

DOI: 10.7251/QOL22010120

UDC: 613.86:616.89-008.441(669)

*Original scientific paper*

# YOUTHS QUALITY OF LIFE IN NIGERIAN STATE: LINK WITH RESILIENCE, LOCUS OF CONTROL AND PERCEIVED SOCIAL SUPPORTS?

NDIDI MERCY OFOLE

*Department of Counselling and Human Development Studies, Faculty of Education, University of Ibadan, Nigeria,  
drofolendidi@gmail.com; nm.ofole@ui.edu.ng*

**ABSTRACT:** Cross sectional research design was adopted to examine the relationship between three independent factors (resilience, internal locus of control, perceived social supports) and quality of life. A sample size of four hundred (400) youths between ages 18-30 years (Male=240; Female=160) were selected using a combination of simple random sampling and purposive technique from a population of out-of school youths in Anambra State, Nigeria. Four standardized scales were used for data collection. Pearson Product Moment Correlation (PPMC) and Multiple Regression were used for data analysis. Findings revealed that resilience ( $r=0.146^{**} p<.05$ ), internal locus of control ( $r=0.165^{**} p<.05$ ) and social support ( $r=0.658^{**} p<.05$ ) positively correlated with quality of life respectively. There was significant joint contribution of the independent variables to the prediction of quality of life among the respondents  $F(5,395) = 102.299, P<0.001$ . The independent variables (resilience, internal locus of control and perceived social supports) when combined accounted for 50.2% ( $Adj.R^2 = .502$ ) of the variance in quality of life among out-of school youths in Anambra State. Resilience was the most potent predictor of quality of life among the variables considered in this study ( $\beta = .591, t = 10.153, P<0.001$ ). Counselling psychologists should institute resilience-focused therapy to build the practical skills of youths to become capable of handling their everyday challenges in order to have an improved quality of life.

**Keywords:** Locus of control, social-support, quality- of -life, resilience, youths.

## INTRODUCTION

Nigeria in recent times has witnessed an unprecedented level of insecurity manifested in bombing, kidnapping, hostage taking, destruction of properties and other societal problems that has the potential to disrupt an individual's quality of life. Quality of life in this study is conceptualised as anyone's perception of his or her position in life in the context of the culture in which they live and in relation to their goals, expectations, standards and concerns (World Health Organisation, 2012). Good quality of life is important at every stage of one's life, from childhood and adolescence through adulthood. Little wonder that United Nations Children's Fund (UNICEF) declare that children and youths should have at least minimum good quality of life which includes the rights and freedoms of all human beings, including adequate nutrition, health care, and education, as well as freedom from abuse, violence, and exploitation (United Nations International Children's Emergency Fund., 2019).

Regrettably, a group that may not enjoy the minimum quality of life is out-of- school youths in Anambra State. The reason is not far fetched. The well reported crisis in that state in recent time involving Indigenous People of Biafra (IPOB) comprising majorly out-of- school youths between 18-30 years old is capable of causing upheaval to their quality of life. These youths for the past six years have actively been involved in the agitation for a Biafra Nation along with other youths in South-East, South-South and some parts of the Middle Belt States of Nigeria (Ibeanu, Iwuamadi & Nkwachukwu, 2016). In view of the foregoing, there has been regular protesters and police clashes which has been ongoing since 2014 (Ibeanu, et al., 2016).

Researchers from various fields of study—developmental psychology, sociology, economics, public policy, demography, and family studies—have independently shown that insecurity, crisis, violence and turbulent situation are associated with poor quality of life (Baptista, Rodrigues, Gregório, de Sousa, Cruz, & Canhão, 2018; Mester, Bugnar, & Andreea, 2011). More worrisome is that Anambra State has is reported to have 118,314 (15 per cent) out of the estimated 10.2 children and youths who are of schools in Nigeria. ( National Bureau of Statistics, 2020), The relationship between being educated and quality of life cannot be over emphasized. It is documented that education leads to better lifestyle choices, improves skills and enable an individual to have an effective habits (Vayachutala, et al., 2016). Being out –of school could lead to other bigger issues, such as crime and labour skills problems. A study for example, reveal that ‘out-of-school’ youths are 7 times more likely to put themselves at risk than youths in school and even live a shorter life span than youths in school (Vayachutala et al, 2016).

