Nigerian Journal of Psychological Research, Volume6 (2010): 75-85

Influence of House Help Status and Self-Esteem on the Psychological Health of Igbo (Nigerian) Adolescents

Chuka Mike Ifeagwazi
&
Juliana Ezema
Department of Psychology University of Nigeria, Nsukka

The study examined the influence of house help status and self-esteem on the psychological health of adolescents. Two hundred and five (205) adolescents (91 house helps and 114 non-house helps) drawn from four schools in Nsukka area of Enugu State completed the Index of Self Esteem Scale (ISE) and the General Health Questionnaire (GHQ-12). A two-way analysis of variance (ANOVA) results showed that the house helps obtained significantly higher scores on the GHQ-I2 measure reflecting poorer psychological health than non-house helps. Similarly, participants low in self-esteem obtained significantly higher scores on the GHQ-I2 measure reflecting poorer psychological health than participants high in self-esteem. The results suggested that the state of being a house help and having low self-esteem are potent risk factors for psychopathology.

The developmental periods of childhood and adolescence impose a state of dependency on children and adolescents. The helplessness and powerlessness of children and adolescents as well as their low economic or financial status make them highly dependent on their families or adult society for the satisfaction of basic needs. The child, for instance, begins its life in the parental family at a critical time when it is most vulnerable, helpless, and dependent both emotionally and instrumentally. According to attachment theory (Bowlby, 1969; Ainsworth, 1972, as cited in Alonso-Arbiol, Shaver & Yarnoz, 2002), every human being enters the world dependent on one or a few individuals, and these people are likely to become "attachment figures" (recognized care providers).

The family as the basic social unit plays a crucial role in providing care and satisfying the needs of the family members. However, specific family problems such as poverty or low economic/financial status, unemployment, retrenchment, large family size and parental death especially the death of fathers who are traditionally regarded as providers or bread winners could adversely impact on the family since the resources and economic support needed for the provision of the needs of the family members could be lacking. This state of affairs could constrain some families to send their children into child

labour. This is consistent with Adeniyi (2005), who states that financial resources can create strain and stress that will make parents engage their children in money generating ventures. As pointed out by Eya (1994, 2002), one aspect of child labour has been the hiring of young children, especially adolescents, to work as house helps in the homes of elite families in urban cities. Eya states that poverty makes the low socio-economic status (SES) families in the rural villages send their young children aged anything between 7 and 18 years to serve elite urban families.

These house helps are in most cases exploited, working very long hours, all day, and minding not only the children but the kitchen, the house and everything else. This group of children fit neatly into the group suffering from "exploitative child labour" (Okeahialam, 1984, as cited in Eya, 2002). Okeahialam (1984) observed that in a few cases, the child minder is integrated into the new family and may benefit from some education as part of the contractual agreement between the two families.

The use and abuse of house helps constitute an important aspect of child maltreatment which can be operationally broadened to encompass child abuse and neglect. As stated by Eya (2002), the term maltreatment seems to be synonymous with the Igbo terminology of "*mmegbu*" which covers all forms of abuse and neglect suffered by a child at the hands of adult. Adeniyi (2005) observes that within the Nigerian culture, child maltreatment manifests in the use of children in labour market as farm workers, domestic help, bus conductor, beggars, street hawkers, prostitutes and even as commodity for export.

One of the best known theories of child maltreatment is the attachment theory first proposed by Bowlby (1969), and which relied heavily on the notion of social support. According to attachment theory, every person possesses an innate attachment behavioural system that becomes highly activated in times of stress, fatigue, or injury (Alonso-Arbiol et al., 2002). Bowlby hypothesized that the basic determinant of adult personality is attachment, the affectional bond between the child and the primary caretaker. He believed that a secure attachment or strong emotional bond that keeps the child close to the mother has a critical adaptive significance for the child. He theorized that children who experienced warm and intimate relationships with attachment figures become self-reliant and supportive of others and grow up mentally healthy. He stressed the ill effects of maternal deprivation and believed that poor attachment could result to adult psychopathology. For instance, inadequate parental care could create the pattern of anxious attachment (insecurity, dependency), which in turn creates a risk for phobias, hypochondriasis, and eating disorder (Alloy, Jacobson, & Acocella, 1999). As observed by Alloy et al. (1999), many psychopathological

conditions, including anxiety, depression, personality disorders, and conduct and drug-use disorders, have been linked to failures in attachment.

