A STATISTICAL ANALYSIS OF PSYCHOLOGICAL DYSFUNCTION ON STUDENT'S ACADEMIC PERFORMANCE IN THE UNIVERSITY OF BENIN

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UNDERTAKING

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CERTIFICATION

This is to clarify that this project was carried out by EGUONO **CHRISTABEL UDODOR**, in the Department of Statistics, Faculty of Physical Science, University of Benin, Benin City.

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DEDICATION

This project is dedicated to God Almighty, who made it possible for me to be alive today and for the success of this project work.

ACKNOWLEDGEMENT

I wish to express my profound gratitude to the tower of my strength , God Almighty for His love, guidance and inspirations which made my stay in University of Benin a success.

My profound gratitude goes to my supervisor, Dr. F. Ewere who started the project work with me to the completion of the research work, God bless you and your family Sir.

I will not forget to appreciate my parents Mr. Jonathan Udodor and Mrs. Grace Udodor for their moral and financial support all through my stay in University of Benin, my beloved siblings Okiemute Udodor, Akpesiri Udodor, Onome Udodor and Ehruvwu Udodor. I love you all.

Finally to my friends who are too numerous to mention, I say God bless you.

ABSTRACT

This study investigates the intricate relationship between psychological well-being and academic performance among students at the University of Benin. The research explores the impact of psychological issues such as anxiety, stress, and depression on students' academic journeys, as well as the influence of factors like parental roles and social support on their psychological well-being and academic success. A total of 377 students from various academic programs participated in the study, with statistical analysis, including the Spearman Rank Correlation test, used to extract meaningful insights and Statistical software SPSS used in analyzing data.

The Findings drawn from this research are as follows: First, there is a significant correlation between psychological dysfunction, characterized by anxiety, stress, and depression, and students' academic performance. This emphasizes the need to address students' psychological well-being to enhance their academic success. Second, strong parental support plays a crucial role in mitigating psychological dysfunction, positively influencing academic performance. Lastly, fostering social support networks among students contributes to reduced psychological dysfunction and improved academic performance.

Based on these insights, the study recommends enhancing psychological support services within the University of Benin, promoting parental engagement programs, and nurturing social support networks among students. These efforts can collectively contribute to students' holistic development, ensuring both their well-being and academic achievements.

TABLE OF CONTENT

Title Page	i
Undertaking	ii
Certification	iii
Dedication	iv
Acknowledgement	v
Table of contents	vi
Abstract	vii
CHAPTER ONE	
INTRODUCTION	
1.1 Background of the study	1
1.2 Statement of the Problem	2
1.3 Aim and Objectives	3
1.4 Statement of Hypothesis	3
1.5 Research Questions	4
1.6 Significance of the study	4
1.7 Definition of Terms	5
CHAPTER TWO	
LITERATURE REVIEW	
2.1 Types of Psychological Dysfunction	6
2.2 Previous Studies	9
2.3 Prevalence and Solutions	10
2.4 Theoretical Framework	12

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Research Design 14

3.2 Area of Study 14

3.3 The Population of the study and Sample Size 15

3.3.1 Cochran Formula 15

3.4. Method of Data Collection 16

3.4.1 Instrument for Data Collection 16

3.4.2 Administration of the Questionnaire 17

3.5 Method of Data Analysis 17

CHAPTER FOUR

INTRODUCTION

4.1 Social-Demographic Data 23

4.2 Distribution of Respondents on Psychological Dysfunction Evaluation 27

4.3 Distribution of Respondents on Academic Performance 30

4.4 Distribution of Respondents on Stressors 33

4.5 Distribution of Respondents on Social Support 41

4.6 Descriptive and Inferential Statistics on Research Questions 47

4.7 Test of Hypothesis 52

CHAPTER 5

5.1 Discussion 55

5.2 Conclusion 55

5.3 Recommendation 56

REFERENCE 57

APPENDIX 60

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

Psychological dysfunction refers to a wide range of mental conditions, including anxiety disorder, depression, attention-deficit/hyperactivity disorder (ADHD) and stress related disorders (American Psychiatric Association, 2013). These are conditions that negatively affect students' cognitive abilities, learning process, motivation and overall academic performance (Grotan et al., 2019; MacCann et al., 2019). The Statistical analysis of Psychological dysfunction of students' academic performance is an essential area of study in understanding the effect of mental health on educational performance. Mental Health issues among students have become increasingly prevalent and can significally affect their academic performance and overall well-being (Adib-Hajbaghery et al., 2021; Bruffaerts et al., 2018). Psychology is among many things that matters in human day-to-day activities. The success and failure we face in various activities we perform each day most often depends on our everyday psychology (Beharu, 2018, para.2) as a result people can suffer from various psychological problems that badly disrupts their daily functioning in various occasions. These dysfunctions mainly emanates from psychological factors such as stress, anxiety, depression, lack of motivation, home troubles, loneliness, helplessness and phobias. These psychological problems can lead students in higher educational institutions to failure in their academic performance. A student's life is subjected to various aspects that cause psychological problems. The major ones includes, pressure of academics with the obligation of success, and uncertain future and difficulties, envisaged for integration into the system, learning disabilities, difficulties in understanding academic concept, financial problems,

health problems, exam stress, and any form of violent or criminal activities in the educational institution.

The psychological dysfunction of the students is also influenced by social, physical, emotional and family problems, which have an effect upon their learning abilities and academic performance (Mathew, 2017) on psychology. The ability of students to cope with psychological problem varies. Some of the students find it difficult to cope with psychological problems and experience several set-backs, while some take it as a challenge and work diligently. Psychological factors are multi-dimensional construct. Researchers in the field of psychology agree that a student engaging in any learning situation has to answer three fundamental questions: “Can I do this activity?”, “Do I want to do this activity and why?” and “What do I need to do to succeed?” are the expectations students have according to their capabilities to perform a certain activity in different areas (Wigfield. A., Cambria. J., “student’s achievement values, goal orientation, and interest”). Bandura (1986) defined self-efficacy as “people’s judgment of their capabilities to organize and execute courses of action required to attain designated types of performance”.

1.2. STATEMENT OF THE PROBLEM

The challenges arising from psychological dysfunction are very fetal to the academic life of every student irrespective of the student intelligent quotient. Studies have indicated that even highly intelligent student may struggle in exams and other academic task due to psychological trauma. This presents a serious issue, as any form of psychological problem can negatively impact the central nervous system and the medullar oblongata. Recognizing the detrimental effects of psychological dysfunction on student’s academic performance, the

researcher aims to mitigate effect and reduce the impact of psychological dysfunction/ problems on student's educational outcomes.

1.3. AIM AND OBJECTIVE

1. To ascertain the effect of psychological dysfunction on student's academic performance

2 .To investigate the role of parents in combating psychological dysfunction

3. To examine the factors influencing the relationship between student academic performance and psychological dysfunction.

1.4. STATEMENT OF HYPOTHESIS

1. H_0 : Psychological dysfunction does not have any significant effect on student's academic performance

H_1 : Psychological dysfunction has a significant effect on student's academic performance

2. H_0 : Parents/ Guardians do not play a role in combating psychological dysfunction in students

H_1 : Parents/ Guardians do play a role in combating psychological dysfunction in students

1.5. RESEARCH QUESTIONS

1. How prevalent is psychological dysfunction among University Of Benin Students?

2. What are the main stressors affecting students' mental health and academic performance at the University of Benin?

3. How does social support influence the academic performance of students at the University of Benin?

4. What is the effect of psychological dysfunction on student's academic performance in the university of Benin

1.6. SIGNIFICANCE OF THE STUDY

It is certain that at the end of this research/study, parents/guardians can benefit from the outcome of this research as it will provide them with valuable insights on the importance of ensuring their wards maintain a psychological and emotional balance in order for them to excel in their academics.

This study will aid the academic staffs who have the responsibility of guiding and counseling the student if any of them have any psychological challenge.

This study will also be beneficial to researchers who are interested in investigating similar topics as it will serve as a valuable reference and guide them for future research purposes.

Finally, the study will be beneficial to academia's students and the general public.

1.7. DEFINITION OF TERMS

1. Psychology

According to the American Psychological Association, Psychology is the study of the mind and behavior. It is the study of the mind, how it works and how it affects behavior.

2. Academics

According to IGI Global, academics can be define as the scholarly activities of a school or university of or relating to a college, academy, school or higher educational institution, especially one of higher education.

3. Dysfunction

It includes disturbances in a person's thinking, emotional regulation, or behavior that reflects significant dysfunction in psychological, biological or developmental processes underlying mental functioning.

4. Education

According to John Dewey, Education is the development of all those capacities in the individual which will enable him/her to control his environment and fulfill his responsibilities

5. Mental Health

According to the World Health Organization (WHO), mental health is defined as a state of well-being in which an individual can realize their own abilities, cope with the normal stresses of life, work productively, and contribute to their community. It encompasses emotional, psychological, and social well-being, and is essential for overall health and functioning.

CHAPTER TWO

LITERATURE REVIEW

It is crucial to understand the concept of psychological dysfunction and academic performance. Psychological dysfunction, as defined by the American Psychological Association, refers to impaired or abnormal mental functioning and patterns of behavior. On the other hand, Academic performance, according to IGI Global, represents a student's achievement upon completing a course or subject from an educational institution.

2.1 TYPES OF PSYCHOLOGICAL DYSFUNCTION

Psychological dysfunction encompasses various mental disorders, as identified by the World Health Organization (WHO). Here are some of the most prevalent forms:

1. Anxiety Disorders

In 2019, 301million people were living with an anxiety disorder including 58 million children and adolescents. Anxiety disorders are characterized by excessive fear and worry and related behavioral disturbances. Symptoms are severe enough to result in significant distress or significant impairment in functioning. There are several different kinds of anxiety disorders, such as; generalized anxiety disorders, (characterized by excessive worry), Panic disorder (characterized by panic attacks), Social anxiety disorder (characterized by excessive fear and worry in social situations), separation anxiety disorder (characterized by excessive fear anxiety about separation from those individuals to whom the person has a deep emotional bond).

2. Depression

In 2019, 280 million people were living with depression, including 23 million children and adolescents.

Depression is different from usual mood swing and short-lived emotional responses to challenges in everyday life.

During a depressive episode, the person experiences depressed mood (feeling sad, irritable, empty) or loss of pleasure or interest in activities, for most of the day, nearly every day, for at least two weeks. Several other symptoms are also present, which may include poor concentration, feeling of excessive guilt or low self-worth, feeling hopeless about the future, thoughts about suicide, disrupted sleep, and changes in appetite or weight, feeling low in energy. People with depression are at risk of committing suicide. Effective psychological treatment exists, and depending on the age and severity, medication may also be considered.

3. Post-Traumatic Stress Disorder (PTSD)

The prevalence of PTSD and other mental disorder is high in conflict-affected settings. PTSD may be developed following exposure to an extremely threatening or horrific event or series of events. It is characterized by the following;

i. Re-experiencing the traumatic event or events in the present (Intrusive memories, flashbacks, or nightmares)

ii. Avoidance of thoughts and memories of events

iii. Persistent perception of heighted current threat.

These symptoms persist for at least several weeks and causes significant impairment in functioning. Of course, effective psychological treatment exists.

4. Disruptive behavior and dissocial disorder

40 million people, including children and adolescents were living with conduct-dissocial disorder in 2019. This disorder also known as conduct disorder is one of two disruptive behavior and dissocial disorders.

Disruptive behavior and dissocial disorders are characterized by persistent behavior problems such as persistently defiant behavior that continually violate the basic rights of others or major age-appropriate societal norms, rules, or laws. Effective psychological treatment exist, often involving parents/guardians and teachers, cognitive problem-solving skills training

5. Neurodevelopmental Disorders

Neurodevelopmental disorders are behavioral and cognitive disorders that arise during the developmental period, and involve significant difficulties in the acquisition and execution of specific intellectual, motor, language or social functions.

