support. On a scale of

SA= "Strongly Agree"; A= "Agree"; D= "Disagree"; SD= "Strongly

Disagree" Read each statement carefully and indicate by ticking (√) the

extent to which you agree or disagree with each statement.

	STATEMENT	SA	A	D	SD
1.	There is an elderly person in my life I look up to for support.				
2.	There is someone with whom I can share joysand sorrows.				
3.	My family really tries to help me when I am inneed.				
4.	I got the emotional help and support I need frommy family.				
5.	I have someone in my life who is a real source ofcomfort to me.				
6.	My friends really try to help me when I am inneed.				
7.	I can count on my friends when things go wrong.				
8.	I can talk about my problems with my family.				
9.	I have friends with whom I can share my joysand sorrows.				
10.	There is an extraordinary person in my life whocares about my feelings.				
11.	My family is willing to help me take decisions.				
12.	I can talk about my problems with my friends.				

SECTION C

WORLD HEALTH ORGANIZATION WELL-BEING INDEX (WHO-5)

Please respond to each item by ticking (√) one box per row, regarding how you felt in the last two weeks.

	STATEMENT	All of the time	Most of the time	Some of the time	At no time
13	I have felt cheerful in good spirits.				
14	I have felt calm and relaxed.				
15	I have felt active and vigorous.				
16	I woke up feeling fresh and rested.				
17	My daily life has been filled with things that interest me.				

SECTION D

ROSENBERG SELF-ESTEEM SCALE (RSES)

Below is a list of statements dealing with general feelings about you. On a scale of **SA= "Strongly Agree"; A= "Agree"; D= "Disagree"; SD= "Strongly Disagree"** Read carefully and indicate by ticking (√) the extent to which you agree or disagree with each statement.

	STATEMENT	SA	A	D	SD
18	On the whole, I am satisfied with myself.				
19	At times I think I am no good at all.				
20	I feel that I have a number of good qualities.				
21	I am able to do things as well as most other people.				
22	I feel I do not have much to be proud of.				
23	I certainly feel useless at times.				
24	I feel that I'm a person of worth, at least on an equal plane with others.				
25	I wish I could have more respect for myself.				
26	All in all, I am inclined to feel that I am a failure.				
27	I take a positive attitude towards myself.				