A plethora of studies have been conducted to investigate the construct of quality of life. However, a concern is that majority of these studies targeted adults, children and youths with chronic illnesses (Baptista, et al., 2018; Gil-Lacruz., Gil-Lacruz, & Gracia-Pérez, 2020). For stakeholders to tailor intervention to suit target there is need to obtain empirical data on factors that are associated with quality of life among population without any chronic conditions or disabilities. It therefore becomes imperative to examine the relationship between three independent factors (resilience, internal locus of control, perceived social supports) and quality of life.

## LITRATURE REVIEW

Literature suggest that resilience has the potential to be used as a defensive measure towards any condition that disrupts an individuals homeostasis (Stainton, et. al, 2019). Pardeller, Kemmler, Hoertnagl and Hofer (2020) define resilience as the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress. Resilient people are said to make use of individual and social resources to overcome adversity, while non resilient individuals are often overwhelmed by difficult or stressful situations, dwells on problems or use unhealthy mechanisms to cope with challenges of life (Laird, Lavretsky, Paholpak, Vlasova & Roman, 2019). A concern is that the relationship between resilience and quality of life is yet to be fully explored.

Locus of control is an area of individual differences suggested by Attribution theory to have the potency to be associated with quality of life (Weiner,1986). Attribution is a term used in psychology to describe how individuals perceive the causes of their everyday experiences, as being either external or internal. Locus of control is one of the four well researched dimensions of core self-evaluations, along with neuroticism, self-efficacy and self esteem (McAnena, Craissati, & Southgate, 2016). Rotter (1954) define locus of control as the degree to which people believe that they, as opposed to external forces (beyond their influence), have control over the outcome of events in their lives. A person’s is conceptualized as internal (a belief that one can control one’s own life) or external (a belief that life is controlled by outside factors which the person cannot influence, or that chance or fate controls their lives). Individuals with external locus of control has ben reported to be more vulnerable to stress and poor health. This is unlike their counterpart with internal locus of control who has better help-seeking and low level of stress (Reknes, Visockaite., Liefoghe, Lovakov & Einarsen, 2019; Hussain, Baqir, Islam & Asif, 2020). There is ongoing debate concerning the relationship between internal locus of control and quality of life.

Another variable that could be associated with quality of life is perceived social supports. Perceived social support refers to how individuals perceive friends, family members and others as sources available to provide material, psychological and overall support during times of need. It is documented that more social

support is associated with higher levels of subjectively perceived quality of life. There is preliminary evidence to suggest that perceived social support is related to an individuals quality of life (Kassianos, Symeou & Ioannou, 2019; Zdun-Ryżewska, et al., 2018). They argue that when individual feels that they have a levels of support, love, and care it will enable them to have positive life experiences.

### PURPOSE OF THE STUDY

The broad purpose of this study is to investigate if the quality of life of youths is associated with resilience, locus of control and perceived social supports. Specifically, the study proffered answers to the underlisted hypotheses.

### HYPOTHESES

The following research questions were formulated to guide this study.

**H<sub>1</sub>.** There is no significant relationship between the independent variables (resilience, internal locus of control, perceived social supports) and quality of life among youths in Anambra State, Nigeria.

**H<sub>2</sub>.** There was no significant joint and relative contribution of the independent variables (resilience, internal locus of control and perceived social supports) to prediction of quality of life among out-of-school youths in Anambra State, Nigeria.

### MATERIALS AND METHODS

Cross sectional design was adopted for this study. A sample size of four hundred out-of-school youths were randomly sampled from three towns in Anambra State. These three towns (Onitsha, Nnewi and Awka) are noted for violence during the IPOB crisis in Anambra State, Nigeria. The respondents comprised out-of school youths drawn from traders, barbers, catherers, tailors, drivers and road transport workers.

### MEASURES

Four instruments were serialized into one document. It has sections A, B, C, D. and E

Section A was used to collect information about the demographic profile of the respondents (age, gender, sources of livelihood, educational status). The details of sections B, C, D and E are provided thus;