Neurodevelopmental disorders includes disorders of intellectual development, autism spectrum disorder (ADHD) amongst others. ADHD is characterized by a persistent pattern of inattention and/or hyperactivity-impulsivity that as a direct negative impact on academic, occupational, or social functioning. Disorders of intellectual development are characterized by significant limitations in intellectual functioning and adaptive behavior, which refers to difficulties with everyday conceptual, social, and practical skills that are performed in daily life. Autism spectrum disorder (ASD) constitutes a diverse group of conditions characterized by some degree of difficulty with social communication and

reciprocal social interaction, as well as persistent restricted, repetitive, and inflexible patterns of behavior, interests, or activities.

Effective treatment options exist including psychosocial interventions, behavioral interventions, occupational and speech therapy. For certain diagnoses and age groups, medication may also be considered.

2.2. PEVIOUS STUDIES OF PSYCHOLOGICAL DYSFUNCTION ON ACADEMIC PERFORMANCE

Mental Health, Academic Self-Efficacy, and Study Progress among College Students: The SHoT Study, Norway (Grøtan, Sund, & Bjerkeset, 2019)

In Norway, the SHoT Study (Studentenes Helse- og Trivselsundersøkelse) investigated the associations between mental health, academic self-efficacy, and study progress among college students (Grøtan, Sund, & Bjerkeset, 2019). The study aimed to explore the impact of mental health on students' academic performance and their perceptions of academic self-efficacy. The presence of mental distress has been associated with decreased academic self-efficacy and hindered study progress, although the underlying factors contributing to this relationship are intricate and not completely understood. A longitudinal study conducted in the United States revealed that mental health problems were predictive of delayed academic success, specifically in terms of grade point average (GPA), suggesting a potential cause-and-effect dynamic (Eisenberg et al., 2009). Both anxiety and depression are detrimental to academic and social participation in everyday student life (Byrd and McKinney, 2012; Keyes et al., 2012; Salzer, 2012). Depressive disorders result in lowered mood, reduced cognitive function, lack of a sense of coping and interest in others, as well as lack of energy (Mykletun et al., 2009). In turn, depression and anxiety often affect memory and concentration, which makes it more difficult to acquire new knowledge and cope with examination situations. This will often reinforce

perceptions of hopelessness and inadequacy, and in many people it will sustain the feeling of anxiety and depressed mood in a vicious circle (Rice et al., 2006; Stallmann, 2008).

On the other hand, and depending on the symptom level, some uncertainty and anxiety in the academic situation may contribute to increased work effort and possibly improved results (Andrews and Wilding, 2004; Nedregård and Olsen, 2014). These findings contribute to the growing body of literature highlighting the importance of addressing mental health concerns among college students. The SHoT Study provides valuable insights into the relationship between mental health, academic self-efficacy, and study progress specifically within the context of Norwegian college students (Grøtan et al., 2019).

2.3. PREVALENCE AND SOLUTIONS

Psychological dysfunction, including common mental disorders such as depression, anxiety and PTSD, is highly prevalent in conflict-affected populations and humanitarian crises. Studies conducted by the World Health Organization (WHO) have revealed that most people affected by emergencies will experience distress (e.g. feelings of anxiety and sadness, hopelessness, difficulty sleeping, fatigue, irritability or anger and/or aches and pains).

This is normal and will for most people improve over time. However, the prevalence of common mental disorders such as depression and anxiety is expected to more than double in a humanitarian crisis.
The burden of mental disorders among conflict-affected populations is extremely high: WHO's review of 129 studies in 39 countries showed that among people who have experienced war or other conflict in the previous 10 years, one in five people (22%) will have depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia (1).

According to WHO's review, the estimated prevalence of mental disorders among conflict- affected populations at any specific point in time (point prevalence) is 13% for mild forms of depression, anxiety, and post-traumatic stress disorder and 4% for moderate forms of these disorders. The estimated point prevalence for severe disorders (i.e. schizophrenia, bipolar disorder, severe depression, severe anxiety, and severe post-traumatic stress disorder) is 5%. It is estimated that one in 11 people (9%) living in a setting that has been exposed to conflict in the previous 10 years will have a moderate or severe mental disorder.

In conflict-affected settings, depression and anxiety increase with age.
Depression is more common in women than in men. People with severe mental disorders can be especially vulnerable during and after emergencies and they need access to basic needs and clinical care. A review published in 2014 of the health information system from 90 refugee camps across 15 low- and middle-income countries found that 41% of health-care visits for mental, neurological and substance use disorders were for epilepsy/seizures, 23% for psychotic disorders, and 13% for moderate and severe forms of depression, anxiety or post-traumatic stress disorder.
Students are especially vulnerable to mental health issues due to the prevalence of mental disorders among conflict-affected populations. The article emphasizes the need for increased awareness and support systems to address psychological well-being among students.
Education institutions can promote mental health among students by developing target interventions and resources based on the high prevalence of depression, anxiety, and post-traumatic stress disorder.
As part of this effort, counseling services can be provided, awareness campaigns can be developed, stress-management techniques will be promoted, and supportive and inclusive learning environments can be created. Additionally,

educational institutions can develop comprehensive mental health programs tailored to the specific needs of students by collaborating with mental health professionals and organizations.

2.4. THEORETICAL FRAMEWORK

Bandura, A. (1997) Self-efficacy: The exercise of control. Published by W.H Freeman.

Motivation for learning is concerned with the activation of learning behaviors. It has previously been proposed that decision-making

models might offer an explanation for how learning behaviors do become activated. The aim of this position paper was to investigate this proposal. The three main decision-making models were described and analyzed. There were problematic aspects common to all the models, so it was argued that some modifications were necessary, in the following way. It was proposed that there are many factors that can influence learning behaviors, and some of these would have a positive influence (e.g., high self-efficacy, high individual interest, supportive peers) whereas others would have a negative influence (e.g., very low self- efficacy, lack of individual interest, disruptive peers, hunger and fatigue). In one particular lesson, a student could experience a combination of positive and negative factors, so this implies that a decision-making event would be necessary in order to determine whether or not learning behaviors become activated. For several reasons, it was concluded that at least part of the process of comparing the factors and making a decision could occur at a subconscious level.

Peggy A. Thoits Social Support and Psychological Well-Being: Theoretical Possibilities

There has been considerable controversy regarding the role of social support in stress. Some theorists (Cassel, 1976; Cobb, 1976; Kaplan, Cassel, & Gore, 1977) have argued that support acts only as a resistance factor; that is, if negative events and/or chronic difficulties are exposed, support reduces, or buffers, the psychological impacts, but support does not directly affect psychological symptoms when stressful circumstances are absent. Several studies support this buffering-only view of social support (sec Turner, 1983, for a review). (Thoits, 1982a, 1983c) propose that lack of social support itself is a stressor, and as such ought to have a direct impact on psychological symptoms, regardless of other stressors present. A number of studies now confirm this main-effect view of social support influences (e.g., Andrews, Tennant, Hewson, & Vaillant, 1978; Aneshensel & Frerichs, 1982; Lin, Ensel, Simeone, & Kuo, 1979; Thoits, 1983b; Turner,1981; Williams, Ware, & Donald, 1981). These studies report an inverse association between measures of support and indicators of psychological disturbance, and no stress-buffering effects at all.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 RESEARCH DESIGN

This study is based on the psychological dysfunction on students' academic performance and it aims to answer the following questions:

1. How prevalent is psychological dysfunction among University Of Benin Students?

2. What are the main stressors affecting students' mental health and academic performance at the University of Benin?

3. How does social support influence the academic performance of students at the University of Benin?

3.2 AREA OF STUDY

The area of study is the University of Benin Located in Benin City Edo State, Nigeria. The University was established in the year 1970 as an institute of Technology and was accorded the status of a full-fledged University by the National Universities Commission (NUC) on the 1st of July 1971.

On the 1st of April 1975, the University was taken over by the Federal Government. It became a Federal University with two campuses (Ugbowo and Ekehuan Campus). This study focuses on the students of Ugbowo campus in the Federal University of Benin.

3.3 THE POPULATION OF THE STUDY AND THE SAMPLE SIZE

The population of this study comprises of all students in Ugbowo Campus University of Benin, which is made up of year one to six students in different faculties respectively. The sample size was derive using the **"Cochran Formula (Cochran 1977)"**

3.3.1 COCHRAN FORMULA (COCHRAN 1977)

The Cochran formula was formulated by William Gemmell Cochran to determine the sample size when the population is unknown.
Cochran's formula is considered especially appropriate in situations with large populations. A sample of any given size provides more information about a smaller population than a larger one, so there's a 'correction' through which the number given by Cochran's formula can be reduced if the whole population is relatively small.
The Cochran formula is:

$$n_o = \frac{z^2 pq}{e^2}$$

Where:

e is the desired level of precision (i.e. the margin of error),
p is the (estimated) proportion of the population which has the attribute in question,
q is 1 – p.
The z-value is found in a Z table.

Using a population proportion (p) of **50% (0.5)** and confidence interval of (Z) of **95% (0.95),**

$$n = \frac{1.96^2(0.5 * 0.5)}{0.05^2}$$

n = 384.16

Approximately, the sample size of **384** was gotten and would be used for this study

3.4. METHOD OF DATA COLLECTION

3.4.1. INSTRUMENT FOR DATA COLLECTION

The instrument for data collection was a close-ended questionnaire that utilized a Likert scale. The questionnaire consisted of 21 questions grouped into 5 sections:

Section A: This section gathered student Social Demographic Data, including information about Gender, Age, Level, and Academic Program.

Section B: In this section, students were asked to evaluate their psychological well-being. They rated the frequency with which they experience specific psychological problems, namely Anxiety, Stress, and Depression. The Likert scale used in this section ranged from 1 to 4, with the responses ranked as follows: 1: Never, 2: Rarely, 3: Sometimes, 4: Always

Section C: This section focused on Academic Performance, comprising three questions that explored various aspects of students' academic experiences.

Section D: Questions in this section aimed to identify the stressors contributing to Psychological Dysfunction. It included six questions addressing different potential stressors.

Section E: Questions in this section delved into Social Support, consisting of five inquiries that assessed students' perceptions of support from various sources.

This structured questionnaire allowed for a comprehensive exploration of the

factors influencing students' psychological well-being, academic performance, and the stressors they encounter.

3.4.2. ADMINISTRATION OF THE QUESTIONNAIRE

The questionnaire used in this study was well distributed. The process of gathering data from respondents involved careful planning and Simple Random Sampling Method.

A total of 384 questionnaires were distributed to students of the University of Benin. This approach allowed for face-to-face engagement with potential participants and increased the likelihood of obtaining accurate and reliable responses.

Out of the 384 questionnaires distributed, 377 were returned by diligent respondents. However, it's worth noting that seven questionnaires were not returned. This brings our final sample size to 377.

3.5. METHOD OF DATA ANALYSIS

In this section, the methodology employed for analyzing the data in this study will be explained. The analysis encompassed the utilization of the Spearman Rank Test and T- test of independence, and Descriptive Statistics to gain a comprehensive understanding of the dataset. SPSS and Python where also used to analyze and Visualize the data.

3.5.1. DESCRIPTIVE STATISTICS

Descriptive statistics is a pivotal component of data analysis. It involves the

process of summarizing, organizing, and presenting data in a meaningful and concise manner. Descriptive statistics provides valuable insights into a dataset's central tendencies (such as mean, median, mode), dispersion (range, variance, standard deviation), and distribution characteristics (skewness, kurtosis) without making broader population inferences.