Empirical studies that examined the psychological health status of house helps especially in the Nigerian culture are limited. This assertion is consistent with Eya (1994, 2002) who reports that studies of house aides or child minders are few; and that in Nigeria, many articles are opinions and speculations and with little empirical backing. One pioneering study of house helps conducted in the Nigerian culture was reported by Ebigbo and Izuorah (1985). These researchers examined the psychological status of 50 house aides in Enugu as indexed by their level of intellectual functioning. Their findings indicated that the average house aide is intellectually on the borderline towards mental retardation.

Eya (1994) investigated the status of house helps as both victims and perpetrators of child abuse and neglect. Her findings showed among other things that house helps suffered more maltreatment than non-house helps of the same socio-economic status. This could have some implications for the psychological health status of the house helps as studies (e.g., Green 1978; Hjorth & Ostrov, 1982; Martin & Beezly, 1977; Kinard, 1980, 1982, as cited in Eya, 1994) have shown that maltreated or abused individuals exhibited poor psychological health, including anxiety, depression, low self-esteem, hyperactivity, sleep disturbance, social detachment, self-destructive behaviour and occasionally psychotic episodes.

Another variable that is of interest to the present study is self-esteem, which can be referred to as an individual's sense of pride, self-respect, value, and worth (Hahn, Payne, & Mauer, 2005). According to Coopersmith (1967, as cited in Brehm, Kassin & Fein, 2002) self-esteem refers to one's positive and negative evaluations of themselves. Research has delineated two dimensions of self-esteem, namely self-worth (a person's evaluation of self based on a sense of moral worth as a person) and self-efficacy (an evaluation based on a sense of competence and power) (Frank & Marolla, 1976, as cited in Dietz, 1996). At a basic level, self-esteem is the evaluative aspect of the self-concept, referring to whether people perceive themselves to be worthy or unworthy, good or bad (Gazzaniga & Heatherton, 2003).

As indicated by Gazzaniga and Heatherton (2003), many theories assume that people's self-esteem is based on how they believe others perceive them, known as reflected appraisals. According to this theoretical perspective, people internalize the values and beliefs expressed by important people in their lives. They do this by observing the attitudes and actions of others and adopting these attitudes and behaviours as their own. From this perspective, when important

figures reject, ignore, demean or devalue a person, low self-esteem is likely to result (Gazzaniga & Heatherton, 2003).

One interesting social account of self-esteem, referred to as the sociometer theory, has been proposed by Leary, Tambor, Terdal and Downs (1995, as cited in Gazzaniga & Heatherton, 2003). According to this view, self-esteem serves as a sociometer, an internal monitor of social acceptance and rejection. Individuals with high self-esteem have sociometers that indicate a low probability of rejection, and therefore such individuals do not worry about how they are being perceived by others. On the other hand, individuals low in self-esteem have sociometers that indicate the imminent possibility of rejection, and therefore they are highly motivated to manage their public impressions (Gazzaniga & Heatherton, 2003).

The literature strongly indicates that self-esteem is related to psychological health, and that many psychological problems have their underpinnings in low self-esteem, including social rejection, anxiety, depression, eating disorders, and substance abuse problems (Hahn et al., 2005). In particular, loss of self-esteem has been widely reported as a primary feature of depression. Fenichel (cited in Alloy et al., 1999) characterized depressives as "love addicts," trying continually to compensate for their own depleted self-worth by seeking comfort and reassurance from others. In the main, the ego psychologists characterize depression as the emotional expression of helplessness and powerlessness of the ego. It is the result of the breakdown of the person's self-esteem (Sarason & Sarason, 1980). Thus a high level of dependency on others appears to characterize some depressed persons, and these highly dependent individuals are more likely to become depressed when they experience social rejections (Coyne & Whiffen, 1995, as cited in Alloy et al., 1999).

While some studies have shown that people with low self-esteem are more anxious, depressed, pessimistic about the future, and prone to failure (Brown, 1991), other research evidence has found that individuals who score high in self-esteem exhibit lower levels of psychiatric symptomatology (e.g., Battle, 1980, 1987; Brewer, 2002; Kernis, Whisenhunt, Anderson, Waschull et al., 1998; Orvaschel, Beeferman & Kabacoff, 1997). It has been reported that an increased level of self-esteem serves as a buffer that protects the individual from experiencing psychiatric conditions such as anxiety, depression, suicidal thoughts, and stress (Brewer, 2002).

It seems evident that little research attention has been focused on the house helps who appear to be a relatively unstudied group. There is dearth of empirical studies that specifically examined the psychological or mental health status of

the house helps. The present study is designed to contribute to the literature in this area.

