

Influence of Family Instability on the Mental Health and Academic Performance of Adolescents in the University of Nigeria, Nsukka

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Submitted – April 13, 2025

Final revision – May 21, 2025

Accepted – May 22, 2025

Abstract

The study investigated the influence of family instability on adolescents' mental health and academic performance at the University of Nigeria, Nsukka. Five objectives and three hypotheses guided the study. A descriptive survey research design was utilized to select 420 adolescents using simple random sampling. A structured questionnaire validated and tested for reliability was used for data collection. Data collected were analyzed using frequencies, percentages, means, standard deviation and chi-square. Findings showed that more than half (58.1%) of the respondents had a monthly allowance of ₦10,000-30,000. Findings on types of family instability showed that more than one-third (33.6%) of the respondents experienced high levels of family instability. More than half (51.0%) of the respondents had poor mental health status, and over twenty per cent of them had low academic performance. At $p < 0.05$ level of significance, family instability correlated significantly with the mental health and academic performance of the adolescents. Family instability also correlated significantly with respondents' socio-economic characteristics such as monthly allowance, family area of residence, parents' educational qualification, housing type, and household size. The study, therefore, concludes that family instability significantly influences the mental health and academic performance of adolescents. It was recommended that the university administration should provide mental health support services for students to educate them on how to handle some family-related problems that might be affecting their mental health and academic performance.

Keywords: Family instability, Mental health, Academic performance, Adolescents, University

Introduction

Nigeria is undergoing a mental health crisis attributed to cultural shame, unemployment, poverty, and a lack of

understanding of mental health and its effects (Centre for Policy Impact in Global Health [CPIGH], 2025). The World Health Organisation [WHO]

(2024) defined mental health as a condition of well-being in which an individual recognises his or her own abilities, can cope with everyday stressors, can work creatively and fruitfully, and can contribute to his or her community. According to Bhugra et al. (2013), a state of mental health is defined as the capacity to establish and sustain loving relationships with others, perform social duties, identify, acknowledge, and communicate constructive behaviour and ideas, and control emotions like sadness. These can be reversed when someone's mental health is unstable, making it hard for them to focus when thinking and maintain loving relationships with others. Mental health is linked to people's wellness and opportunities for a higher quality of life, and it is crucial for the development of human capital. It is therefore important to understand that family has a critical role in adolescents' mental health as this relationship encourages resilience, emotional regulation, and constructive social interactions – all of which help adolescents develop healthy alternatives to risky behaviour (Ogbonna et al., 2024). Given that adolescents depend on family for access to mental health services, Opara et al. (2024) opined that positive family functioning is indispensable to the mental well-being of adolescents.

Adolescence marks the point when numerous health-risky activities emerge, such as substance abuse and sexual experimentation, which can harm an adolescent's mental and physical health (WHO, 2024). Adolescence is a complex, crucial life period that connects childhood and

maturity. The World Health Organisation (WHO) defines an adolescent as any person aged 10 to 19 years. The adolescence stage encompasses psychological, social, and moral development, as well as the primarily physical aspects of maturity (Mihalyi, 2024). Adolescents on the verge of adulthood experience several changes, not only hormonal but also emotional and psychological, which frequently have an impact on their mental health (Lubhana, 2019). As young adults, adolescents should adapt well to their surroundings and develop at a very optimal rate in all spheres of human endeavour (Falade & Eseadi, 2022). Nonetheless, research has consistently demonstrated a significant increase in emotional, behavioural, developmental, and mental disorders within this age range (WHO, 2024). Therefore, to develop inclusive solutions, it is crucial to comprehend the relationship between family-level issues and adolescents' unmet mental health needs.