#### SECTION B: YOUTH QUALITY OF LIFE

Youth Quality of Life - Short Form (YQOL-SF) by Patrick, Edwards and Topolski (2002) was used to assess the youths quality of life. This questionnaire measures generic quality of life without any chronic conditions or disabilities. The instrument has 15 self-report items measuring the 4 domains each, namely: sense of self, social relationships, environment, and general quality of life. Typical items on the instrument includes: *"I keep trying, even if at first I do not succeed"*, *"I feel good about myself"*. The response pattern ranges from 0 = not at all to 10 = a great deal or completely. However, for the purpose of this study, the Likert version was modified to 5-1 (strongly agree to strongly disagree). The instrument was administered in approximately 10 minutes. Thereafter, the scores were summed and transformed to a 0 to 100 scale, a higher score represents a higher quality of life. The authors reported satisfactory internal consistency (Cronbach's alpha) of 0.80 for all the four domains (Patrick et. al., 2002). While the intraclass correlation coefficients for each domain were as follows; self (0.85), social (0.85), environment (0.76), general QOL (0.74), and total score (0.78) (Patrick et. al., 2002). This instrument was revalidated on 30 youths randomly drawn from Imo State- a neighbouring state with similar IPOB issue. Test- retest-reliability coefficient of  $r=0.82$  was obtained which was considered good for this study (Weir, 2005).

### SECTION C: BRIEF RESILIENCE SCALE (BRS)

Brief Resilience Scale (BRS) by Smith, Dalen, Wiggins, Tooley, Christopher and Bernard (2008) was used to assess the youths resilience. It is a six item self-rating questionnaire aimed at measuring an individuals' ability to "bounce back from adversity." This instrument was originally developed to provide some key insights for individuals exposed to health-related stress ( Smith, et al., 2008). Of the six items, three were positively worded while the other three were negatively worded . It was designed in Likert format of strongly Agree to strongly disagree on a scale of 5 4 3 2 1. Typical items include: "*I tend to bounce back quickly after hard times*", "*I have a hard time making it through stressful events*". It took approximately five minutes to administer the questionnaire. The Scoring is easy, it was done by simply adding the responses varying from 1-5 for all six items giving a range from 6-30 and divide the total sum by the total number of questions answered. Windle et al. (2011) reported that BRS is a highly valid and reliable measure of resilience in its most basic and core form unlike the other resilience scales that measure personal characteristics. He added that BRS has Cronbach's alpha of .8 or over in all the studies testing its psychometric validity. Test- retest-reliability coefficient of  $r=0.84$  was obtained during pilot study. This made the researcher to conclude that the instrument was stable to measure the construct.

### SECTION D: LOCUS OF CONTROL MEASURE

Twenty-three items self-report scale developed and validated by Suárez – Álvarez, et al. (2016) was used to assess the youths locus of control. The instrument has two subscales, namely external locus of control (13 items) and internal locus of control (10). For the purpose of this study, only the items on internal locus of control was used because it suit the purpose of the study. Sample items on the internal locus of control includes: "*Success depends on my effort*" "*What I have, depends on the effort that I make to get it*" "*My future depends on what I do*". This section on internal locus of control has internal reliability index of  $\alpha=.85$ .

### SECTION E: SOCIAL SUPPORT SCALE MEASURE

The respondents perceived social support was measured on a four-point Likert scale developed by Zimet et al. (1988). The scale projected the measurement of how one received various means of supports from friends, well wishers and relatives in respective of their situations in life. The higher scores on this measure indicate greater social support that the individual enjoys. Typical items on the scale include: "*Most of my friends are more successful at making changes in their lives than I am*", "*There is someone I can turn to for advice about handling problems with my family*" Prior studies have reported Cronbach's alpha coefficients for the PSSS from 0.86 to 0.93. The scale however, was pilot-tested to align with the cultural context in Nigeria and it yielded a correlation coefficient of  $r = 0.84$ .

### PROCEDURE

This study was carried out between May-July, 2021 which coincide with the period of heightened violence in Anambra state due to the court case of a proclaimed IPOB leader as well as preparation for the 2021 gubernatorial election. Youths were randomly sampled from three major cities in Anambra State (Onitsha, Awka and Nnewi). The youths were approached in their various locations (shops, centres, shade etc). The researcher informed the participants that the study was needed as an evidence to direct the government's attention to cater for their quality of life. They were encouraged to seek clarifications if there is any item or items they do not understand. The researcher used their local language (igbo language) to give the instruction. Two Research Assistants who had participated in data collection in a previous study conducted by Ofole (2016) supported in the administration of the questionnaires. The respondents were given the op-

tion to *opt out* if they were not willing to respond or got tired of responding to the items provided. Of the five hundred and twenty (520) questionnaire distributed, only four hundred(400) were correctly filed. As a result, the questionnaire return rate was 77%.