Furthermore, visual representation of data is an integral aspect of descriptive statistics. Graphical tools like histograms, bar charts, pie charts, scatter plots, and box plots are employed to enhance data visualization and facilitate interpretation. By harnessing the power of descriptive statistics, researchers can effectively communicate the salient features of their dataset, enabling a deeper comprehension of the data and establishing a foundation for subsequent statistical analyses and decision-making processes.

3.5.2. CORRELATION

Correlation analysis is a fundamental statistical technique employed to ascertain the relationships between two variables. While various measures of association exist for variables measured at the ordinal level or higher, correlation remains one of the most widely used approaches. Correlation methods provide a concise summary of the association between two variables through a single numerical value known as the correlation coefficient, typically denoted as "r." This coefficient ranges from -1 to +1.

A correlation coefficient proximate to 0, whether positive or negative, suggests a weak or negligible relationship between the two variables.

A correlation coefficient close to +1 indicates a positive relationship, signifying that an increase in one variable corresponds to an increase in the other.

Conversely, a correlation coefficient near -1 signifies a negative relationship, indicating that an increase in one variable correlates with a decrease in the other.

It is crucial to note that the correlation coefficient is most meaningful for

variables measured at the ordinal, interval, or ratio levels. For nominal-level variables, correlation analysis lacks significance.

3.5.3. METHODS FOR CORRELATION ANALYSIS:

There are mainly two types of correlation:

- Parametric Correlation – *Pearson correlation(r)*: It measures a linear dependence between two variables (x and y) and is known as a parametric correlation test because it depends on the distribution of the data.
- Non-Parametric Correlation – *Kendall (tau)* and *Spearman (rho)*: They are rank-based correlation coefficients, and are known as non-parametric correlation.

3.5.4. SPEARMAN'S RANK CORRELATION

Spearman's Correlation is a statistical measure of measuring the strength and direction of the monotonic relationship between two continuous variables. Therefore, these attributes are ranked or put in the order of their preference. It is denoted by the symbol "rho" (ρ) and can take values between -1 to +1. A positive value of rho indicates that there exists a positive relationship between the two variables, while a negative value of rho indicates a negative relationship. A rho value of 0 indicates no association between the two variables.

Spearman's Correlation formula

$$r_s = 1 - \frac{6\sum d_i^2}{n(n^2 - 1)}$$

Where,

r_s = Spearman Correlation coefficient

d_i = the difference in the ranks given to the two variables values for each item of the data

n = total number of observations

3.5.5. PROPERTIES OF SPEARMAN CORRELATION

- r_s takes a value between -1(negative association) and 1(positive association).
- $r_s = 0$ means no association.
- It can be used when the association is not linear.
- It can be applied to ordinal variables.

3.5.6. ADVANTAGES OF SPEARMAN'S RANK CORRELATION

- This method is easier to understand.
- This method is suitable when the series gives only the order of preference and not the actual value of the variable.
- It is robust to the outliers present in the data
- It is designed to capture monotonic relationships between variables. Monotonic relation measures the effect of change in one variable on another variable

3.5.7. LIMITATIONS OF SPEARMAN'S RANK CORRELATION

- This method does not provide accurate measure of correlation coefficient as compared to Karl Pearson's method.
- It is tedious to assign ranks when the number of observations is large.
- This method cannot be used for a bivariate frequency distribution.

3.5.8. T-TEST OF INDEPENDENCE

The two-sample t-test, otherwise called the independent sample t-test, is a strategy used to test whether the obscure populace mean for two groups on a specific variable are equivalent or not. It is additionally known to break down assuming there is any distinction between the mean scores of two groups on a specific variable is significant or not.

The independent t-test is utilized when the information values are independent; randomly chosen from two normally distributed populations and the two independent groups have equal variance. In the event that the variance isn't equivalent, it is called to be utilizing an alternate test of the standard deviation

Formula:

$$t = \frac{\overline{x_1} - \overline{x_2}}{s} \sqrt{\frac{n_1 n_2}{n_1 + n_2}}$$

ASSUMPTIONS

- The scale of measurement: The assumption for a t-test is that the scale of measurement applied to the information collected follows a continuous or ordinal scale
- Independence: Data in each group ought to be randomly and independently sampled from the populace
- Random Sampling: The information is gathered from a representative, randomly chosen portion of the entire populace.
- Equal variance: The two populaces ought to have the same variance

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

INTRODUCTION

This chapter includes data presentation and interpretation of results. Specifically, this chapter includes frequency tables and correlation analysis which was used to show the relationship between the two independent variables in the study.

4.1 SOCIAL-DEMOGRAPHIC DATA

Table 1: Distribution of Respondent by their Gender

Gender	Frequency	Percentage
MALE	206	54.6
FEMALE	171	45.4
TOTAL	**377**	**100**

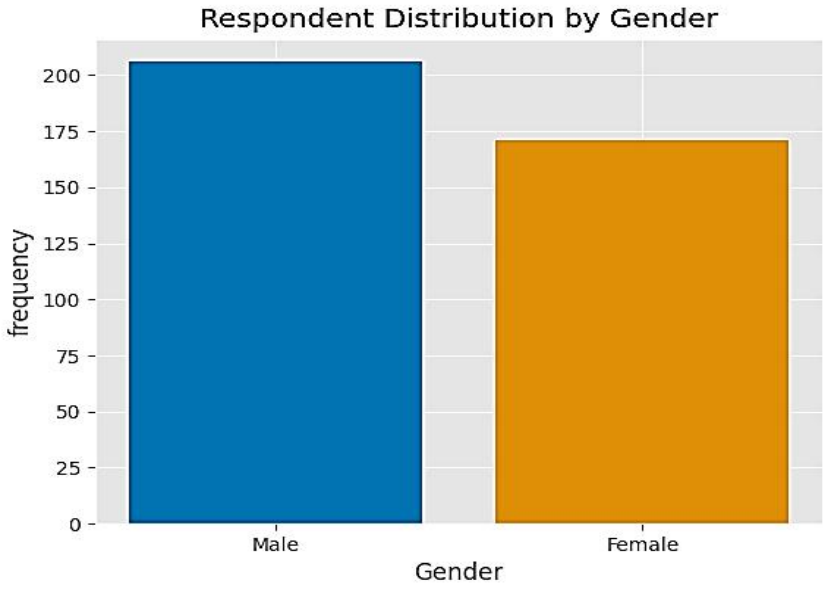


Table 1 above indicates that out of 377 respondents, the females are 171(representing 45.4%), while the males are 206(representing 54.6%). The

analysis presented above shows that a majority of the sampled respondents are males as it has the highest frequency score and percentage.

Table 2: Distribution of Respondents by their Age

Age	Frequency	Percentage
16-21	166	44.0
22-26	161	42.7
27-30	43	11.4
Above 30	7	1.9
Total	**377**	**100**

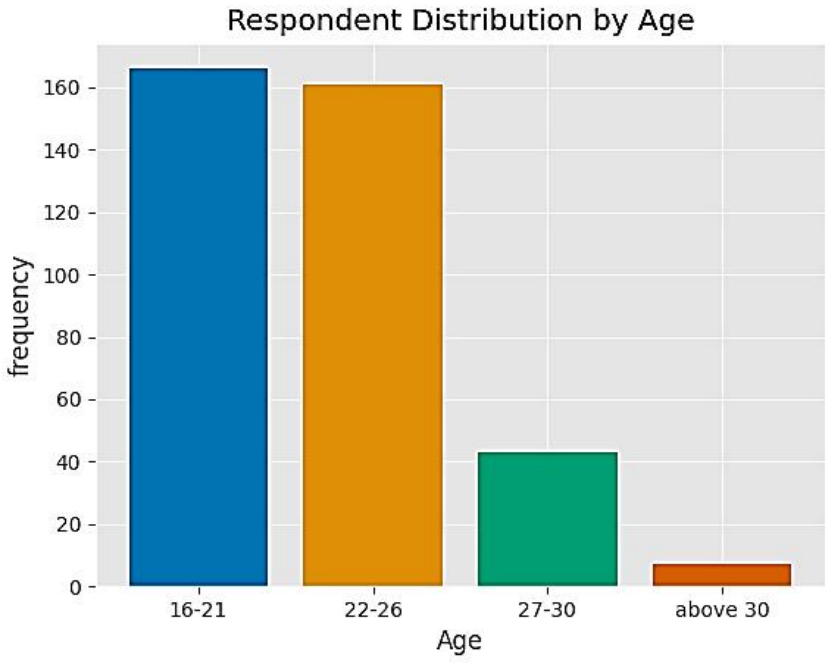


Table 2 above indicates that out of 377 respondents, the people within the age bracket from 16-21 are 166(representing 44.0%), the people within the age bracket from 22-26 are 161(representing 42.7%), the people within the age bracket from 27-30 are 43(representing 11.4%) and the people above 30 are 7(representing 1.9%). The analysis presented above shows that majority of the

sampled respondents are within the age bracket of 16-21 having the frequency scores and percentages

Table 3: Distribution of Respondents by their Academic Level

Levels	Frequency	Percentage
100	100	26.5
200	70	18.6
300	82	21.8
400	80	21.2
Others	45	11.9
Total	**377**	**100**

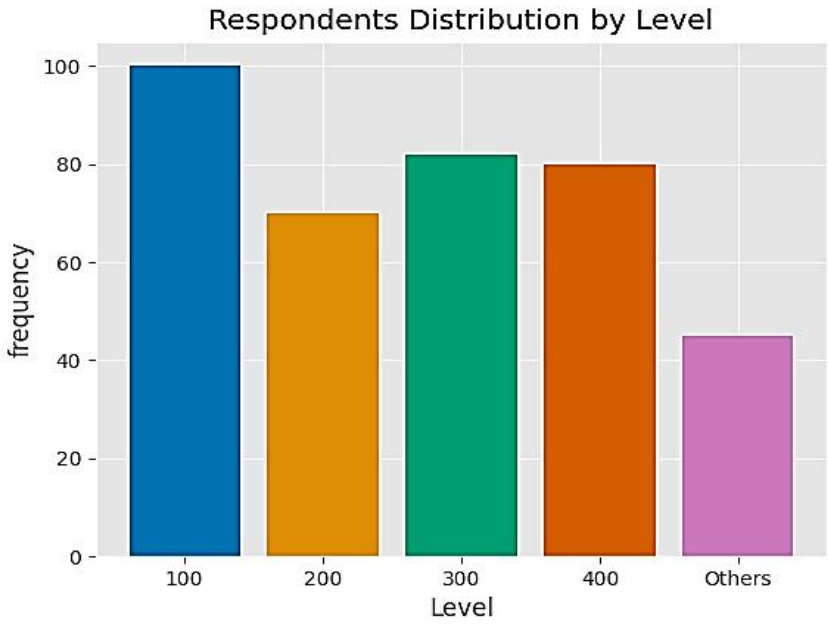


Table 3 above indicates that out of 377 respondents, the number of respondents who are in 100 level are 100(representing 26.5%), the number of respondents who are in 200 level are 70(representing 18.6%), the number of respondents who are in 300 level are 82(representing 21.8%), the number of respondents who are in 400 level are 80(representing 21.2%) and the number of respondents

categories as others(i.e. 500level, 600level and postgraduate) are 45(representing 11.9%). The analysis presented shows that the majority of the sampled respondents are in 100 levels as it has the highest frequency score and percentage.