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APPENDIX B

RELIABILITY OUTPUT

Reliability Statistics

Cronbach's Alpha	N of Items
.748	36

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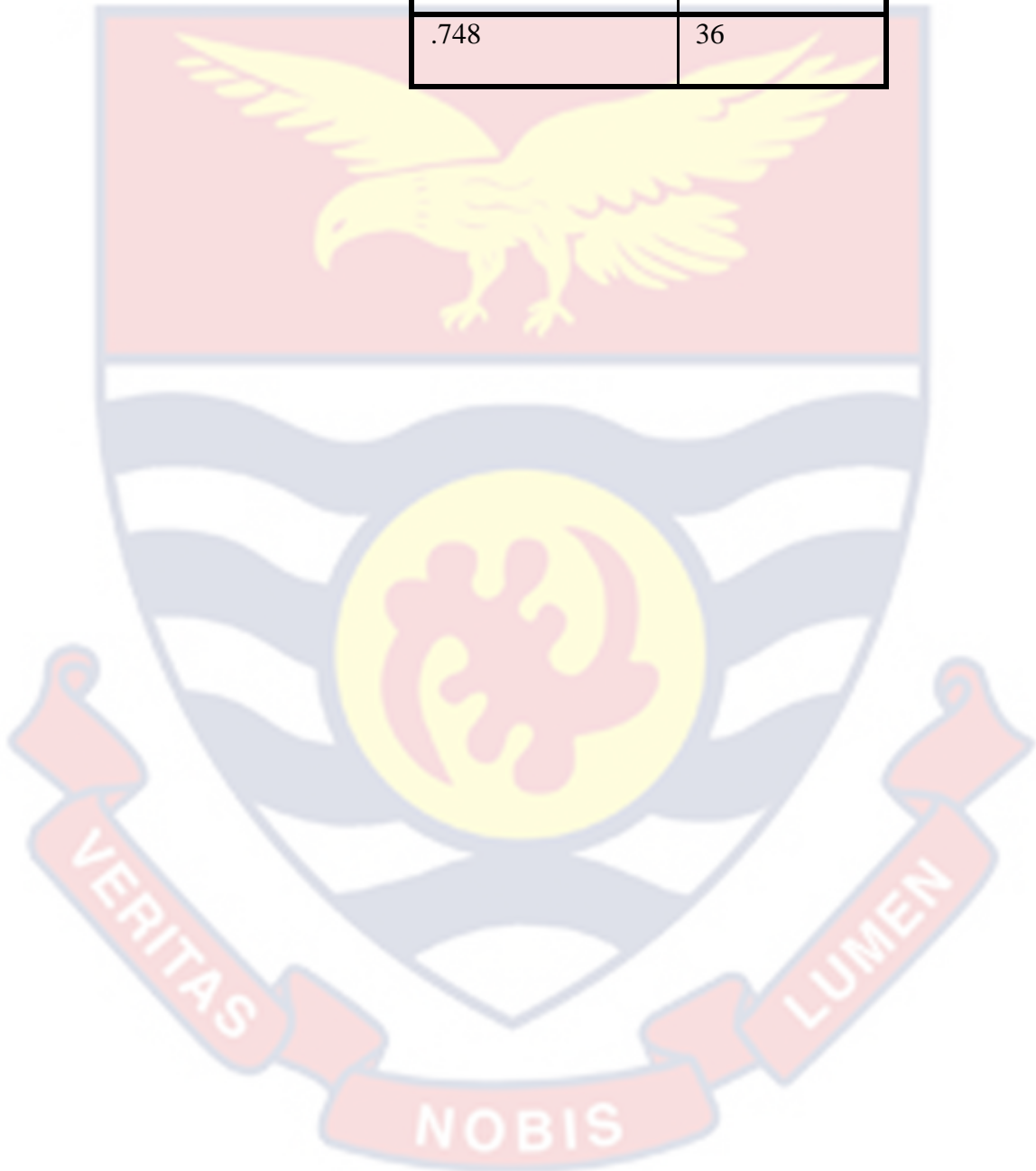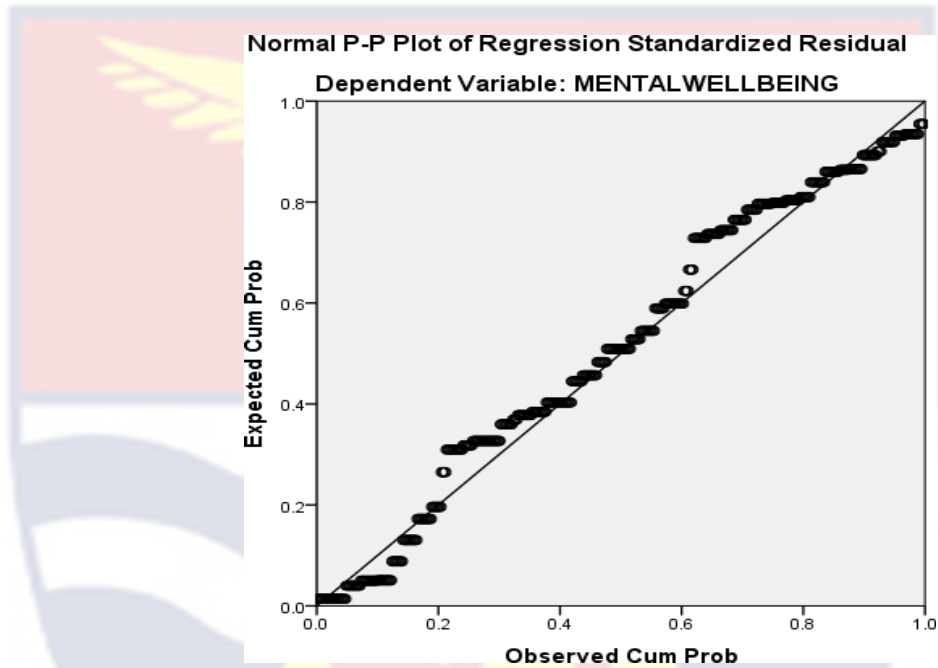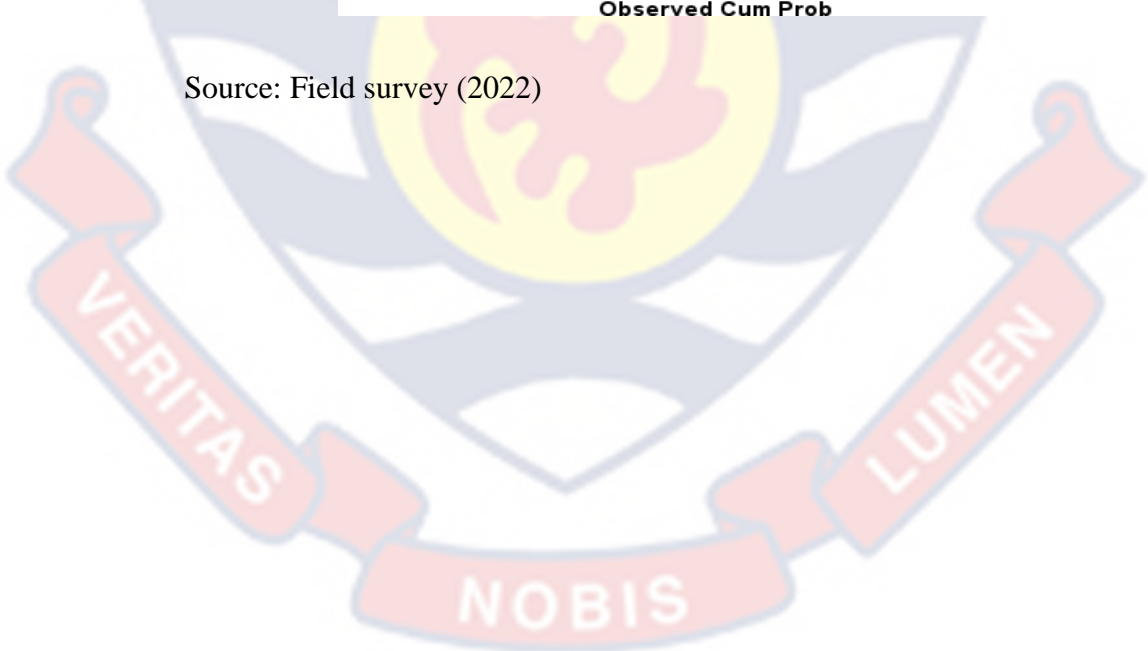
APPENDIX C