Family plays an important part in the development of young children, offering support and direction to help them reach their objectives and succeed in life. Given that the family has a big impact on an adolescent's life, they require the support of a stable family to fulfil their goals and succeed in life (Alabi et al., 2021). The implication is that adolescents experiencing social and emotional developmental maladjustments may be the result of an unstable family environment. An unstable family is one in which members refuse to forgive and accept each other's flaws, do not understand and respect each other's contributions,

and are unwilling to assist (Alabi et al., 2021). Family instability is defined as any circumstance that causes additional obstacles within a family unit, ultimately affecting a child's cognitive, behavioural, and emotional development (Nwankwo, 2019). Structural, economic, emotional, relational, and environmental instability are the different forms of family instability. Economic instability can be caused by job loss/change or debt; relational instability is caused by unhealthy parent-child interactions; emotional instability is caused by neglect or the experience of traumatic events; structural instability is caused by single parenthood, divorce, and remarriage; and environmental instability is caused by a poor neighbourhood and frequent relocation (Colter et al., 2015; Raley et al., 2019). Family instability jeopardises children's development due to parents' failure to successfully manage the home and living environment (Nwankwo, 2019). According to Colter et al. (2015), children raised in stable households have better outcomes than children from unstable family arrangements, and they may exhibit strong emotional expressions, heightened levels of stress, socializing difficulties (Hadfield et al., 2018), eating disorders, and poor academic performance (Nwankwo, 2019).

Academic performance, as determined by cumulative grade point average (CGPA) or continuous evaluation, is the degree to which a student, instructor, or institution has met their short- or long-term learning objectives (Alabi et al., 2021; Tadese, 2022). It relates to the assessment of

students' learning levels and is regarded as a crucial sign of how well educational institutions are performing (Cavanagh & Fomby, 2012). Numerous educational, financial, institutional, social, psychological, individual, and familial factors affect academic achievement. A child requires the family's support in order to receive the essential and sufficient school supplies, and to focus on learning, the child needs emotional stability and peace of mind. Therefore, having a supportive home environment is essential for academic achievement. Conversely, a child raised in an emotionally charged household will find it difficult to focus on their studies, which will have a significant negative impact on their academic achievement at school (Alabi et al., 2021). According to Cavanagh and Fomby (2012), family instability is a risk factor for low educational results among most children. Familial instability might affect an adolescent's academic performance (Sun & Li, 2011; Orben et al., 2020) due to a lack of resources, poor social interaction, low self-esteem, and mental health issues (Orben et al., 2020).

In Nigeria, it is widely believed that mental illness results from supernatural factors, leading to the stigma and discrimination around mental health, which discourages adolescents from seeking help (CPIGH, 2025). According to Jiang (2024), it is a severe concern that today's adolescents are experiencing a variety of psychological issues. A study conducted by Ogbonna et al. (2020) among adolescents in Enugu state found that 9.9% of them had mental health problems. Death, marital dispute, child delivery, parental

divorce, and residential relocation typically result in diminished resources, which can lead to stress, unease, anxiety, and disturbance in the parent-child relationship. These can prevent the family from providing emotional support to a child, potentially leading to poor outcomes such as decreased school engagement and lower academic performance (Anderson, 2014; Wang & Raley, 2019). Families nowadays are more dynamic than previously thought and frequently deviate from the conventional nuclear family structure (Raley et al., 2019). According to Taiwo (2025), Nigeria's divorce rate in 2023 was 2.9%, which equates to 1.8% (18) divorces per 1,000 persons. The movement of parents and romantic partners into and out of the home can have a negative impact on the children (Smith et al., 2017). Furthermore, financial hardship exacerbates family instability by preventing some parents from providing the most necessities for their children's well-being, which can result in anxiety, low self-esteem, and other undesirable traits (Hill et al., 2013). Numerous studies (e.g. Agnafors et al., 2021; Chu et al., 2023) have linked mental health and academic performance, but the researchers are unaware of any study that explored the role of family instability on these two phenomena. So, in an effort to identify the underlying cause of poor academic performance and poor mental health, we investigated family instability as a factor.

Objectives of the study

The broad objective of this study was to determine whether family instability would influence the mental health and

academic performance of adolescents at the University of Nigeria, Nsukka.

- Specifically, the study determined the;
1. types and levels of family instability among adolescents;
 2. mental health status of the adolescents;
 3. academic performance of the adolescent;
 4. relationship between family instability and the mental health of adolescents; and
 5. relationship between family instability and the academic performance of adolescents.