Table 4: Distribution of Respondents by their Academic Program

Academic Program	Frequency	Percentage
FULL-TIME	282	74.8
PART-TIME	73	19.4
POSTGRADUATE	22	5.8
Total	**377**	**100**

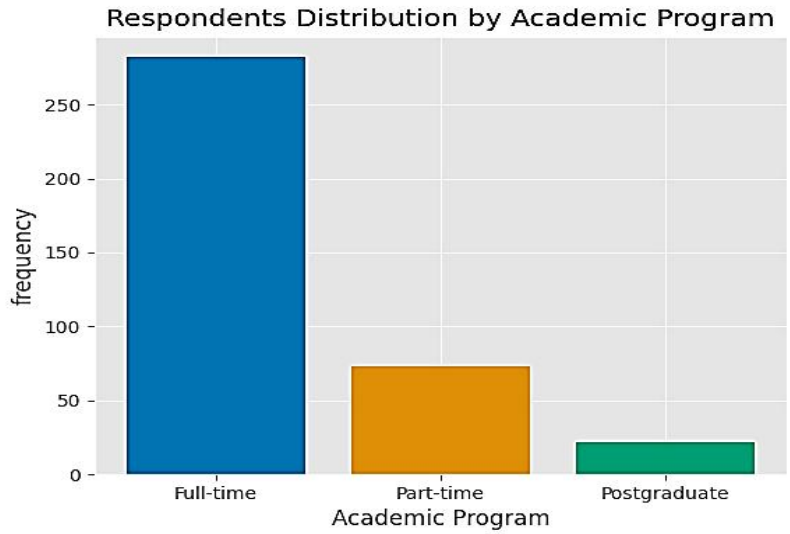


Table 4 above indicates that out of 377 respondents, the number of respondents who are full-timer are 282(representing 74.8%), the number of respondents who are Part-timers are 73(representing 19.4%), the number of respondents who are Postgraduates are 22(representing 5.8%). The analysis presented above shows

that the majority of the sampled respondents are full-timers as it has the highest frequency score and percentage.

4.2 DISTRIBUTION OF RESPONDENT ON PSYCHOLOGICAL DYSFUNCTION EVALUATION

Table 5: Levels of Psychological Problems: Anxiety (PE1)

	Frequency	Percentage
Never	37	9.8
Rarely	73	19.4
Sometimes	147	39.0
Always	120	31.8
Total	**377**	**100**

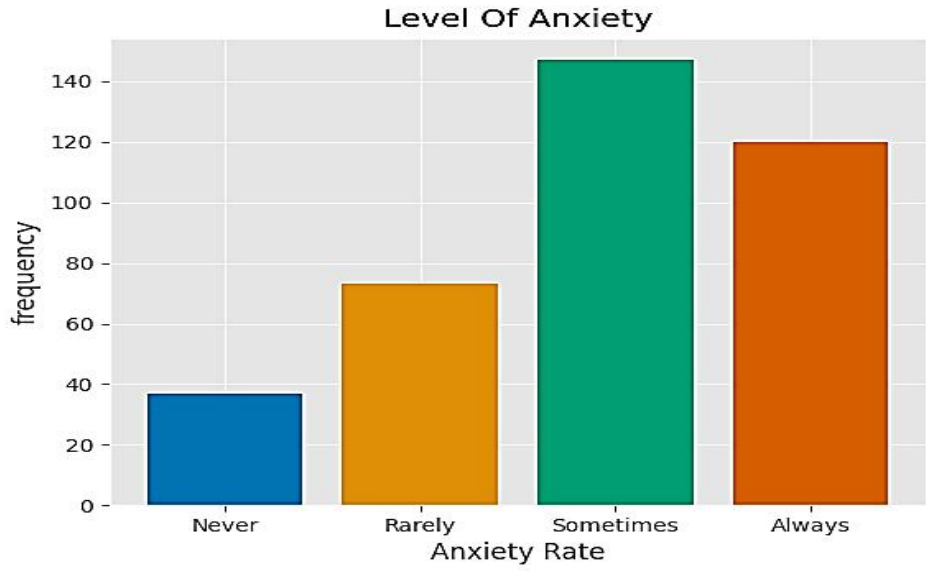


Table 5 indicates that the largest group of respondents, representing 39.0% of the sample, reported experiencing anxiety 'sometimes.' The second-largest group, comprising 31.8% of the respondents, reported 'always' experiencing

anxiety. In contrast, 19.4% reported 'rarely' experiencing anxiety, while 9.8% reported 'never' experiencing it.

Table 6: Levels of Psychological Problems: Stress (PE2)

	Frequency	Percentage
Never	7	1.9
Rarely	40	10.6
Sometimes	169	44.8
Always	161	42.7
Total	**377**	**100**

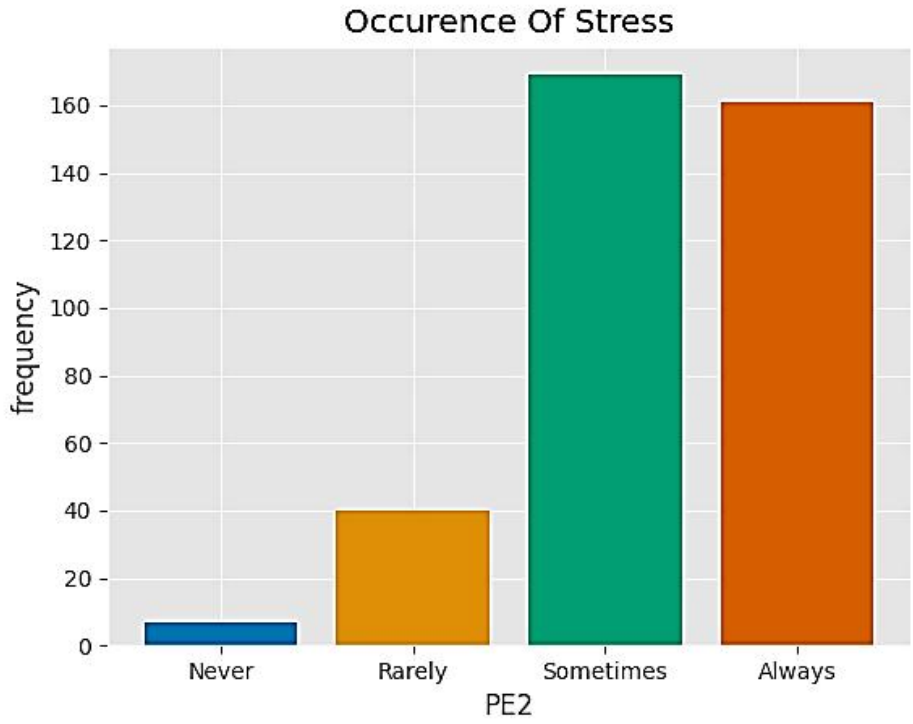


Table 6 indicates that the largest group of respondents, representing 44.8% of the sample, reported experiencing Stress 'sometimes.' The second-largest group, comprising 42.7% of the respondents, reported 'always' experiencing stress. In contrast, 10.6% reported 'rarely' experiencing stress, while 1.9% reported 'never' experiencing it.

Table 7: Levels of Psychological Problems: Depression (PE3)

	Frequency	Percentage
Never	90	23.9
Rarely	90	23.9
Sometimes	135	35.8
Always	62	16.4
Total	**377**	**100**

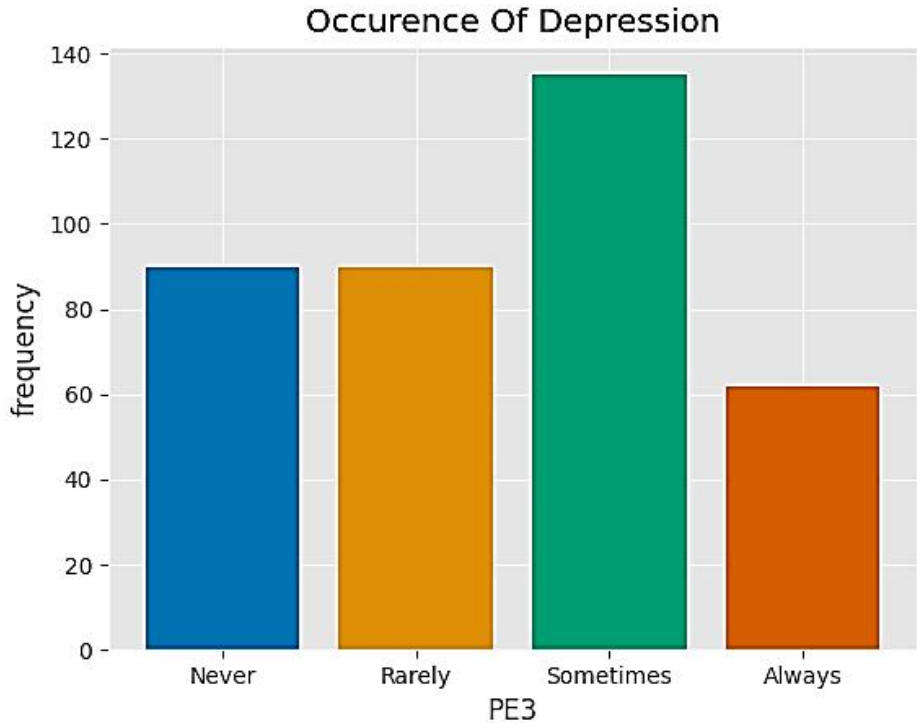


Table 7 indicates that the largest group of respondents, representing 35.8% of the sample, reported experiencing depression 'sometimes.' The second-largest groups, comprising 23.9% of the respondents, reported ‘rarely’ and ‘never’ experiencing depression, while 16.4% reported always experiencing it.

4.3 DISTRIBUTION OF RESPONDENTS ON ACADEMIC PERFORMANCE

Table 8: Describe your academic performance in the past few months based on your own assessment (AP1)

	Frequency	Percentage
Poor	45	11.9
Fair	68	18.0
Average	130	34.5
Good	94	24.9
Excellent	40	10.6
Total	**377**	**100**

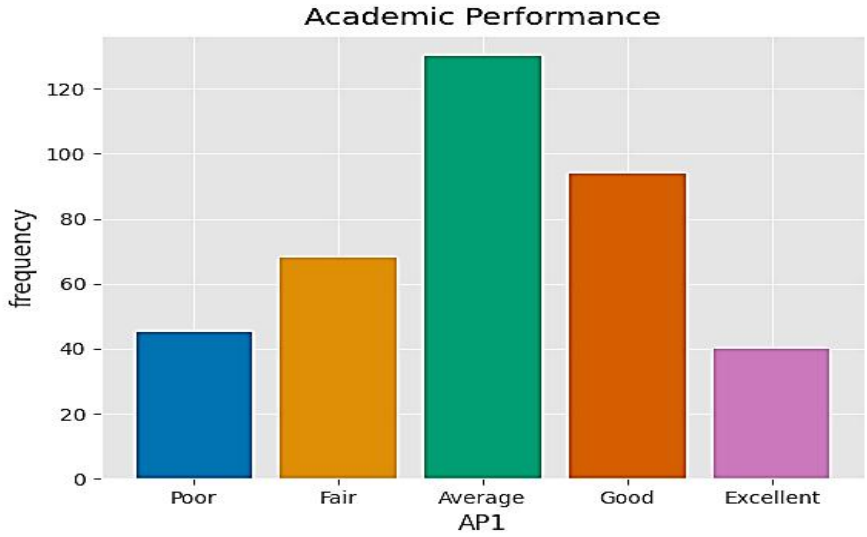


Table 8 presents the distribution of respondents' self-assessment of their academic performance in the past few months. Out of the total 377 respondents, 45 (11.9%) rated their academic performance as 'Poor,' 68 (18.0%) as 'Fair,' 130 (34.5%) as 'Average,' 94 (24.9%) as 'Good,' and 40 (10.6%) as 'Excellent.' The analysis presented shows that the majority of the sampled respondents rated

their academic performance as Average as it has the highest frequency score and percentage.