NORMALITY TEST OF RELATIONSHIP BETWEEN SOCIALSUPPORT AND MENTAL WELLBEING

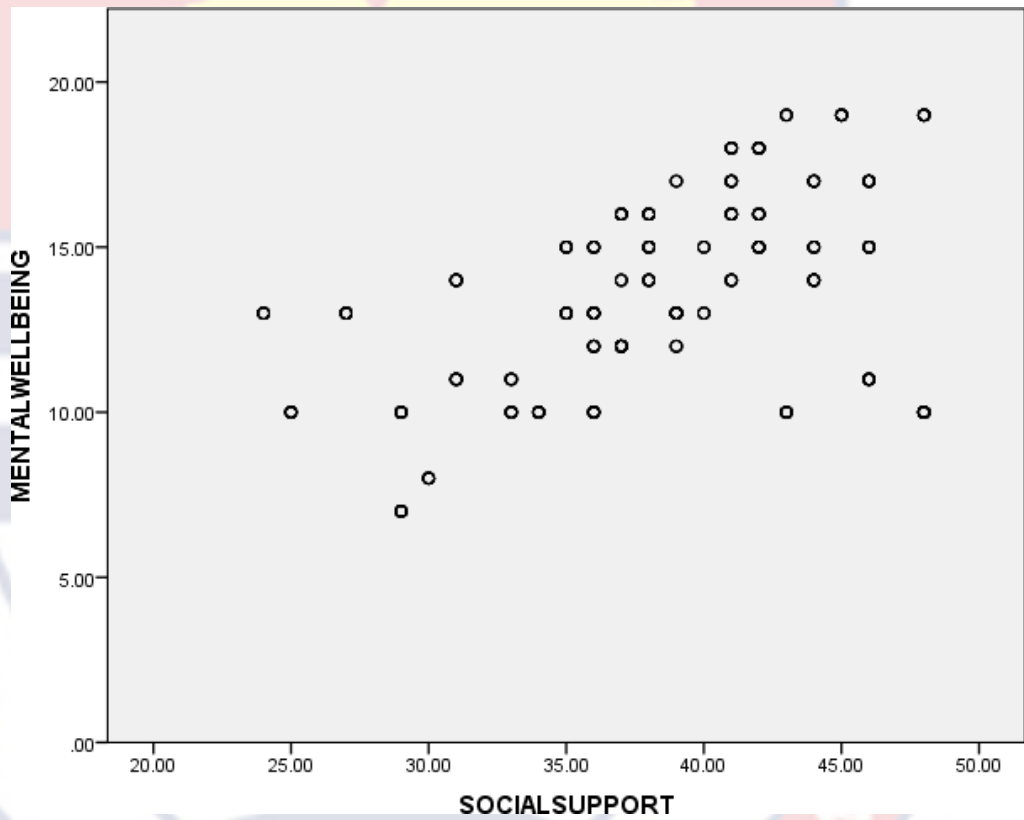**Figure 3** *Normal P-P Plot showing Normality of Data*