The purpose of this study was to investigate the influence of house help status and self-esteem on the psychological health of Nigerian adolescents. It was hypothesized as follows:

1. House helps will report more clinical symptoms, reflecting poorer psychological health than non-house helps.

2. Participants low in self-esteem will report more clinical symptoms, reflecting poorer psychological health than participants high in self-esteem.

Method

Participants

Two hundred and five (205) adolescents (64 males and 141 females) randomly selected from Community Secondary School Isienu, Urban Girls Secondary School, Nsukka High School, and Comprehensive Secondary School, all in Nsukka area of Enugu State, participated in the study. Of the 205 participants, 91 were house helps, while 114 were non-house helps; 93 were high in self-esteem, while 112 were low in self-esteem based on their scores on the Index of Self-esteem (ISE) (Hudson, 1982). The ages of the participants ranged from 15 to 17 years, with a mean age of 16.2 years for the house helps and 15.7 years for the non-house helps. They were in Junior Secondary School (JSS) III class and were predominantly Igbos.

Instruments

Two sets of instruments were employed in the study, namely the Index of Self-esteem (ISE) (Hudson, 1982) and the General Health Questionnaire (GHQ) (Goldberg, 1972).

The Index of Self-esteem (ISE)

This is a standardized psychological assessment instrument development by Hudson (1982) and validated for use with Nigerian samples by Onighaiye (1996). The instrument contains 25 items designed to measure the self-perceived and the other perceived views of the self held by a person. It is scored on a 5-point scale ranging from 1 (none of the time) to 5 (most or all of the time). Sample items on the instrument include, "I feel that people would not really like me if they really knew me well," "I feel that I am a very competent person," "I think

that I am a dull person," "I feel ugly," "I feel that I am a likeable person," and "My friends think very high of me." For scoring purposes, the ISE manual indicates that there is direct scoring and reverse scoring of items. For instance, items 3,4,5,6,7,14,15,18,21,22,23, and 25 are scored in a reverse direction to obtain consistency of scoring.

The ISE has been used in both clinical practice and research with Nigerian samples (Osuji, 2004) and has been shown to be a reliable and valid instrument. Hudson (1982) reported a coefficient alpha of .93 and a two-hour test-retest coefficient of .92. Onighaiye (1996) reported concurrent validity of .46 by correlating ISE with the Interpersonal Sensitivity Scale of the SCL-90 (Derogatis, Lipman, & Covi, 1972). In addition, Onighaiye obtained concurrent validity of .38 by correlating ISE with the Depression Scale of the SCL-90. He also reported discriminant validity of .42 by correlating ISE with the Ego Identity Scale (EIS) (Tan, Kendis, Fine, & Porac, 1977). The Nigerian norms (males = 30.89, females = 32.04) are the basis for separating clients into high self-esteem and low self-esteem groups. Scores higher than the norms indicate low self-esteem. The lower a score is below the norm, the higher the self-esteem (see the ISE manual for other details).

The General Health Questionnaire (GHQ)

The psychological health of the participants was assessed using the General Health Questionnaire (GHQ) (Goldberg, 1972). The GHQ is a self-administered screening test designed for detecting minor psychiatric disorders among respondents in community settings (Goldberg, 1972; Banks, Clegg, Jackson, Kemp, Stafford, & Wall, 1980). The present study used the 12-item version of the GHQ, which was scored on a 4-point Likert type scale ranging from I (strongly disagree) to 4 (strongly agree). Sample items on the GHQ-12 include questions such as: Have you recently "lost much sleep over worry?," "felt constantly under strain?," "been feeling depressed?," and "been thinking of yourself as a worthless person?" Items 1, 3, 4, 7, 8 and 12 are scored in reverse direction to obtain consistency of scoring. Higher scores on the GHQ-12 indicate reports of more clinical symptoms, that is, poorer or lower psychological or mental health.

Evidence for the reliability and validity of the GHQ-12 abound in psychological literature (e.g., Goldberg, 1972; Hepworth, 1980) and the instrument has been used in research involving Nigerian samples (e.g., Udo, 200S). Hepworth reports internal consistency reliability coefficient of .8S, using the Kuder Richardson formula 20. Stafford, Jackson, and Banks (1980) report internal consistency coefficient alpha of .82. Udo (200S) reports test-retesr reliability coefficient value of .64 (after two weeks' interval of administration) and a concurrent validity coefficient value of .S9 with the Depression Scale of the SCL-90

(Derogatis et al., 1972). In the present study, the internal consistency Cronbach alpha of the GHQ-12 was .76.