Table 9: Have you experienced any difficulties related to your academics in the past few months? (AP2)

	Frequency	Percentage
NO	104	27.6
YES	273	72.4
Total	**377**	**100**

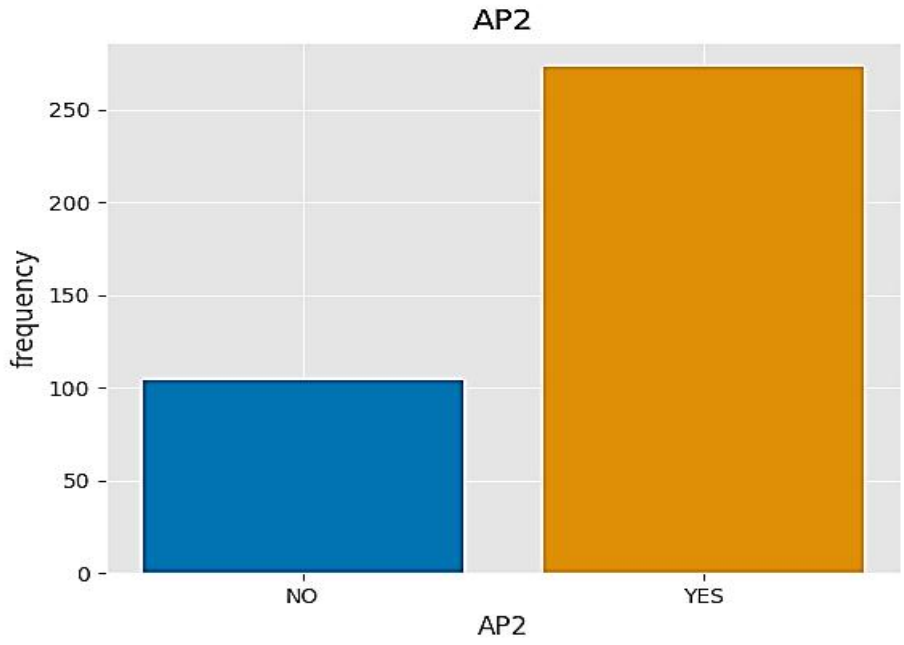


Table 9 indicates that out of 377 respondents, 104(representing 27.6%) reported experiencing no difficulties in their academics in the past few months while 273(representing 72.4%) reported experiencing difficulties in their academics in the past few months. The analysis presented shows that the majority of the sampled respondents reported experiencing academic difficulties as it has the highest frequency score and percentage.

Table 10: To what extent has psychological problems affected your academic performance (AP3)

	Frequency	Percentage
Never	31	8.2
Slightly	106	28.1
Moderately	136	36.1
Always	104	27.6
Total	**377**	**100**

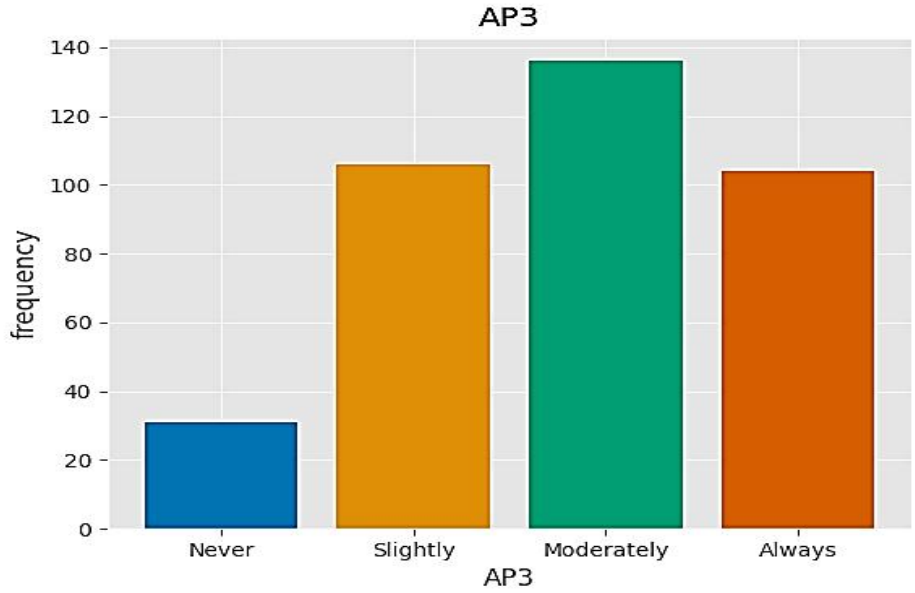


Table 10 displays the distribution of respondents' perceptions regarding the impact of psychological problems on their academic performance. Among the 377 respondents, 31 (8.2%) indicated that psychological problems 'Never' affected their academic performance, while 106 (28.1%) felt it had a 'Slight' impact, 136 (36.1%), reported a 'Moderate' impact, while 104 (27.6%) believed that psychological problems 'Always' affected their academic performance. The analysis presented shows that the majority of the sampled respondents perceived

a 'Moderate' impact of psychological problems on their academic performance as it has the highest frequency score and percentage.

4.4 DISTRIBUTION OF RESPONDENTS ON STRESSORS

Table 11: Academic Workload (S1)

	Frequency	Percentage
Never	14	3.7
Slightly	53	14.1
Moderately	82	21.8
Very	118	31.3
Extremely	110	29.2
Total	**377**	**100**

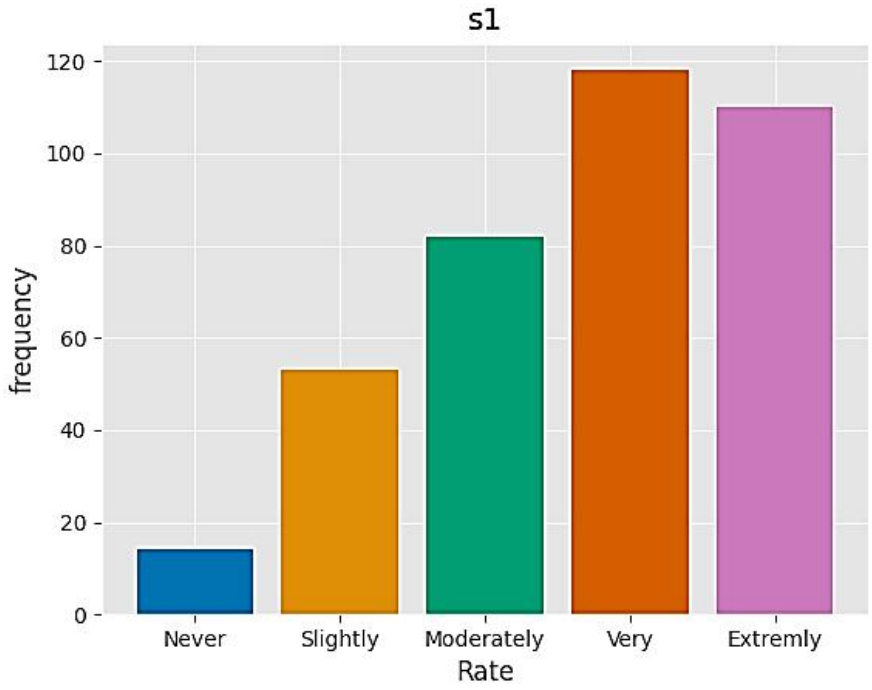


Table 11 indicates that among the 377 respondents, 14 respondents (representing 3.7%) reported that academic workload 'Never' contributed to their stress levels, 53 respondents (representing 14.1%) indicated it had a 'Slight' impact, 82 respondents (representing 21.8%), felt that academic workload contributed 'Moderately' to their stress levels, 118 respondents (representing 31.3%), perceived academic workload as having a 'Very' significant impact on their stress levels, while 110 respondents (representing 29.2%) believed that academic workload 'Extremely' contributed to their stress levels. The analysis presented shows that the majority of the sampled respondents, 118 perceived a 'Moderate' impact of psychological problems on their academic performance as it has the highest frequency score and percentage.

Table 12: Financial Concerns (S2)

	Frequency	Percentage
Never	27	7.2
Slightly	50	13.3
Moderately	94	24.9
Very	86	22.8
Extremely	120	31.8
Total	**377**	**100**

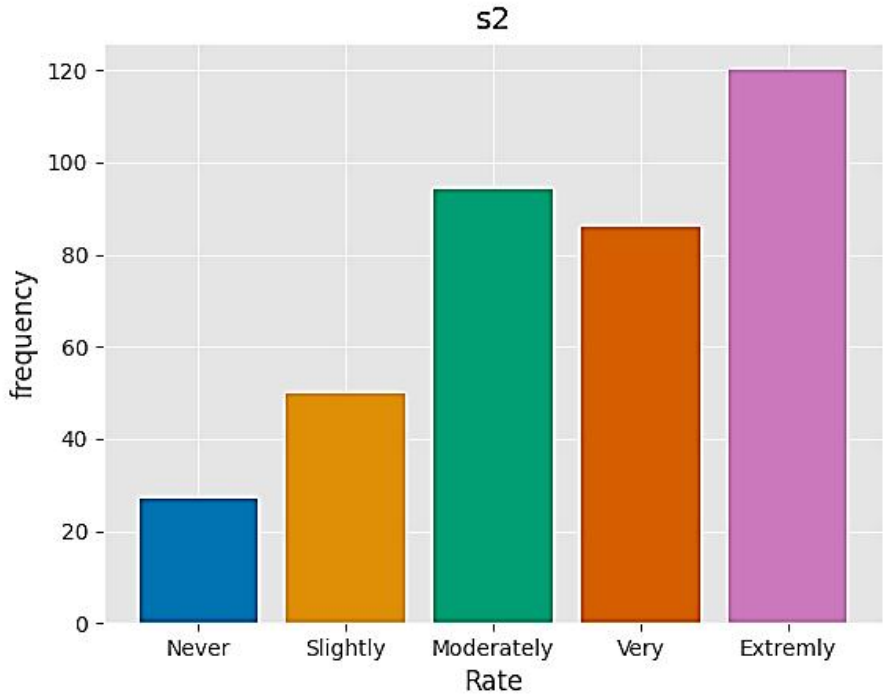


Table 12 indicates that among the 377 respondents, 27 respondents (representing 7.2%) reported that Financial Concerns 'Never' contributed to their stress levels, 50 respondents (representing 13.3%) indicated it had a 'Slight' impact, 94 respondents (representing 24.9%) felt that Financial Concerns contributed 'Moderately' to their stress levels, 86 respondents (representing 22.8%), perceived financial concerns as having a ‘Very’ significant impact on their stress levels, while 120 respondents (representing 31.8%) believed that it ‘Extremely’ contributed to their stress levels. The analysis presented shows that the majority of the sampled respondents, 120 respondents reported an ‘Extreme’ contribution of Time management to their stress level as it has the highest frequency score and percentage.