Source: Field survey (2022)

APPENDIX D

LINEAR RELATIONSHIP BETWEEN SOCIAL SUPPORT AND

MENTAL WELLBEING

Figure 4

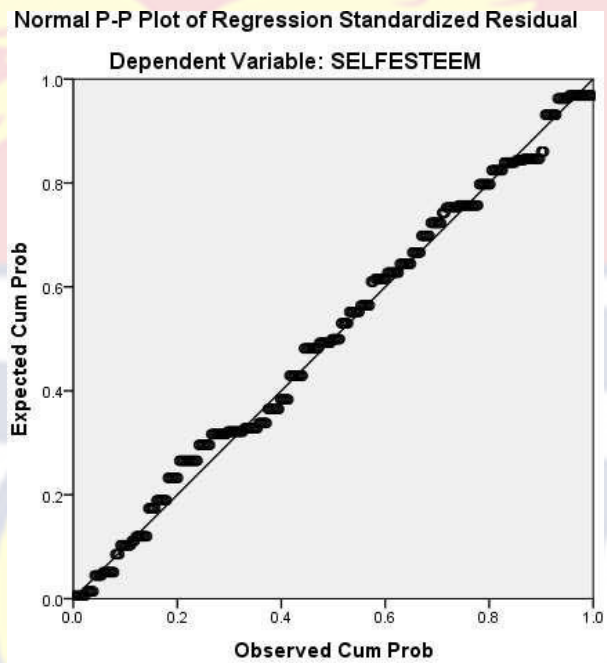*Linear Relationship between Social Support and Mental Wellbeing*

Source: Field survey (2022)

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APPENDIX E

NORMALITY TEST OF RELATIONSHIP BETWEEN SOCIAL

SUPPORT AND SELF-ESTEEM

Figure 5

Normal P-P Plot showing Normality of Data

Source: Field survey (2022)

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APPENDIX F

LINEAR RELATIONSHIP BETWEEN SOCIAL SUPPORT

AND SELF-ESTEEM

Figure 6

Linear Relationship between Social Support and Self-esteem

Source: Field survey (2022)