Procedure

The permission and cooperation of the school principals and the class teachers were solicited and obtained. The instruments were individually administered to 20S out of 210 students enlisted for the study by the second author and trained research assistants in their various schools. Five students (non-house helps) were not very willing to complete the instruments, probably because of lack of interest in the study, and were therefore excluded from the study. The remaining 20S students who constituted the sample for the present study were cooperative and enthusiastic in completing the instruments. Participants were told that participating in the study was voluntary and they received no financial or monetary reward for their participation in the study.

Design and Statistical Analysis

The design of the study is cross-sectional design. The study has two levels of house help status (house help and non-house help) and two levels of self-esteem (low and high self-esteem). A two-way analysis of variance (ANOVA) with unequal sample sizes was used to analyze the data to test the hypotheses of the study.

Results

Scores obtained from the GHQ-12 served as the dependent measure for this study. The results showed that house helps had higher mean GHQ-12 scores (x =30.62, SD = S.OS) than non-house helps (x =23.86, SD = 3.83). In addition, participants low in self-esteem had higher mean GHQ-12 scores (x =29.S9, SD = S.2S) than participants high in self-esteem (x =23.57, SD = 3.84). The results of the 2 x 2 ANOVA performed on the data are presented in Table 1.

Table 1. Summary of House Help Status x Self-Esteem on the GHQ-12 Scores

Source of Variation	SS	Df	MS	F
House Help Status (A)	981.83	1	981.83	58.72*
Self-esteem (B)	549.51	1	549.51	32.86*
A x B	.06	1	.06	.003^{NS}
Error	3360.91	201		
Total	154142.00	204		

*: $p < .001$; NS = Not Significant

As evident tram Table I, a 2 x 2 *ANOVA* revealed significant main effects for house help status, $F(1, 201) = 58.72$, $p < .001$; and for self-esteem, $F(1, 201) =$

32.86, p <.001. The interaction between house help status and self-esteem was not significant $F(1, 201) = .003$.

Discussion

The findings of this study showed that house helps obtained significantly higher scores on the GHQ-12 measure, indicating that they reported more clinical symptoms reflecting poorer psychological health than non-house helps. This confirms the first hypothesis of this study. This finding seems to suggest that being a house help could be a risk factor for psychopathology or psychological illness, given the significantly higher GHQ-12 Scores exhibited by house helps compared with non-house helps. This suggestion appears to be consistent with Hepworth (1980) who asserts that if groups from a population are compared on their GHQ scores and a difference is found, then it is likely that the group with the higher Score would be found to have more psychiatric illness. The result of the present study is in harmony with previous research (Hjorth & Ostrov, 1982 as cited in Eya, 1994) which found among maltreated adolescents self reports of psychopathology, poorer impulse control and poor self-image underscoring the detrimental impact of maltreatment on the psychological well-being of adolescents. The present finding is also consistent with other studies which found that maltreated sample exhibited anxiety, sleep disturbance, social detachment (Green, 1978), low self-esteem and withdrawal (Martin & Beezly, 1977), and more depressive affect including sadness (Kinard, 1980, 1982, as cited in Eya, 1994).

It is possible to explain the higher GHQ-12 scores exhibited by the house helps as compared with the non-house helps found in this study within the context of the harsh and inhumane treatments often received by house helps in the families they serve. It is evident from previous studies (Eya, 1994, 2002; Ifeagwazi in press) that house helps are subjected to a myriad of maltreatment behaviours, including physical and emotional abuse and neglect. In particular, Eya (1994, 2002) found that house helps scored significantly higher than non-house helps on the Maltreatment Index Questionnaire as earlier indicated. Thus, the poorer Psychological health exhibited by the present sample of house helps can be explained in terms of the wider variety of maltreatment behaviours suffered by house helps compared with non-house helps. Compared with house helps, children and adolescents living with their parents receive a lot of parental care and love, enjoy a lot of favours. freedom, privileges and opportunities that are not available to house helps, and are well embedded in the family support network system, and these could account for the superior Psychological health exhibited by the present sample of non-house helps (who were adolescents living with their parents) (Ifeagwazi, 2007).