Theoretical background of the study

The relationship of family instability with academic performance and mental health of adolescents was explained by the family stress theory. Reuben Hill developed family stress theory, which provides a framework for understanding how families cope with and respond to stressful events such as divorce and separation, conflict and power struggles, family relocation, job loss, a lack of family resources, and changes in communication patterns (Heyl, 2022). Changes in household dynamics might lower family material and non-material resources, negatively impacting children's well-being outcomes, family interactions, and the home environment (Lu et al., 2021). The Family Stress Theory explains the relationship between the variables by suggesting that family instability, which may be due to low socio-economic status, can result in inconsistent parenting, chronic stress, and disruption of family routines (Conger et al., 2010). According to Vadivel et al. (2023), low socioeconomic

status presents as financial difficulties and low levels of educational and professional success. This situation can make parenting more challenging, impair children's academic performance, contribute to poorer behavioural outcomes, and have a negative impact on mental health (Raley et al., 2019; Wang & Raley, 2019). Based on these, the following hypotheses were tested at a $p < 0.05$ level of significance.

Hypotheses

1. Family instability will significantly influence the mental health of adolescents.
2. Family instability will significantly influence the academic performance of adolescents.
3. Family socio-economic status will be significantly associated with the levels of family instability among adolescents.

Methodology

Study design: The study used cross-sectional descriptive and correlational designs. To estimate the occurrence of specific traits and discover correlations between variables, these designs were used to collect data from a group of people at a single point in time using both descriptive statistics and correlational analysis (Thomas, 2020). This helped the researchers to easily gather the desired information from the given population.

Study population: The study population comprised 39,987 students in the 2023/2024 academic session across the faculties in the University of

Nigeria, Nsukka campus (University of Nigeria Admissions' office, 2024).

Sampling technique: A multistage sampling technique was used to select participants in the study. In the first stage, the WHO formula for sample size determination was used to calculate a sample size of 420.

$$\text{Sample size} = \frac{z^2 \times p(1-p)}{e^2} \div \left(1 + \left(\frac{z^2 \times p(1-p)}{e^2 N} \right) \right)$$

Where z = level of confidence (1.96); p = baseline levels of the indicators; e = margin of error (0.05 or 5%); and N = Population size

In the second stage, systematic random sampling was used to select three (30%) faculties (Veterinary Medicine – VM, Engineering and Vocational and Technical Education – VTE) out of the ten (10) faculties of the school. The third stage involved the use of proportionate sampling to determine the number of students selected from each faculty: 103 from VM, 208 from Engineering, and 109 from VTE. In the fourth stage, the simple random technique was used to select 50% of the departments in each faculty; five from VM, four from engineering and three from VTE. The sample size calculated from each faculty was distributed evenly across the selected departments and simple random sampling without replacement was used to select the students. That is, approximately 21 students from each selected department in VM, 52 from Engineering and approximately 36 from each selected department in VTE.

Inclusion and exclusion criteria: To capture adolescents for the study, only students less than or equal to 19 years old were included in the study. Those aged above 19 years were excluded.

Instrument for data collection: A structured questionnaire was used in the data collection of this study. The structure of the questionnaire was tailored to meet the specific research objectives and to ensure alignment with the research goal. The questionnaire consisted of sections A-D. Section A was used to obtain information on the socio-economic characteristics of the respondents. Section B was used to elicit information on the types of family instability experienced by the adolescents. Responses were dichotomous (yes or no) to the different items under each type of family instability (structural, economic, relational, environmental and emotional). Section C was an adapted version of the Child and Youth Mental Health General Screening Questionnaire (CYMHGSQ), which was used to obtain data on the mental health status of adolescents. Responses were on a four-point scale of Never (1) to Always (4). Section D was used to elicit data on the academic performance of the adolescents using their Cumulative Grade Point Average (CGPA). A review of the structured questionnaire was done by three experts from the Department of Home Science and Management, University of Nigeria, Nsukka. The internal consistency of the test instrument was conducted, and Cronbach's alpha reliability scores of 0.85 and 0.80 for the family instability instrument and mental health

questionnaire, respectively, were considered reliable.

Ethical approval and informed consent: The study obtained its ethical approval with IRB number 00002323 from the ethical research committee of the University of Nigeria Teaching Hospital, Ituku-Ozalla. Prior to participation, participants were given a thorough explanation of the study's methodology, had their questions addressed, signed an informed consent form, and were guaranteed to be involved voluntarily.