111
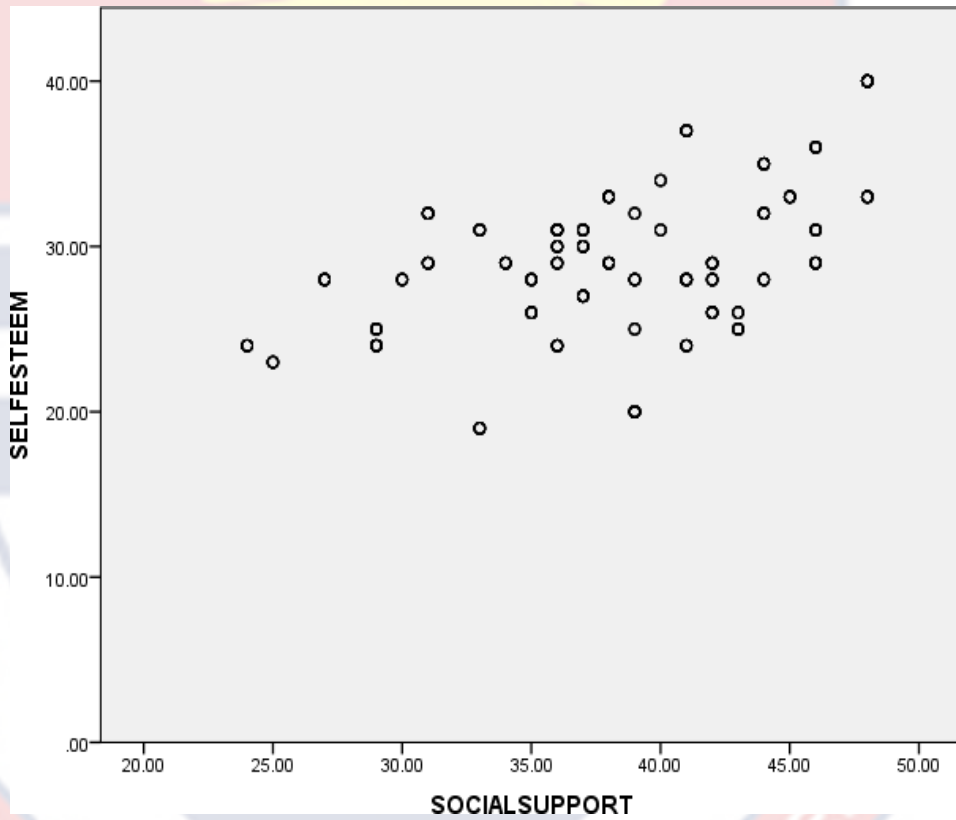
APPENDIX G

NORMALITY TEST OF RELATIONSHIP BETWEEN SELF-

ESTEEMAND MENTAL WELLBEING
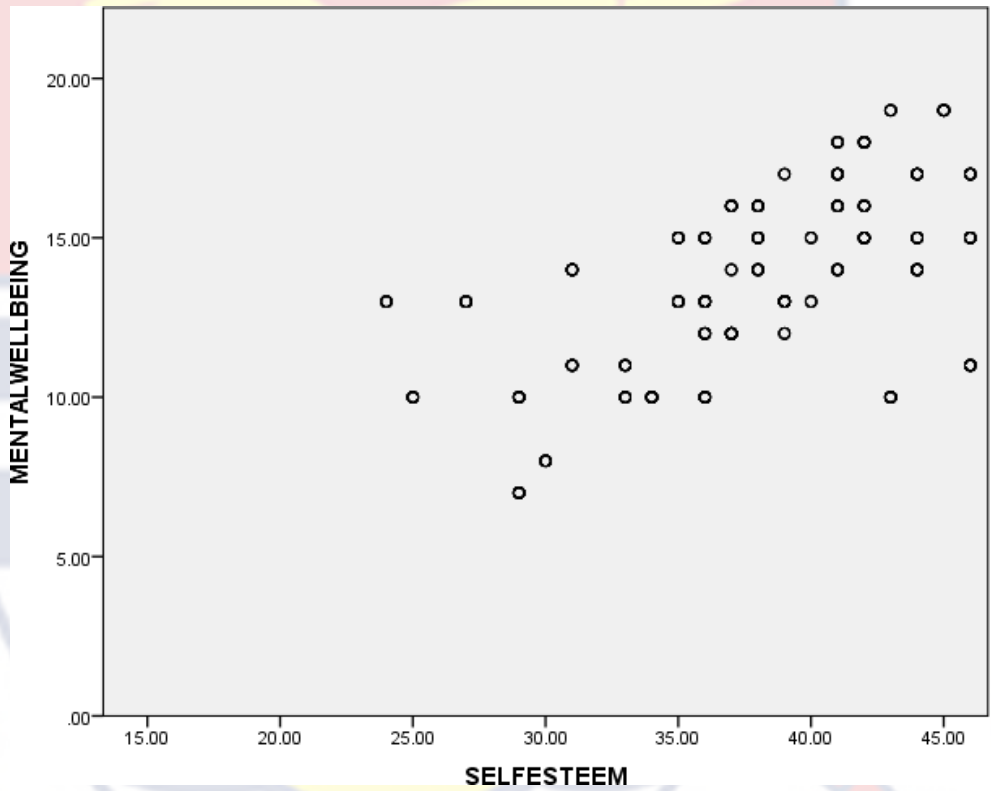
Figure 7

Normal P-P Plot showing Normality of Data
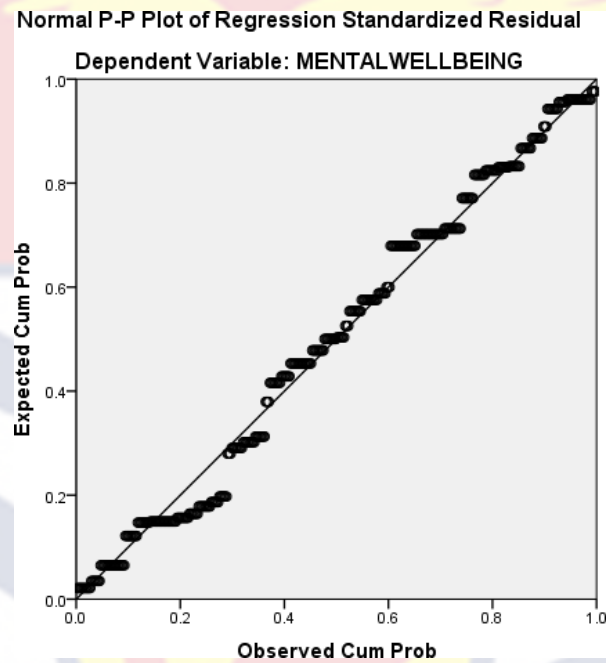