The results of this study also showed that participants low in self-esteem reported significantly poorer or inferior Psychological health compared with participants high in self-esteem, thereby confirming the second hypothesis. This finding is consistent with Wilkinson (2004) who reported that Psychological health is primarily mediated by self-esteem, and that individuals who have low self-esteem often complain of Psychological related illness than their counterparts who have high self-esteem. The finding is also in harmony with other research evidence indicating that individuals Who score high in self-esteem exhibit lower levels of psychiatric symptomatology (e.g., Battle, 1980, 1987; Brewer, 2002; Kernis et al., 1998; Orvaschel et al., 1997) and that people with high self-esteem or positive self-images tend to be happy, healthy, and successful (Brehm et al., 2002).

High self-esteem could be perceived as health protective resource capable of bolstering the Psychological health of an individual, and this could account for the superior Psychological health exhibited by the participants high in self-esteem found in this study. This line of reasoning seems consistent with the report that an increased level of self-esteem serves as a buffer that protects the individual from experiencing psychiatric conditions such as anxiety, depression, suicidal thoughts, and stress (Brewer, 2002) as earlier indicated.

Conclusion

It can be stated based on the findings of the present study that house help status and self-esteem are important factors that could impact on the Psychological health of adolescents. As suggested by the present findings, being a house help appears to be a vulnerability factor which could predispose to Psychological illness episode. This implies the need for families hiring or engaging the services of house helps to treat them more humanely, and be more caring, protective and supportive to them.

In same vein, low self-esteem appears to be a vulnerability factor that may induce a sense of dependency, helplessness and powerlessness, and is related to Psychopathology. This implies the need for people especially adolescents to develop and maintain high levels of self-esteem. It is generally accepted that self-esteem comes from within oneself and is ultimately within each individual's control (Hahn et al., 2005). Thus, every individual has the capacity for self-empowerment to boost his or her level of self-esteem (Ifeagwazi, manuscript in progress). In particular, developing and maintaining a sense of self-efficacy (an important dimension of self-esteem), which relates to the expectation that one can, by one's personal efforts, master situations and bring about desired outcomes (Hall & Lindzey, 1978) could be protective resource helpful in lowering psychiatric symptomatology.

References

Adeniyi, E. F. (2005, June). *The dynamics of abuse: Features, intrafamily predisposing factors, and effects on victims*. Paper Presented at the National Conference of the Nigerian Psychological Association.

Ainsworth, M. D. S. (1972). Attachment and dependency: A comparison. In J. L. Gewirtz (Ed.), *Attachment and dependency* (pp. 97-137). Washington, DC: W. H. Winston.

Alloy, L. B., Jacobson, N. S., & Accocella, J. (1999). *Abnormal psychology*. Boston: McGraw-Hill Companies, Inc.

Alonso-Arbiol, I., Shaver, P. R., & Yarnoz, S. (2002). Insecure attachment, gender roles, and interpersonal dependency in the Basque Country. *Personal Relationships, 9,* 479-490.

Banks, M. H., Clegg, C. W., Jackson, P. R., Kernp, N. J., Stafford, E. M., & Wall, T. D. (1980). The use of the General Health Questionnaire as an indicator of mental health in occupational studies. *Journal of Occupational Psychology, 53*, 187-194.

Battle, J. (1980). Relationship between self-esteem and depression among high school students. *Perceptual and Motor Skills, 51*, 157-158.

Battle, J. (1987). Relationship between self-esteem and depression among children. *Psychological Reports, 60*, 1187-1190.

Bow1by, J. (1969). *Attachment and loss.* London: Hogarth.

Brehm, S. S., Kassin, S. M., & Fein, S. (2002). *Social psychology*. New York: Houghton Mifflin Company.

Brewer, K. G. (2002). *Differing death scenarios: Self-esteem and death anxiety.* Unpublished MA thesis, East Tennessee State University.

Brown, L. M. (1991). *The effect of severity of closed head injury on memory functioning*. Unpublished PhD thesis, Louisiana State University, Baton Rouge.

Coopersmith, S. (1967). *The antecedents of self esteem*. San Francisco: Freeman.

Coyne, J. c., & Whiffen, V. E. (1995). Issues in personality as diathesis for depression: The case of sociotropy-dependency and autonomy-self-criticism. *Psychological Bulletin, 118*, 358-378.

Derogatis, L. R., Lipman, R. S., & Covi, L. (1972). SCL-90: An outpatient psychiatric rating scale-Preliminary Report. *Psychopharmacological Bulletin, 9*, 13-28.

Dietz, B. F. (1996). The relationship of aging to self-esteem: The relative effects of maturation and role accumulation. *International Journal 0f Aging and Human Development, 43*(3), 249-256.