Data collection method: With the assistance of three trained personnel who were undergraduates, the questionnaires were hand-delivered to the students in their lecture halls. The researchers and assistants answered any questions the respondents had, clarified variables and provided guidance as needed. The students were given approximately 10 minutes or less to complete the survey. After this, the questionnaire was collected directly from the students on-site; this enabled a 100% return rate.

Statistical and data analysis: Responses on types of family instability were scored and classified as no instability (no affirmative answer (yes) to any of the items), moderate family instability (one affirmative answer) and high family instability (two or more affirmative answers). Data collected on mental health was summed up and classified as poor mental health (below 50%) and good mental health (50% and above). Academic performance was classified as: very low performance

(CGPA 1.50-2.39), low performance (CGPA 2.40-3.49), high performance (CGPA 3.50-4.49) and very high performance (CGPA 4.50-5.0). The collected data were entered into Statistical Package for the Social Sciences (SPSS) version 23.0 for analysis. Descriptive statistics (means, standard deviations, frequencies, and percentages) were used to summarize the data. Chi-square test was used to examine relationships between categorical variables, with a significance level set at $p < 0.05$. Respondents who did not provide their academic performance data were excluded from the correlational analysis.

Results

Socio-economic characteristics of the respondents

The socio-economic characteristics of the respondents showed that more than half (58.1%) had a monthly allowance of ₦10,000-30,000. The majority (87.1%) of the respondents were living in a hostel, while a few (12.9%) were living off-campus. A good number (69.8%) of the respondents' families lived in urban areas, while one-third (30.2%) of the respondents' families lived in rural areas. Half (50.2%) of the respondents'

parents/guardians were traders, while one-third (35.0%) of the respondents' parents/guardians were civil servants. A good number (62.3%) of the respondents' parents/guardians had attained tertiary education, while one-third (30.5%) had attained secondary education. More than half (54.2%) of the respondents' families lived in a flat, while one-third (33.8%) lived in a duplex. More than half (51.1%) of the respondents had a household size of 5-8 persons, while one-third (36.0%) of the respondents had a household size of less than 5 persons.

Types and levels of family instability among the respondents

Table 1 presents the types and levels of family instability experienced by adolescents. From the table, the most experienced family instability was structural (27.4%), followed by emotional (25.2%), relational (25.0%) and environmental instability (18.3%). More than one-third (33.6%) of the respondents experienced high family instability, 22.2% experienced moderate instability, and 45.2% had no family instability. Cumulatively, 54.8% of the adolescents had experienced family instability.

Table 1: Levels and types of family instability

Variable	Frequency	Percentage
Levels of family instability		
No family instability	190	45.2
Moderate family instability	89	21.2
High family instability	141	33.6
Types of family instability		
Structural instability	115	27.4
Emotional instability	106	25.2
Economic instability	38	9.0
Relational instability	105	25.0
Environmental instability	77	18.3

Mental health status of the adolescents

Figure 1 presents the overall mental health status of the adolescents. More than half (51.0%) of the respondents had

poor mental health status, while 49.0% of the respondents had good mental health status.

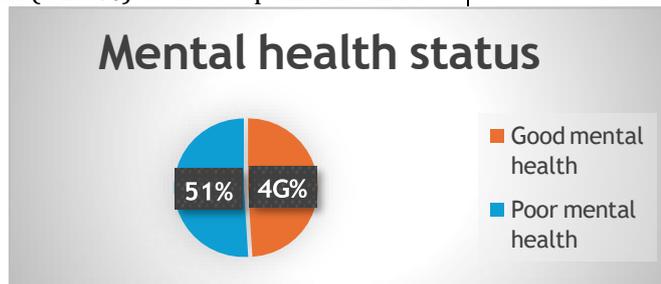


Figure 1: Mental health status of the adolescents

Academic performance of the respondents

Table 2 below shows that over one-third (34.5%) of the respondents had high

academic performance, 19.5% had low academic performance, 10.0% had very high academic performance, and 1.7% had very low academic performance.