Table 13: Time management (S3)

	Frequency	Percentage
Never	20	5.3
Slightly	60	15.9
Moderately	124	32.9
Very	109	28.9
Extremely	64	17.0
Total	**377**	**100**

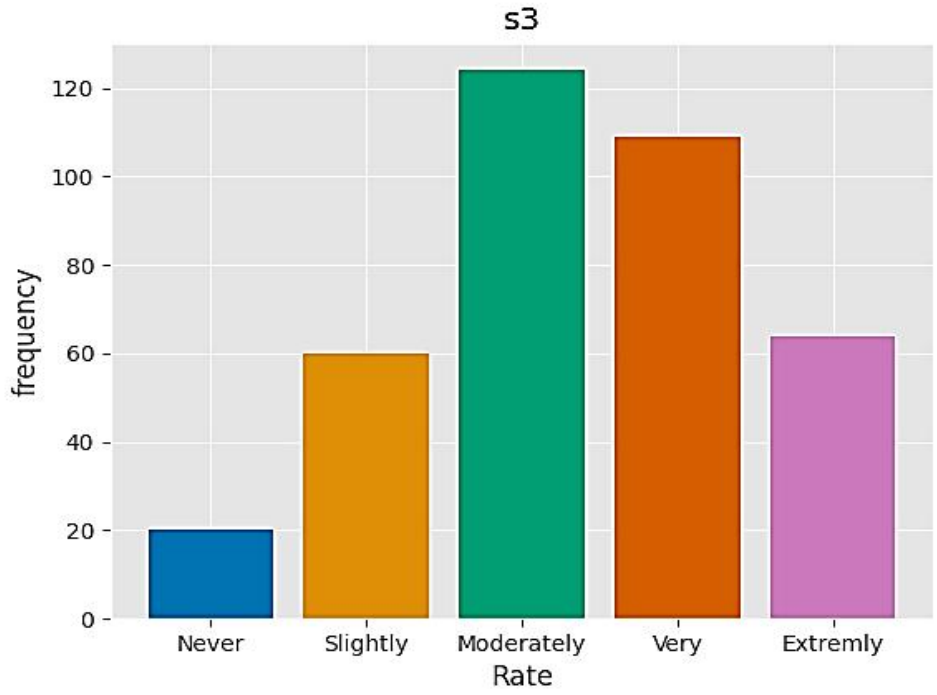


Table 13 indicates that among the 377 respondents, 20 respondents (representing 5.3%) reported that Time management 'Never' contributed to their stress levels, 60 respondents (representing 15.9%) indicated it contributed slightly, 124 respondents (representing 32.9%), felt that it contributed 'Moderately' to their stress levels, 109 respondents (representing 28.9%), perceived time management as having a 'Very' significant impact on their stress

levels, while 64 respondents (representing 17.0%) believed that it 'Extremely' contributed to their stress levels. The analysis presented shows that the majority of the sampled respondents, 124 perceived a 'Moderate' contribution of Time management to their stress level as it has the highest frequency score and percentage.

Table 14: Family Expectations (S4)

	Frequency	Percentage
Never	54	14.3
Slightly	77	20.4
Moderately	104	27.6
Very	81	21.5
Extremely	61	16.2
Total	**377**	**100**

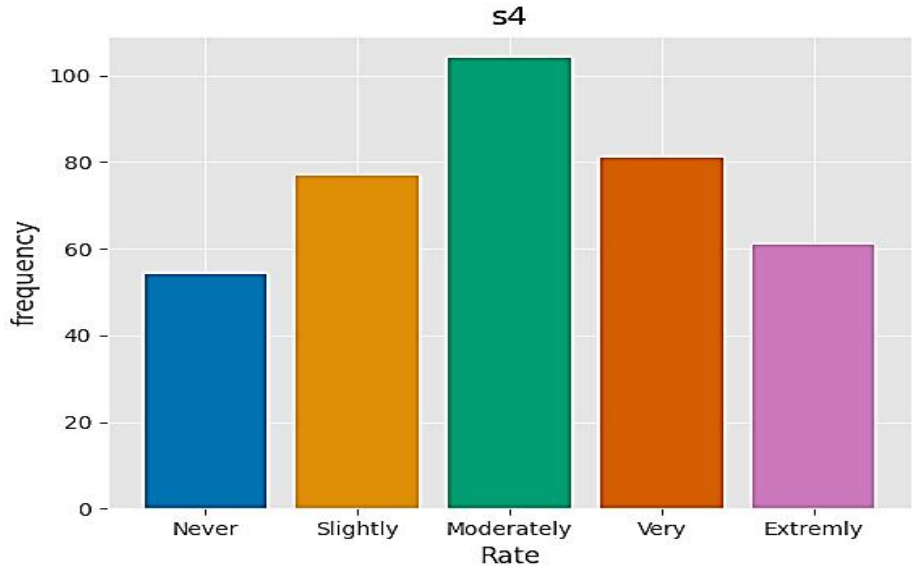


Table 14 indicates that among the 377 respondents, 54 respondents (representing 14.3%) reported that Family expectations 'Never' contributed to

their stress levels, 77 respondents (representing 20.4%) indicated it contributed slightly, 104 respondents (representing 27.6%), felt that it contributed 'Moderately' to their stress levels, 81 respondents (representing 21.5%), perceived Family expectations as having a 'Very' significant impact on their stress levels, while 61 respondents (representing 16.2%) believed that it 'Extremely' contributed to their stress levels. The analysis presented shows that the majority of the sampled respondents, 104 perceived a 'Moderate' contribution of Family expectations to their stress level as it has the highest frequency score and percentage.

Table 15: Health Issues (S5)

	Frequency	Percentage
Never	134	35.5
Slightly	131	34.7
Moderately	64	17.0
Very	27	7.2
Extremely	21	5.6
Total	**377**	**100**

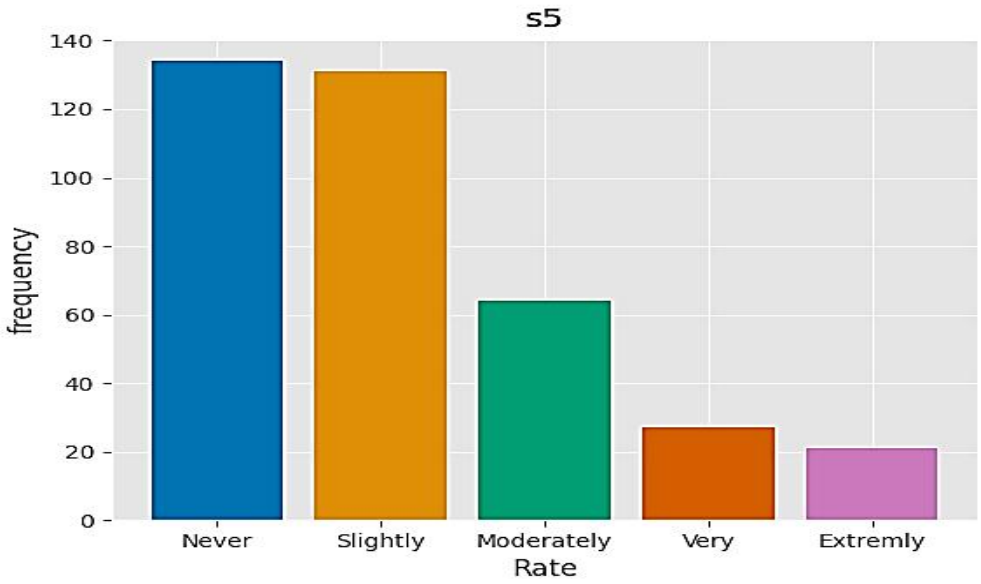


Table 15 indicates that among the 377 respondents, 134 respondents (representing 35.5%) reported that Health issues 'Never' contributed to their stress levels, 131 respondents (representing 34.7%) indicated it contributed slightly, 64 respondents (representing 17.0%), felt that it contributed 'Moderately' to their stress levels, 27 respondents (representing 7.2%), perceived Health issues as having a 'Very' significant impact on their stress levels, while 21 respondents (representing 5.6%) believed that it 'Extremely' contributed to their stress levels. The analysis presented shows that the majority of the sampled respondents, 134 perceived a 'Moderate' contribution of Health issues to their stress level as it has the highest frequency score and percentage.

Table 16: Exams (S6)

	Frequency	Percentage
Never	18	4.8
Slightly	44	11.7
Moderately	72	19.1
Very	92	24.4
Extremely	151	40.1
Total	**377**	**100**

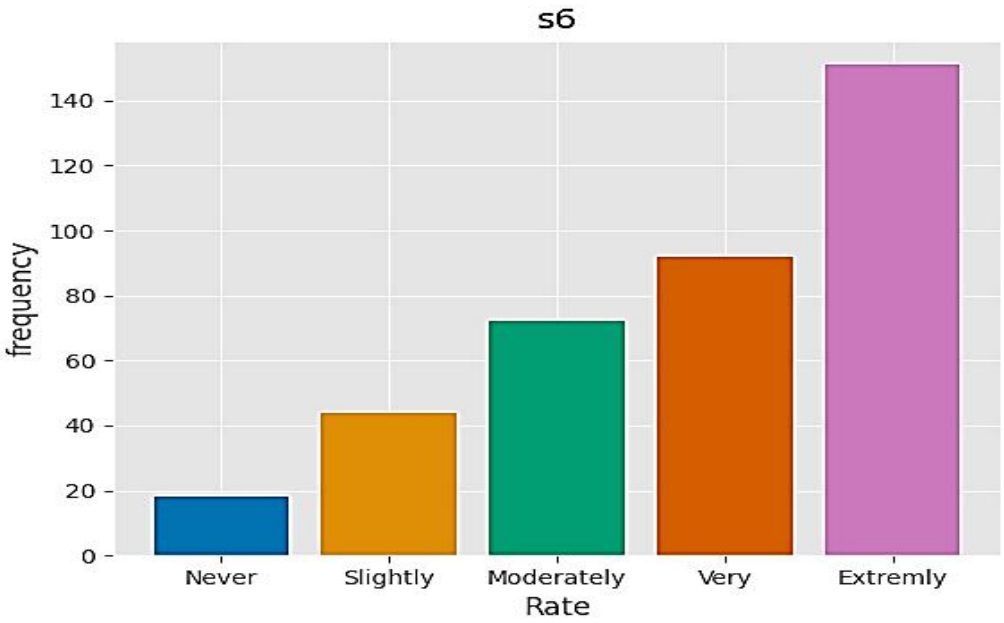


Table 16 indicates that among the 377 respondents, 18 respondents (representing 4.8%) reported that Exams 'Never' contributed to their stress levels, 44 respondents (representing 11.7%) indicated it contributed slightly, 72 respondents (representing 19.1%), felt that it contributed 'Moderately' to their stress levels, 92 respondents (representing 24.4%), perceived Exams as having a 'Very' significant impact on their stress levels, while 151 respondents

(representing 40.1%) believed that it 'Extremely' contributed to their stress levels. The analysis presented shows that the majority of the sampled respondents, 151 perceived Exams of having an Extreme contribution to their stress level as it has the highest frequency score and percentage.

4.5 DISTRIBUTION OF RESPONDENTS ON SOCIAL SUPPORT

Table 17: How often do your Parent/ Guardian offer emotional support and guidance to help cope with psychological challenges related to your academics? (SS1)

	Frequency	Percentage
Never	61	16.2
Rarely	95	25.2
Sometimes	93	24.7
Often	62	16.4
Very Often	66	17.5
Total	**377**	**100**

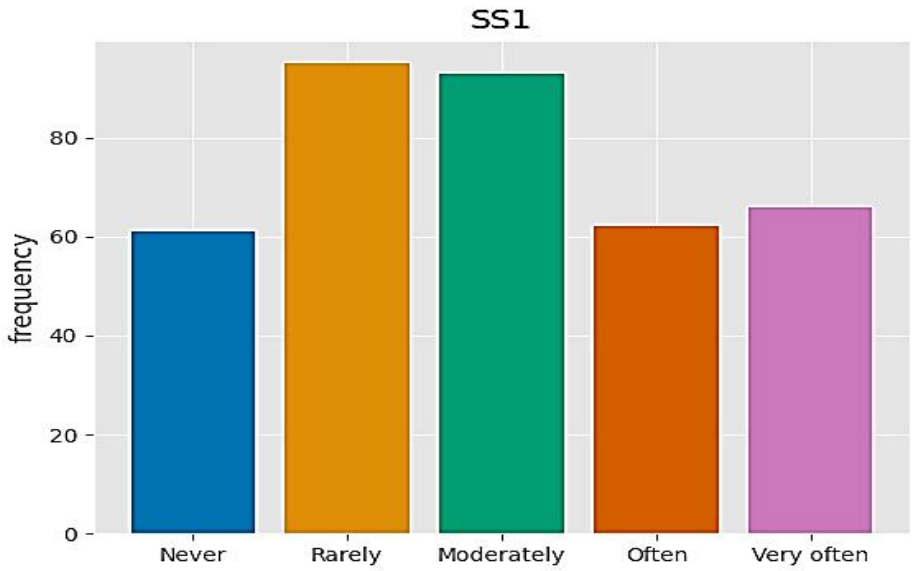


Table 17 indicates that among 377 respondents, 61(representing 16.2%) reported never receiving emotional support or guidance from their Parents related to their academics, 95 respondents(representing 25.2%) rarely gets support from parents, 93 respondents (representing 24.7%) Sometimes receive emotional support from them, 62 respondents (representing 16.4%) Often gets emotional support from them while 66 respondents get emotional support very often from their parents.