Source: Field survey (2022)

APPENDIX H

LINEAR RELATIONSHIP BETWEEN SELF-ESTEEM AND

MENTALWELLBEING

Figure 8

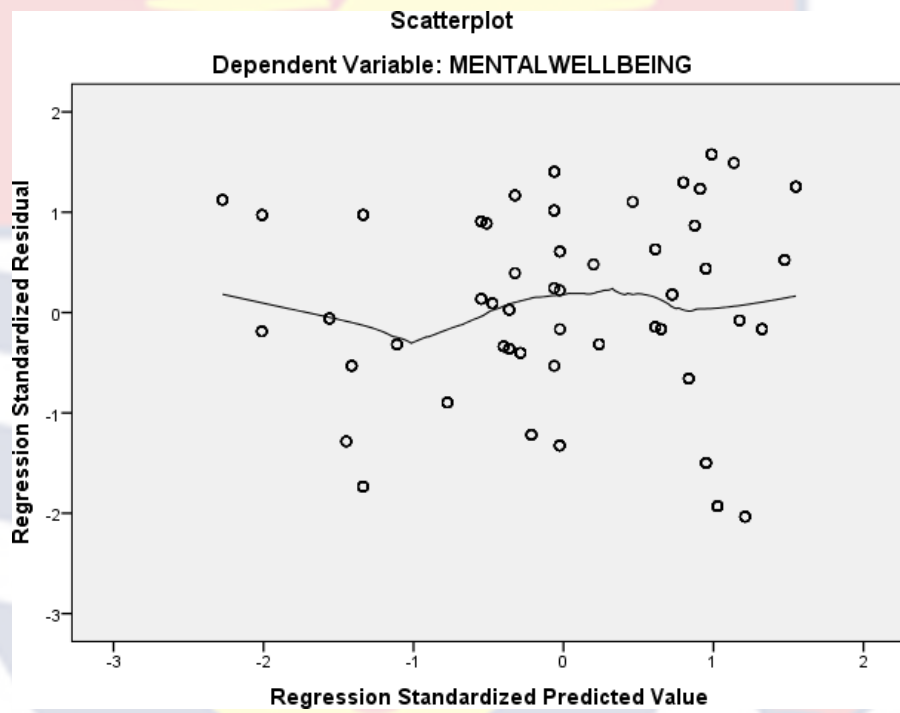*Linear Relationship between Self-esteem and Mental Wellbeing*

Source: Field survey (2022)