Table 2: Academic performance of the adolescents

Academic performance	Frequency	Percentage
Very low performance (Third class)	7	1.7
Low performance (Second class - Lower division)	82	19.5
High performance (Second class - Upper division)	145	34.5
Very high performance (First class)	42	10.0
Not provided	144	34.3
Total	420	100.0

Influence of family instability on mental health status of the respondents

At $p < 0.05$ level of significance, family instability correlated significantly with the mental health of the adolescents. The majority (70.5%) of respondents

with no family instability had good mental health status, while the majority (78.0%) with high family instability had poor mental health status. The hypothesis that family instability will influence mental health was therefore upheld.

Table 3: Chi-square analysis of the influence of family instability on mental health status

	Mental Health		
	Poor F (%)	Good F (%)	Total F (%)
No Family Instability	56 (29.5)	134 (70.5)	190 (100.0)
Moderate Family Instability	48 (53.9)	41 (46.1)	89 (100.0)
High Family Instability	110 (78.0)	31 (22.0)	141 (100.0)
Statistics	$\chi^2=76.709$; df = 2; p = 0.001*		

F=frequency, %=percentage, df = degree of freedom, χ^2 =chi-square, p=probability, * = statistically significant (p < 0.05).

Influence of family instability on the academic performance of the respondents

Chi-square analysis of family instability levels and academic performance showed significant influence at p < 0.05 level of significance. A greater proportion of respondents with no family instability had high (53.8%) and

very high (20.0%) academic performance compared to those with moderate and high family instability. Additionally, 0.00% of respondents with no family instability reported very low performance. The hypothesis that family instability will influence academic performance was therefore upheld.

Table 4: Chi-square analysis of the influence of family instability on academic performance

	Academic Performance				Total F (%)
	Very low F (%)	Low F (%)	High F (%)	Very High F (%)	
No Family Instability	0 (0.0)	34 (26.2)	70 (53.8)	26 (20.0)	130 (100.0)
Moderate Family Instability	2 (3.6)	16 (28.6)	28 (50.0)	10 (17.9)	56 (100.0)
High Family Instability	5 (5.6)	32 (35.6)	47 (52.2)	6 (6.7)	90 (100.0)
Statistics	$\chi^2=15.029$; df = 6; p = 0.020*				

F=frequency, %=percentage, df = degree of freedom, χ^2 =chi-square, p=probability, * = statistically significant (p < 0.05).

Relationship between family instability and socio-economic characteristics

There were significant associations (p < 0.05) between family instability and the respondents' monthly allowance, family area of residence, parents' or guardians' educational qualifications, type of family house, and household size. More students (43.0%) who received less than ₦10,000 monthly

allowance experienced high family instability compared to others with higher allowance. A higher percentage (42.5%) of respondents living in rural areas had higher family instability compared to 29.7% of respondents living in urban areas. All (100.0%) of respondents whose parents/guardians were unemployed had high family instability. More (52.0%) of respondents whose parents/guardians had only

primary education (52.0%) had high family instability compared to others. More respondents whose families lived in single rooms (58.8%) had high family instability compared to those in other

housing types. The hypothesis that the socio-economic status of the respondents will significantly influence their level of family instability was therefore upheld.

Table 5: Relationship between family instability and socio-economic characteristics