The analysis presented shows that the majority of the sampled respondents, 95 respondents reported rarely getting emotional support/ guidance related to their academics from their Parents or Guardian

Table 18: How involved are your parents / guardian in your academics? (SS2)

	Frequency	Percentage
Not Involved	50	13.3
Moderately Involved	182	48.3
Very Involved	145	38.5
Total	**377**	**100**

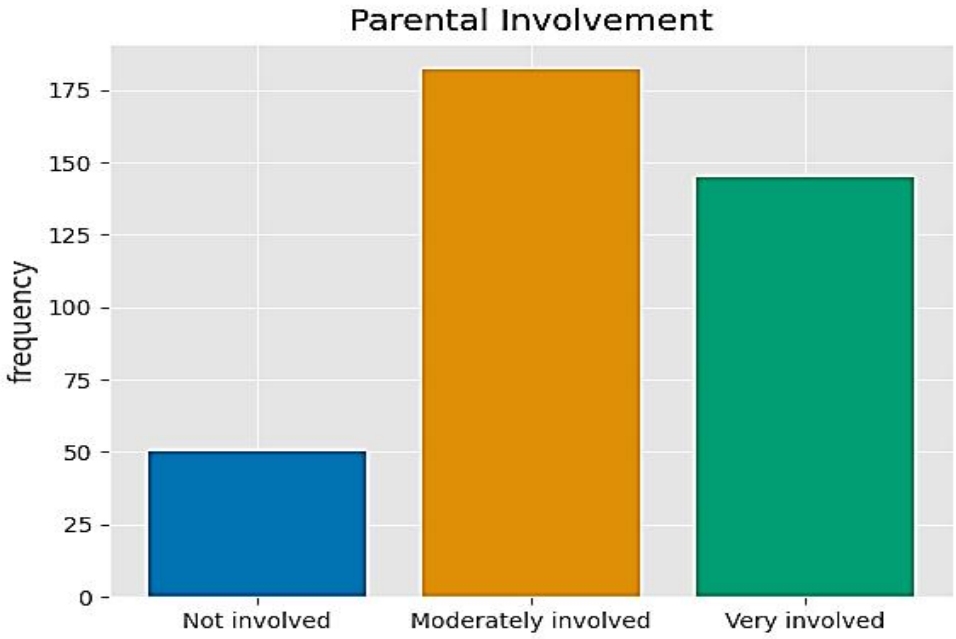


Table 18 indicates that among 377 respondents, 50 respondents (representing 13.3%) reported No involvements from their Parents/ guardian in their academics, 182 respondents (representing 48.3%) reported moderate involvement, 145 respondents (representing 38.5%) reported that their parents/ guardians are very involved in their academics. The analysis presented shows that the majority of the sampled respondents, 182 respondents reported Moderate involvement from their Parents/ guardian as it has the highest frequency score and percentage.

Table 19: Do you have friends and colleagues who support you when facing academic challenges? (SS3)

	Frequency	Percentage
NO	115	30.5
YES	262	69.5
Total	**377**	**100**

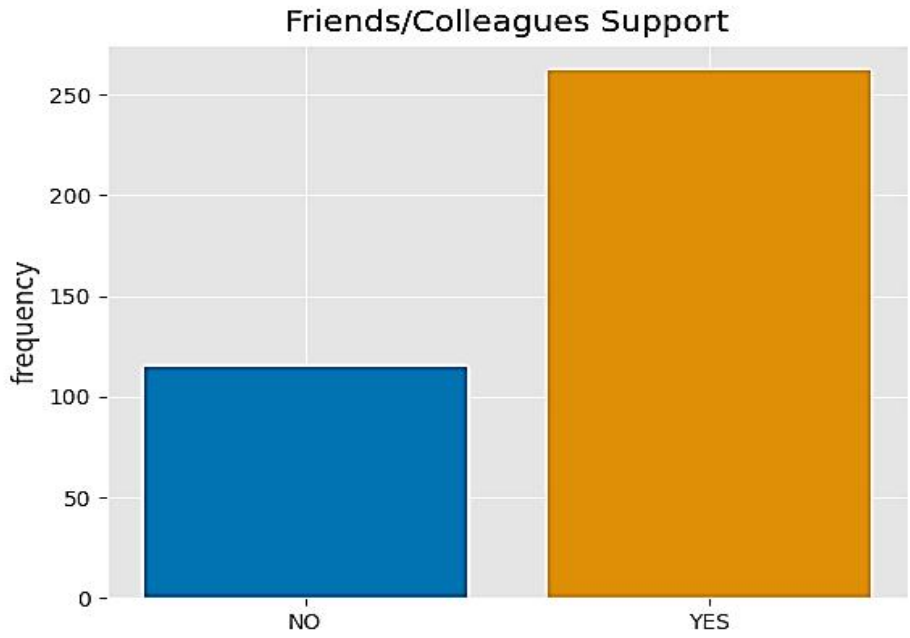


Table 19 indicates that out of 377 respondents, 115(representing 30.5%) reported no support from friends and colleagues when facing academics challenges, while 262(representing 69.5%) reported receiving support from friends and colleagues. The analysis presented shows that the majority of the sampled respondents reported receiving support from friends and colleagues when facing academic challenges as it has the highest frequency score and percentage.

Table 20: Rate your level of confidence in managing academic challenges (SS4)

	Frequency	Percentage
Very low	28	7.4
Low	49	13.0
Moderate	148	39.3
High	105	27.9
Very high	47	12.5
Total	**377**	**100**

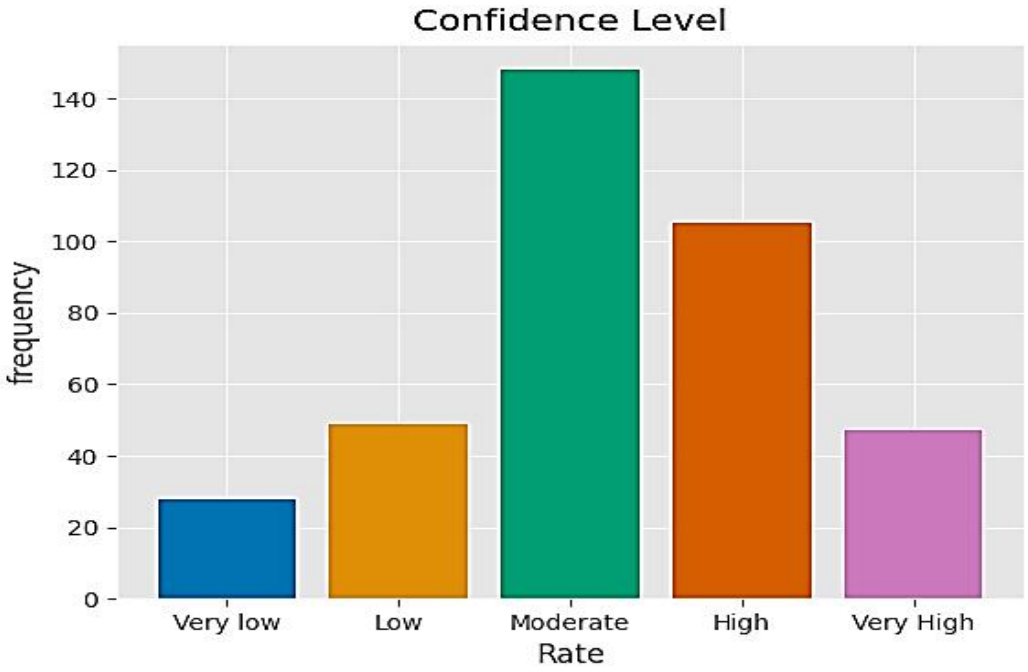


Table 20 indicates that among 377 respondents, 28 respondents (representing 7.4%) reported a very low confidence in managing academic challenges, 49 respondents (representing 13.0) reported a low confidence, 148 respondents (representing 39.3%) reported a moderate confidence, 105 respondents (representing 27.9%) reported having high confidence, while 47 respondents (representing 12.5%) reported having a very high confidence. The analysis presented shows that the majority of the sampled respondents, 148

respondents reported Moderate level of confidence in managing academic challenges as it has the highest frequency score and percentage.

4.6 DESCRIPTIVE AND INFERENTIAL STATISTICS ON RESEARCH QUESTIONS

1. HOW PREVALENT IS PSYCHOLOGICAL DYSFUNCTION AMONG UNIVERSITY OF BENIN STUDENTS?

Statistics

Dysfunction Level

N	Valid	377
	Missing	0
Mean		.72
Median		1.00
Mode		1

Dysfunction Level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	104	27.6	27.6	27.6
	1	273	72.4	72.4	100.0
	Total	377	100.0	100.0	

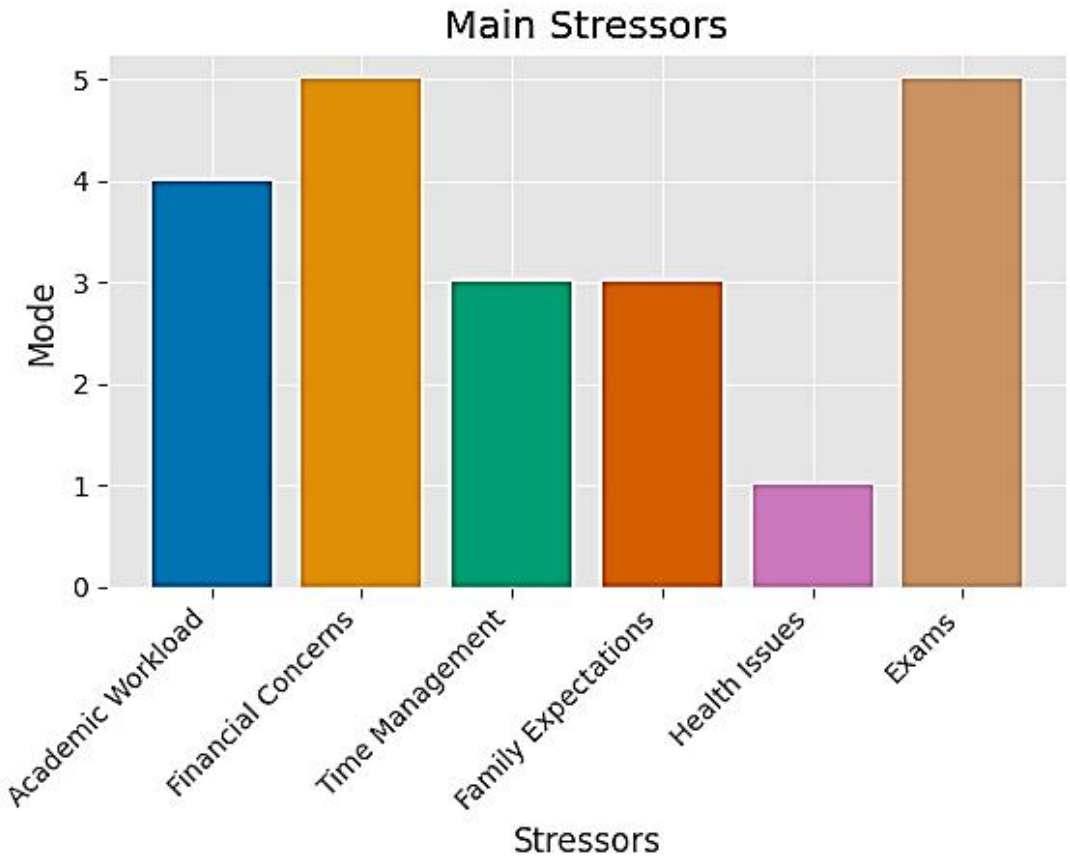
To deeply understand the prevalence of psychological dysfunction among students at the University of Benin, we analyzed the responses to questions related to psychological Dysfunction. This section provides an overview of the results, including mean scores, frequency distributions, and a ranking interpretation. From the table above, 1 represents presence/ high of psychological dysfunction, while 0 represents absence/ low of

psychological dysfunction. It is shown that 273 out of 377 respondents experience a presence/ high level of psychological dysfunction which is more than the 104 respondents who reported experiencing absence/ low level psychological dysfunction.