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APPENDIX I

SCATTERPLOT WITH LOESS CURVE SHOWING LINEAR

RELATIONSHIP IN REGRESSION

Figure 9
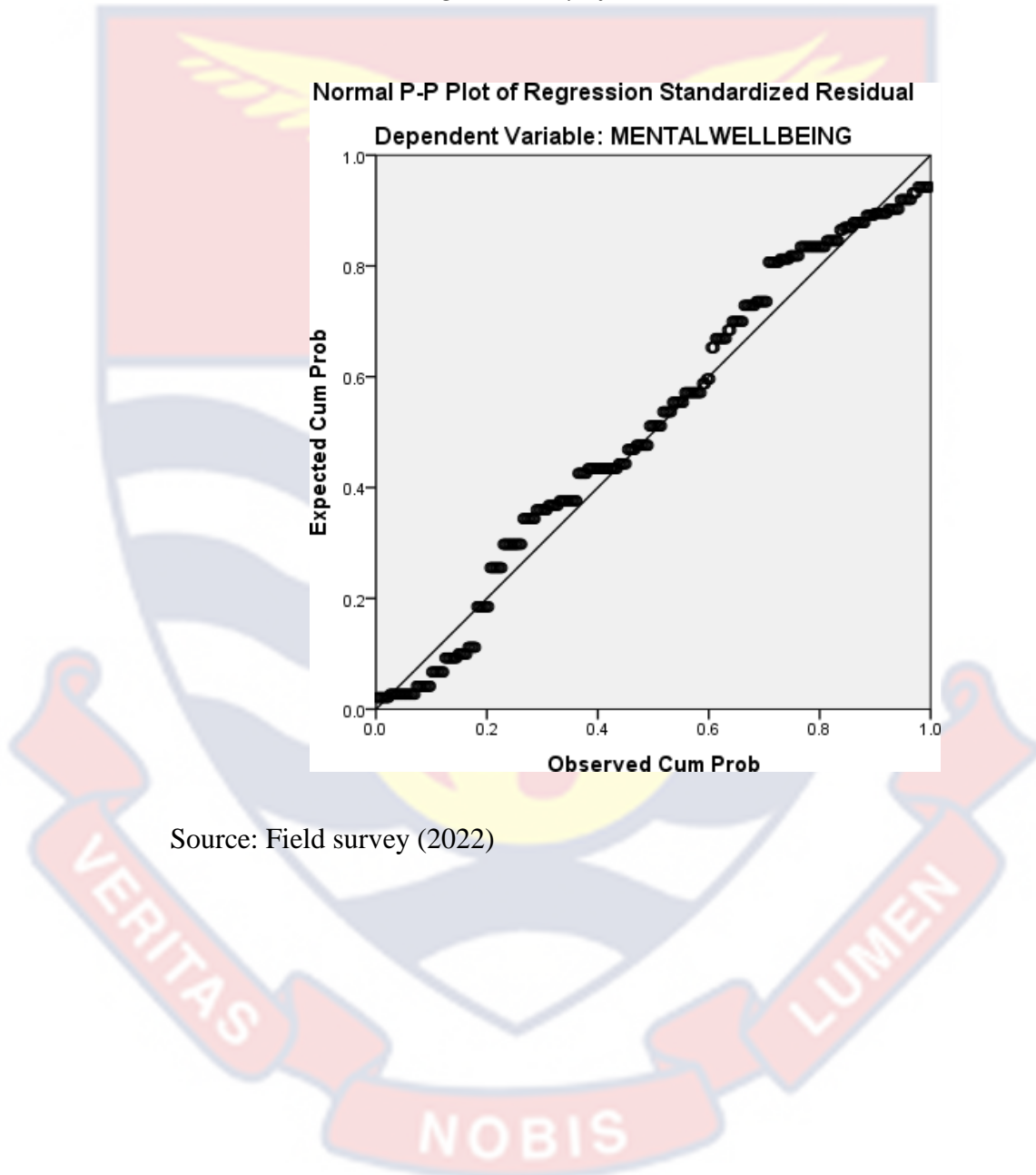
Scatterplot with Loess curve showing Linear Relationship

Source: Field survey (2022)

APPENDIX J

NORMALITY PLOT FOR REGRESSION

Figure 10

Normal P-P Plot showing Normality of Data

Source: Field survey (2022)

APPENDIX K

INTRODUCTORY LETTER

UNIVERSITY OF CAPE COAST

COLLEGE OF DISTANCE EDUCATION

GRADUATE STUDIES UNIT

Tel #: 0332091217

Fax: 042 - 36946

E-mail: code.postgraduate@ucc.edu.gh

University Post Office

Cape Coast

Cape Coast, Ghana

13th April, 2022

Our Ref: CoDE/G.7/1 /3/VOL..2 /226

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

A LETTER OF INTRODUCTION: LAWRENCIA OWUSU

The bearer of this letter is a student of the College of Distance Education, University of Cape Coast with student registration number ED/EPS/18/0011. She is pursuing a Master of Philosophy degree in Educational Psychology. She is investigating the topic **"Social Support, Self-Esteem and Mental Wellbeing of Senior High Schools Students in Atwima Kwanwoma District"**

Kindly extend to her any curtesy she may require in relation to her research and postgraduate studies at the University of Cape Coast.

Thank you.

Yours faithfully,

Dr. Felix Kumedzro.
COORDINATOR

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APPENDIX L

LETTER OF CONSENT

College of Distance Education
University of Cape Coast
Cape Coast

13th April, 2022.