Ebigbo, P. 0., & Izuorah, G. 1. (1985). Assessment of house helps in Enugu using the Draw-a-Person Test. *The Nigerian Medical Practitioners, 9*(1), 21-23.

Eya, R. N. (1994). *House helps as both victims and perpetrators of child abuse and neglect.* Unpublished PhD Thesis, University of Nigeria, Nsukka.

Eya, R. N. (2002). Definitions of child abuse and neglect by a Nigerian sample. ESUT Journal of Psychological Studies, 1(1), 88-100.

Frank, D. D., & Marolla, J. (1976). Efficacious action and social approval in interacting dimensions through construct validation. *Sociometry, 39*(4), 324-341.

Gazzaniga, M. S., & Heatherton, T. F. (2003). *Psychological science*. New York: W. W. Norton & Company.

Goldberg, D. (1972). *The detection of psychiatric illness by questionnaire*. London: Oxford University Press.

Green, A H. (1978). Self destructive behaviour in battered children. *Journal of American Academy of Child Psychiatry, 17,* 92-103.

Hahn, D. B., Payne, W. A, & Mauer, E. B. (2005). *Focus on health*. Boston: McGraw-Hill Company, Inc.

Hall, CS., & Lindzey, G. (1978). *Theories of personality.* New York: John Wiley & Sons.

Hepworth, S. J. (1980). Moderating factor of the psychological impact of unemployment. *Journal of Occupational Psychology, 52*, 139-145.

Hjorth, C. W., & Ostrov, E. (1982). The self-image of physically abused adolescents. *Journal of Youth and Adolescence, 11*, 71-76.

Hudson, W. W. (1982). *Index of Self-esteem: The clinical measurement package: A field manual*. Chicago: Dorsey Press.

Ifeagwazi, C M. (2007). The influence of house help status and gender on self-report of maltreatment behaviours among young people. *Nigerian Journal of Social Sciences, 4*(1), 124-136.

Kernis, M., Whisenhunt, C, Anderson, C, Waschull, S., Greenier, K., Berry, A, Herlocker, C, & Anderson, C (1998). Multiple facets of self-esteem and relations to depressive symptoms. *Personality and Social Psychology Bulletin, 24,* 657-668.

Kinard, E. M. (1980). Emotional development in physically abused children. *American Journal of Ortho Psychiatry, 50*, 686-697.

Kinard, E. M. (1982). Child abuse and depression: course or consequences? *Child Welfare, 61,* 403-413.

Leary, M. R., Tambor, E. S., Terdal, S. K., & Downs, D. L. (1995). Self-esteem as an interpersonal monitor: The sociometer hypothesis. *Journal of Personality and Social Psychology, 68*, 518-530.

Martin, H. P., & Beezly, P. (1977). Behavioural observations of abused children. *Developmental Medical Child Neurology, 19*,373-387.

Okeahialam, T. C. (1984). *Child abuse in Nigeria.* Child Abuse and Neglect, 8, 69-73.

Onighaiye, M. A. (1996). *The impact of length of the time in the university on ego identity, self-esteem and stress manifestations in students.* Unpublished BSc thesis, University of Lagos.

Orvaschel, H., Beeferman, D., & Kabacoff, R. (1997). Depression, self-esteem, sex, and age in a child and adolescent clinical sample. *Journal of Clinical Child Psychology, 26,* 285-289.

Osuji, M. C. (2004). *The influence of gender and self-efficacy on self-esteem of University of Nigeria' undergraduates.* Unpublished BSc thesis, University of Nigeria, Nsukka.

Sarason, 1. S., & Sarason, B. R. (1980). *Abnormal psychology*. London: Prentice-Hall, Inc.

Stafford, E. M., Jackson, P. R., & Banks, M. H. (1980). Employment, work involvement and mental health in less qualified young people. *Journal of Occupational Psychology, 53,* 291-304.

Tan, A. L., Kendis, R. J., Fine, J. T., & Porac, J. (1977). A short measure of Eriksonian ego identity*. Journal of Personality Assessment, 41,* 279- 284.

Udo, N. S. (2005). *The role of locus of control and gender on the mental health of nurses.* Unpublished BSc thesis, University of Nigeria, Nsukka.

Wilkinson, R. B. (2004). The role of parental care and peer attachment on the psychological health and self-esteem of adolescents. *Journal of Youth and Adolescence, 33*(6), 479.