Variable	No family instability F (%)	Moderate family instability F (%)	High family instability F (%)	Total
Monthly allowance (₹)				
Less than 10,000	39(36.4)	22(20.6)	46(43.0)	107(100.0)
10,000-30,000	109(44.7)	52(21.3)	83(34.0)	244(100.0)
31,000-50,000	26(57.8)	11(24.4)	8(17.8)	45(100.0)
Above 50,000	16(66.7)	4(16.7)	4(16.7)	24(100.0)
$\chi^2=14.552$; $df=6$; $p=0.024^*$				
Students' area of residence				
Hostel	158(43.2)	81(22.1)	127(34.7)	366(100.0)
Off-campus	32(59.3)	8(14.8)	14(25.9)	54(100.0)
$\chi^2=4.961$; $df=2$, $p=0.084$				
Family area of residence				
Rural	35(27.6)	38(29.9)	54(42.5)	127(100.0)
Urban	155(52.9)	51(17.4)	87(29.7)	293(100.0)
$\chi^2=23.468$; $df=2$; $p=0.000^*$				
Parents educational qualification				
Primary education	6(24.0)	6(24.0)	13(52.0)	25(100.0)
Secondary education	65(51.6)	32(25.0)	30(23.4)	128(100.0)
Tertiary education	116(44.3)	48(18.3)	98(37.4)	262(100.0)
No formal education	2(40.0)	3(60.0)	0(0.0)	5(100.0)
$\chi^2=18.520$; $df=6$; $p=0.005^*$				
Type of family house				
Single room	2(11.8)	5(29.4)	10(58.8)	17(100.0)
Self-contained	10(29.4)	8(23.5)	16(47.1)	34(100.0)
Flat	111(48.9)	42(18.5)	74(32.6)	227(100.0)
Duplex	67(47.2)	34(23.9)	41(28.9)	142(100.0)
$\chi^2=14.865$; $df=6$; $p=0.021^*$				
Household size				
less than 5	65(43.0)	23(15.2)	63(41.7)	151(100.0)
5-8	93(43.3)	51(23.7)	71(33.0)	215(100.0)
9-12	28(56.0)	15(30.0)	7(14.0)	50(100.0)
More than 12	4(100.0)	0(0.0)	0(0.0)	4(100.0)
$\chi^2=20.192$; $df=6$; $p=0.003^*$				

F=frequency, %=percentage, df = degree of freedom, χ^2 =chi-square, p=probability, * = statistically significant ($p < 0.05$).

Discussion

The study investigated the influence of family instability on the mental health and academic performance of adolescents attending the University of Nigeria, Nsukka. Family instability can manifest in various forms such as economic, emotional, structural, relational, and environmental instability. Structural instability was the most experienced form of family instability, while economic instability was the least experienced by the adolescents in the study area. Structural family instability results from complications in the family type, such as divorce or separation, remarriage or blended family dynamics, single-parent households, and multi-generational households (Fomby & Sennott, 2013). The finding indicates that a good number of the respondents may have come from families with only one parent, or families with stepparents and stepsiblings. This complex family structure may lead to a disruption in the interaction patterns of the family. This trend is not surprising considering the rising rate of divorce in the country, with 18 divorces per 1000 persons (Taiwo, 2025). Family patterns in the second half of the century increased the proportion of children who experienced parental divorce and single-parent families, and empirical findings revealed that remarriage did not help, as children from remarried parent families performed as poorly as those whose mothers never remarried (Raley et al., 2019). According to family stress theory, these disruptions cause poorer behavioural and cognitive outcomes in children and adolescents. The movement of partners in and out of the

home can disrupt family routines, jeopardize maternal health, and result in ineffective parenting. Repeated family structure variations can deplete resources, causing chronic stress and a negative influence on family functioning (Lu et al., 2021; Raley et al., 2019). Findings from this study that showed economic instability in the form of dire socio-economic needs brought about by unemployment and debt were supported by Nwankwo (2019), who stated that economic or financial instability can come from a layoff, job loss, job change, or significant financial burden.

Emotional, relational and environmental instabilities were also experienced by this study's participants. Some adolescents had experienced a recent traumatic event, probably due to the sudden loss of a loved one, domestic violence, insecurity, and abuse. Emotional instability is characterized by negative emotional experiences (Costa & McCrae, 2011), and it is one of the strongest predictors of common mental disorders, such as moodiness, anxiety, drug abuse, and eating disorders (Ormel et al., 2013). Relational instability in the form of conflict with parents and siblings, a lack of family boundaries, and no intimacy between parents were experienced by adolescents. Lack of maintenance of boundaries can undermine adolescents' sense of security and trust. Research on inter-parental boundary problems suggests that the lack of boundaries is one of the predictors of adolescents' aggression problems (Fosco et al., 2012). This study found frequent relocation, natural disasters and pollution were the

attributes of the environmental instability experienced by adolescents. Similarly, Womack et al. (2022) stated that environmental instability is usually due to frequent moves or relocations, unstable or unpredictable living conditions, natural disasters, neighbourhood violence or crime, and chronic noise or disruption. All of which affect the health and well-being of children and adolescents in the family.