Therefore, Psychological dysfunction is at a high level prevalence rate.

2. WHAT ARE THE MAIN STRESSORS AFFECTING STUDENTS' MENTAL HEALTH AND ACADEMIC PERFORMANCE AT THE UNIVERSITY OF BENIN?

	Academic Workload (S1)	Financial Concerns (S2)	Time Management (S3)	Family Expectations (S4)	Health Issues (S5)	Exams (S6)
Mean	3.68	3.59	3.36	3.05	2.12	3.83
Mode	4	5	3	3	1	5
Std. Deviation	1.144	1.256	1.100	1.281	1.141	1.210



From section (4.4) the above mode score was gotten for each Stressor. In summary, financial concerns and exams are the primary stressors contributing to stress levels. This answers our research question on the main stressors contributing to the stress levels of University of Benin

3. HOW DOES SOCIAL SUPPORT INFLUENCE THE ACADEMIC PERFORMANCE OF STUDENTS AT THE UNIVERSITY OF BENIN?

Using Spearman Rank correlation Test

Correlation			Social Support	Academic Performance
Spearman's rho	Social Support	Correlation Coefficient	1.000	.330
		Sig. (2-tailed)	.	.000
		N	377	377
	Academic Performance	Correlation Coefficient	.330	1.000
		Sig. (2-tailed)	.000	.
		N	377	377

The p-value is the probability value to accept our null hypothesis or rather to not reject our null hypothesis given the test statistic. Since, the p-value for our test from the result above is 0.000 with a level of significance (α) of 0.05; it is clearly evident that the p-value is lesser than the significance level. There is a weak but statistically significant positive relationship between social support and academic performance of University of Benin students. This means that as social support increases, academic performance tends to slightly increase and vice versa. This shows that increase social support increases academic performance.

4. WHAT EFFECT DOES PSYCHOLOGICAL DSYFUNCTION HAVE ON STUDENT'S ACADEMIC PERFORMANCE IN THE UNIVERSITY OF BENIN

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Academic_Performance	Equal variances assumed	8.750	.003	-10.792	375	.000	-1.256	.116	-1.485	-1.027
	Equal variances not assumed			-11.741	223.321	.000	-1.256	.107	-1.467	-1.045

Result:

Mean Difference: The mean difference is -1.256. This means that, on average, students with psychological dysfunction score approximately 1.256 points lower in academic performance compared to students without psychological dysfunction. The p-value is very small ($p < 0.005$), which indicates that this difference in academic performance between the two groups is highly statistically significant. From the table above, it shows that students experiencing psychological dysfunction tend to have significantly lower academic performance compared to those who do not experience psychological

dysfunction. The p-value is at (0.000) which is less than our level of significance α 0.05. This result answers our research question and we conclude that psychological dysfunction has a negative effect on student's academic performance in the University of Benin

4.7. TEST OF HYPOTHESIS

First Hypothesis:

H_0: Psychological dysfunction does not have any significant effect on student's academic performance

H_1: Psychological dysfunction has a significant effect on student's academic

Performance

Correlations

			Dysfunction Level	Academic Performance
Spearman's rho	Dysfunction Level	Correlation Coefficient	1.000	-.485**
		Sig. (2-tailed)	.	.000
		N	377	377
	Academic Performance	Correlation Coefficient	-.485**	1.000
		Sig. (2-tailed)	.000	.
		N	377	377

**. Correlation is significant at the 0.05 level (2-tailed).

Interpretation:

The correlation analysis conducted for the first hypothesis aimed to investigate the relationship between psychological dysfunction (as measured by dysfunction level i.e. mean scores of section B) and academic performance (as measured by Academic Performance i.e. AP1). The results of this analysis revealed a statistically significant and moderately strong negative correlation between these two variables.

Specifically, the correlation coefficient (Spearman's rho) was calculated to be -0.485, and the p-value (0.000) was found to be less than α 0.05 ($p < 0.05$), which indicates that this negative correlation is highly statistically significant.

Interpreting this finding, it suggests that as psychological dysfunction in students Increases, their academic performance tends to decrease.

Therefore, we reject the null hypothesis and conclude that Psychological dysfunction has a significant effect on student's academic performance

Second Hypothesis:

H_0 : Parents/ Guardians do not play a role in combating psychological dysfunction in students

H_1 : Parents/ Guardians do play a role in combating psychological dysfunction in students

Correlations

			Parental Role	Dysfunction Level
Spearman's rho	Parental Role	Correlation Coefficient	1.000	-.464**
		Sig. (2-tailed)	.	.000
		N	377	377
	Dysfunction Level	Correlation Coefficient	-.464**	1.000
		Sig. (2-tailed)	.000	.
		N	377	377

**. Correlation is significant at the 0.05 level (2-tailed).

Interpretation:

The correlation analysis conducted between psychological dysfunction (measured by dysfunction level i.e. mean scores of section B) and the parental role (measured by Parental Emotional Support & guidance i.e. SS1) aimed to explore the potential relationship between these two variables. The results of this analysis indicate a statistically significant, moderate negative correlation between the variables. Specifically, the Spearman's rho correlation coefficient was calculated to be -0.464, and the p-value (0.000) was found to be less than

0.05 ($p < 0.05$), which means that this negative correlation is statistically significant at the 0.05 level. Interpreting this result, it suggests that as Parental support increases, Psychological dysfunction in students' decreases and vice versa.

Therefore, we reject the null hypothesis and conclude that Parents/ Guardians do play a role in combating psychological dysfunction in students

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 DISCUSSION

This study delved into the relationship between psychological dysfunction and academic performance among students at the University of Benin. The researcher explored how psychological issues such as anxiety, stress, and depression impact students' academic journey. Additionally, the influence of factors like parental roles and social support on students' psychological well-being and academic performance was examined. The research journey involved 377 students from various academic programs. Statistical methods, including the Spearman Rank Correlation test T test for independence, were employed to uncover meaningful insights from the data.

5.2 CONCLUSION

The findings of this study provide valuable insights into the complex relationship between psychological well-being and academic performance among students at the University of Benin. Here are the key conclusions drawn from the research:

Psychological Dysfunction's Impact: The study revealed a significant correlation between psychological dysfunction, as indicated by anxiety, stress, and depression, and students' academic performance, which has a negative impact on student’s academic performance.

Parental Roles: The study also highlighted the role of parental support in mitigating psychological dysfunction. Students who reported stronger parental roles experienced lower levels of psychological distress, which, in turn, positively influenced their academic performance.

Social Support: Social support emerged as a crucial factor in students' psychological well-being. Those who reported higher levels of social support experienced reduced psychological dysfunction and improved academic performance.

5.3 RECOMMENDATIONS

Based on the insights gained from this research, the following proposition was recommended:

i. Psychological Support Services: The University of Benin should consider enhancing its psychological support services for students. Providing counseling and mental health resources can aid in reducing psychological dysfunction and, consequently, improving academic performance. **ii.**

Parental Engagement: Encouraging parental involvement in students' lives, even at the university level, can be beneficial. Programs that foster strong parental roles and communication channels should be established to provide essential emotional support. **iii.**

Promoting Social Support Networks: The university community should promote the creation of strong social support networks among students. This can be achieved through clubs, associations, and activities that encourage interaction and peer support.

In conclusion, this study sheds light on the intricate relationship between psychological well-being and academic success among University of Benin students. Addressing psychological dysfunction, bolstering parental roles, and nurturing social support systems can collectively contribute to the holistic development of students, ensuring their well-being and academic achievement.

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APPENDIX

UNIVERSITY OF BENIN

FACULTY OF PHYSICAL SCIENCES

DEPARTMENT OF STATISTICS

Dear Respondent,

I am a Final Year student in the department of Statistics, University of Benin. As part of the requirements for the program , I am conducting a study on the Relationship Of Psychological Dysfunction on Student's Academic Performance in the University of Benin.

Kindly assist in conducting the study by sparing few minutes in completing the questionnaire. You can be assured your Information provided here will be strictly confidential and would not be shared without prior consent.

Thank you for your cooperation.

Section A

Social Demographic

1. Sex: Male [ ] Female [ ]
2. Age: 16-21[ ] 22-26[ ] 27-30[ ] above 30[ ]
3. Level: 100[ ] 200[ ] 300[ ] 400[ ] Others[ ]
4. Academic program: Full-time[ ] Part-Time[ ] Postgraduate[ ]

Section B

Psychological Evaluation

Please indicate how often you have experienced the following symptoms in the past few months

1. Anxiety (e.g. Excessive worries, panic attacks): Always [ ] Sometimes [ ] rarely [ ] Never [ ]

2. Stress (Tiredness, difficulty sleeping, irritability): Always [ ] Sometimes [ ] rarely [ ] Never [ ]

3. Depression (e.g. loneliness, low mood, lack of interest): Always [ ] Sometimes [ ] rarely [ ] Never [ ]

Section C

Academic Performance

1. How would you describe your academic performance in the past few months based on your own assessment? Excellent [ ] Good[ ] Average[ ] Fair[ ] Poor[ ]

2. Have you been experiencing any difficulties related to your academics in the past few months? YES[ ] NO[ ]

3. To what extent has psychological factors (e.g. stress, anxiety, depression, anti-social behavior) affected your academic performance? Please choose the option that best represents your experience. Always [ ] Moderately [ ] Slightly [ ] Never [ ]

Section D

Stressors

Please indicate the extent to which the following factors contribute to your stress levels

1. Academic Workload: Never[ ] Slightly[ ] Moderately[ ] Very[ ] Extremely[ ]

2. Financial Concerns: Never[ ] Slightly[ ] Moderately[ ] Very[ ] Extremely[ ]

3. Time Management: Never[ ] Slightly[ ] Moderately[ ] Very[ ] Extremely[ ]

4. Family Expectations: Never[ ] Slightly[ ] Moderately[ ] Very[ ] Extremely[ ]

5. Health Issues: Never[ ] Slightly[ ] Moderately[ ] Very[ ] Extremely[ ]

6. Exams: Never[ ] Slightly[ ] Moderately[ ] Very[ ] Extremely[ ]

Section E

Social Support

1. How often do your parents/guardians provide emotional support and guidance to help you cope with psychological challenges related to your academics? Very often[ ] Often [ ] Sometimes [ ] Rarely [ ] Never [ ]

2. How involved are your parents/ guardians in your academics? Very involved [ ] moderately involved [ ] Not involved [ ]

3. Do you have friends and colleagues who support you when facing academic challenges? YES [ ] NO [ ]

4. Rate your level of confidence in managing academic challenges Very high [ ] High [ ] Moderate [ ] Low [ ] Very low [ ]