The Chairman
Institutional Review Board
University of Cape Coast
Cape Coast

Dear Sir,

LETTER OF CONSENT

I, Dr. Vera Arhin, the supervisor of Miss Lawrencia Owusu (ED/EPS/18/0011), who is pursuing an MPhil in Educational Psychology wish to declare my consent with regard to her application for ethical clearance.

Lawrencia has gone through the proposal defence organised by the College of Distance Education and is currently working on the topic;" Social Support, Self-esteem, and Mental Wellbeing of SHS students in Atwima Kwanwoma District of the Ashanti Region, Ghana".
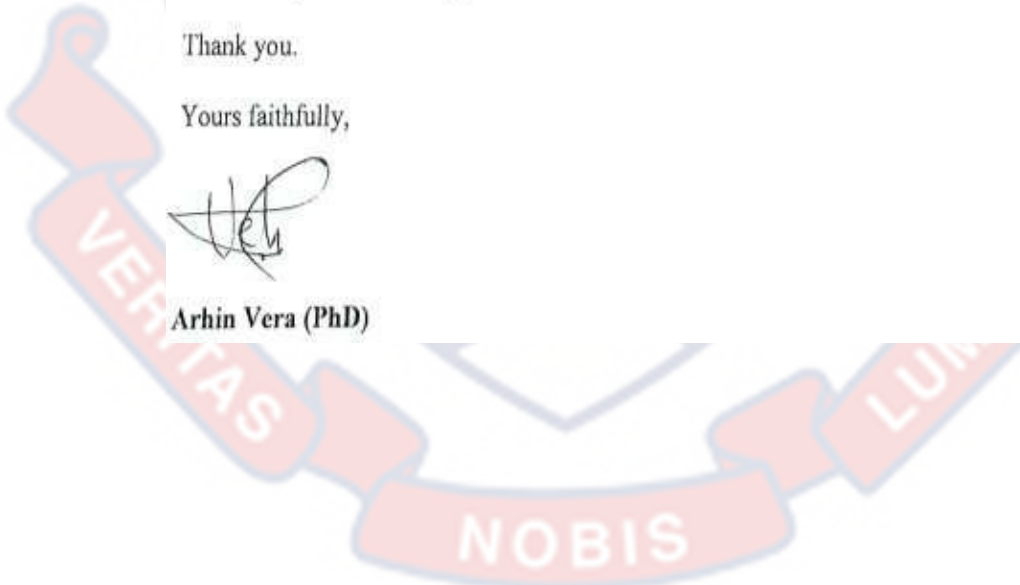
I count on your usual co-operation.

Thank you.

Yours faithfully,

Arhin Vera (PhD)

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APPENDIX M

ETHICAL CLEARANCE

UNIVERSITY OF CAPE COAST

INSTITUTIONAL REVIEW BOARD SECRETARIAT

TEL: 0558093143 / 0508878309
E-MAIL: irb@ucc.edu.gh
OUR REF: UCC/IRB/A/2016/1444
YOUR REF:
OMB NO: 0990-0279
IORG #: IORG0009096

26TH JULY, 2022

Ms. Lawrencia Owusu
College of Distance Education
University of Cape Coast

Dear Ms. Owusu,

ETHICAL CLEARANCE – ID (UCCIRB/CoDE/2022/07)

The University of Cape Coast Institutional Review Board (UCCIRB) has granted Provisional Approval for the implementation of your research **Social Support, Self-Esteem and Mental Wellbeing of Senior High Schools Students in Atwima Kwanwoma District.** This approval is valid from 26th July, 2022 to 25th July, 2023. You may apply for a renewal subject to submission of all the required documents that will be prescribed by the UCCIRB.

Please note that any modification to the project must be submitted to the UCCIRB for review and approval before its implementation. You are required to submit periodic review of the protocol to the Board and a final full review to the UCCIRB on completion of the research. The UCCIRB may observe or cause to be observed procedures and records of the research during and after implementation.

You are also required to report all serious adverse events related to this study to the UCCIRB within seven days verbally and fourteen days in writing.

Always quote the protocol identification number in all future correspondence with us in relation to this protocol.

Yours faithfully,

Samuel Asiedu Owusu, PhD

UCCIRB Administrator

ADMINISTRATOR
INSTITUTIONAL REVIEW BOARD
UNIVERSITY OF CAPE COAST

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