According to the World Health Organisation (2024), adolescence is a crucial period for developing social and emotional habits important for mental well-being. From the findings of this study, more than half of the respondents had poor mental health, such as problems with attention, separation anxiety, and general anxiety. These adolescents are easily distracted and have difficulty following instructions; they get anxious when separated from loved ones, and they are overly anxious to please people. The implication is that they may experience difficulty in some aspects of life, like relationships with family, friends, and community, which can lead to unhappiness, social isolation, and problems at school. Our finding of over fifty percent of adolescents having poor mental health is consistent with that of Nnubia et al. (2020), who found that 72.3% of adolescent undergraduates in tertiary institutions in Enugu State reported languishing on overall mental health, suggesting that for every four adolescents studied, about three reported diminished mental health. According to Santre (2022), mental health problems are a burden for individuals, their families, and the

social environment that can extend over the lifespan. This is because poor mental health is associated with several health and social outcomes such as higher alcohol, tobacco and illicit substance use, adolescent pregnancy, school dropout, delinquent behaviours (Nnubia et al., 2024), social isolation, stigma, discrimination, educational struggles, risky behaviours, and physical illness (Santre, 2022). The proportion of adolescents with poor mental health in this study is substantial, surpassing the 10–20% (Bella-Awusah & Omigbodun, 2020) prevalence of children and adolescents in Nigeria with poor mental health conditions and the global prevalence of 15% (Bruha et al., 2018). This highlights mental health issues as a major public health concern and underscores the critical need for improved mental health services for adolescents in the study area.

Academic performance is an important variable in a student's life because it has a direct impact on their future prospects, career options, self-esteem, and overall well-being, acting as the basis for success in both life and work. Studies over the years have continued to explore the causes of poor academic performance among adolescents. Chahal et al. (2022) found that poor academic performance is linked to factors like sleep, health, drug use, physical activity, homelessness, video game usage, substance use and familial characteristics such as family instability. According to this study's findings, over twenty per cent of adolescents had poor academic performance. This shows that they were struggling to satisfy the requirements of

their studies, possibly due to a lack of motivation for learning, difficulties concentrating, or poor study skills. The finding of this study corroborates those of Nnubia et al. (2021), who observed academic failure among over thirty percent of students in the University of Nigeria, Nsukka. Similarly, Ikegbusi et al. (2018) reported the alarming rate of poor academic performance among undergraduates in South-east Nigeria. According to Awoyemi et al. (2024), in-school adolescents' poor academic performance is a crucial issue that teachers and counsellors are concerned about. This trend has eaten deep into the quality of students and eventual leaders produced by the Nigerian educational sector (Ikegbusi et al., 2018). The record in this study calls for urgent attention because poor academic performance has several consequences, including an increased risk of dropping out of school, reduced access to higher education, and lower earning potential.

Family instability, which is characterized by unpleasant events that destabilize family life, makes children more susceptible to mental health issues and is associated with problematic behaviours that can have a detrimental effect on their academic achievement throughout childhood and adolescence (Li et al., 2019). This study's hypothesis that adolescents' academic performance and mental health will be significantly influenced by family instability was upheld, with those who had no experience of family instability performing better academically and having better mental health. In other words, experiencing higher levels of family instability might lead to low academic achievement and poor

psychological wellness. The implication is that adolescents who witness their parents' separation experience traumatic events, live through natural disasters and pollution, and suffer from a lack of resources may feel stressed and depressed. The finding of this study which indicates that family instability increases the likelihood of mental health issues in adolescents is consistent with the findings of studies by Li et al. (2019); Lu et al. (2021) and Yang et al., 2021, which demonstrated that children from stable households tend to fare better psychologically than those from unstable families. According to Fowler et al. (2018), young people who have experienced family instability are more likely to engage in problem behaviour in adulthood.

The findings of this study suggest that adolescents may also struggle academically due to an unpleasant home environment. According to Odimegwu et al. (2017), the negative effects of unstable family structure on adolescents' educational outcomes include a higher risk of dropping out and lower grades while enrolled in school. Our finding, which showed that adolescents' academic achievement is largely influenced by the level of familial support they receive from an early age, corroborates that of Alabi et al. (2021), who found a significant relationship between family instability and academic achievements among students in Lagos state. Comparably, Wang and Raley's (2019) research revealed that household instability predicts a greater likelihood of repeating grades, dropping out of school, and losing interest in learning. Sun and Li (2011) support the findings

of this study by stating that experiences of structural and emotional instability (such as divorce/separation and moving houses) often result in poorer grades, less focus in class and difficulties with school involvement. Adolescents facing family instability are more likely to be hostile toward their classmates, resulting in poor social interaction and a detrimental impact on their academic achievement (Crosnoe & Cavanagh, 2010; Fraga et al., 2022; Smith et al., 2017). The idea, according to family stress theory, is that the ripple effect of stressors, beginning with parental stress and leading to altered parenting practices, may in turn impair children's mental well-being and school performance.

Socioeconomic status accurately predicts different outcomes in life, including mental and physical wellness, making it relevant to all aspects of behavioural and social science (American Psychological Association, 2025). The family stress theory posits that low family socioeconomic status triggers several issues that create an unstable family environment. Hence, the hypothesis that socio-economic factors such as finance, area of residence, parents' educational attainment, type of housing and household size will influence the level of family instability was upheld. Compared to adolescents in other groups, adolescents receiving smaller monthly allowances, those residing in rural areas, those with unemployed parents, those whose parents had minimal levels of education, and those living in single-room dwellings experienced more family instability. Unemployment, for

example, can lead to financial stress in a family by making it harder for parents to provide for their children adequately. Economically distressed families are probably unstable, which has a detrimental effect on the overall well-being of adolescents (Neppl et al., 2017). Furthermore, Raley et al. (2019) discovered that children with less educated parents were more likely to face family instability than children with highly educated parents. Overall, the findings of this study suggest that low socioeconomic status is a risk factor for family instability. This study's findings are consistent with those of East et al. (2020), who demonstrated that children from families with more financial difficulties tend to experience higher levels of family instability, which significantly raises the prevalence of mental health issues like anxiety and depression. Socioeconomic status is associated with family satisfaction and stability, including parenting practices, the quality of parent-child relationships, and developmental outcomes for both children and adults (APA, 2025; Conger et al., 2010). As a result, when parents struggle to provide financially for their families, the chronic stress they experience may make it difficult for them to provide the care and attention their children require.

Conclusion

The study sheds light on the influence of family instability on the mental health and academic performance of adolescents. High levels of family instability, poor mental health, and poor academic performance were prevalent among adolescents in this study, with family instability

significantly influencing mental health and academic performance. Instability in the home creates a stressful environment that predisposes adolescents to emotional problems, and this can affect their ability to focus on schoolwork, thereby hindering their academic success. Low socio-economic status can give rise to this instability. This is evident from this study, where lower finance, unemployment, low educational qualification, and poor housing and neighbourhood quality brought about more instability. In other words, a cycle of hardship brought on by low SES can have a major effect on family relations and children's general well-being. This is because conditions such as job insecurity and financial difficulties produce a great deal of parental stress, resulting in increased conflict at home and a likelihood of marital failure. The implication is that parents may have less time to engage positively with their children, resulting in neglect and a less nurturing atmosphere. Hence, the need for informed interventions aimed at breaking the cycle of low SES that will, in turn, reduce family instability, leading to more positive outcomes in children.

Recommendations

The following recommendations were made based on the findings of the study.

1. The university administration should provide mental health awareness and support services for students to encourage and offer them help on how to handle some family-related problems that might

be affecting their mental health and academic performance.

2. The government and relevant organisations should take major steps targeted at improving the socio-economic conditions of the Nigerian citizens, as this will reduce the occurrence of family instability and bring about more positive child outcomes.
3. There is also a need for additional programs, policies and interventions that will support children from unstable homes and lower their exposure to the negative impacts of family instability.

Study limitations

We were unable to obtain the students' actual results from the examinations office since no one would provide their personal information. However, to obtain as much authentic information as possible, we assured the respondents that their responses would be kept confidential and anonymous, and that no one would be able to trace their responses back to them. Additionally, the data of 34.3% of the respondents who did not disclose their CGPAs were excluded during the hypothesis testing.

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