### METHOD OF DATA ANALYSIS

Descriptive statistics (frequency count and percentages) was used to analyse the demographic information of the respondents. While the inferential statistics were Pearson Product Moment Correlation (PPMC). The PPMC was used to test the relationship between the independent variables and the dependent variables. Multiple regression analysis was used to analyse the joint and relative contribution of the independent variables to the prediction of quality of life. level of significance adopted was 0.05 alpha level. The results are displayed on Tables 1-3.

## RESULTS AND DISCUSSION

### DEMOGRAPHIC PROFILE OF THE RESPONDENTS

The results obtained from Section A of the questionnaire was summarized in Table 1.

**Table 1:** showing the Demographic Characteristics of Respondents

S/N	Variable	N=400	Percentage (%)
1	Gender		
	Female	160	40.0
	Male	240	60.0
2	Age Range		
	18-20yrs	115	29.0
	21-23yrs	180	45.0
	24-26yrs	65	16.0
	27-30yrs	40	10.0
3	Educational Status		
	Primary school leaving certificate (FLSC)	63	15.8
	Secondary school certificate (O' level)	109	27.2
	Primary school drop out	58	14.5
	Secondary school drop out	170	42.5
4	Source of Livelihood		
	Barbing	26	6.5
	Driving (motorcycle, buses, cars, Tricycle)	122	30.5
	Trading	87	21.8
	Road Transport Worker (NURTW)	89	22.3
	Tailoring	27	6.7
	Hair dressing	21	5.2
	catering	28	7.0
	Others (Contractor, Musician, Artist etc)		
5	Relationship Status		
	Married	45	11.2
	Single	289	72.3
	Engaged	66	16.5

Table 1 reveals that out of 400 respondents, 240 representing 60% were males, while 160 (40%) were females. This implies that majority of the respondents were males. Further, the categorization of the respondents based on their age shows that those between ages 18-20 years were 115 (29%), 21-23 years (180) representing 45%. Finally, 24-26 and 27 -30 years were 16 % and 10 % respectively. Based on this, one can conclude that majority of the youths in this study were in ages 21-23 years (180). With respect to educational status, those who dropped out of secondary school were majority ( 42.5%), followed by those who completed secondary schools (27.2%) and primary school leaving certificate holders (15.8%). The later were slightly higher than those who dropped out of primary schools (14.5%). The possible reason for this low educational status could be due to sampled population. Table 1 reveals their sources of livelihood which has been ranked are as follows: driving (30.5%), road transport workers (22.3%), trading (21.8%), catering (7%), tailoring, (6.7), barbing (6.5%) and hair dressing (5.2%). Moreover, the Table also shows that 289 representing 72.3 % of the study population were single, while sixty-six (16.5%) were engaged. However, only 45 (11.2%) were married as at the time of conducting this study.

**Hypothesis One:** Hypothesis one predicted no significant relationship between the independent variables (resilience, internal locus of control and perceived social supports) and quality of life among out of school youths in Anambra State, Nigeria. This hypothesis was analysed with PPMC and the result is presented on Table 2.

**Table 2:** Correlation matrix showing the relationship between independent variables and Quality of life

Variables	Mean	Std.Dev	1	2	3	4	5
Quality of life	32.29	7.52110	1.000				
Resilience	2.33	.64210	.146**	1.000			
Internal locus of control	28.23	7.06772	.165**	.043	1.000		
Perceived Social Supports	25.19	9.51741	.658**	.104	.080	1.000	

\*Correlation is significant at 0.05 (2-tailed)

The result obtained from this study revealed that there was a positive significant relationship between the independent variables (resilience, internal locus of control and perceived social supports) and quality of life. The null hypothesis was therefore, rejected. Findings further revealed that; resilience ( $r= 0.146^{**}p<.05$ ), internal locus of control ( $r= 0.165^{**} p<.05$ ) and social support ( $r= 0.658^{**} p<.05$ ) positively correlated with quality of life respectively. The Pearson Correlation Coefficient value of + .146\*\*, .165\*\* and .658\*\* means that there was positive correlation among resilience, locus of control, perceived local supports and quality of life at varying degrees. This finding suggests that the three factors considered in this study (resilience, internal locus of control and perceived social supports) can explain the quality of life among the respondents but at moderate level. If youths have resilience, internal locus of control and social supports their quality of life will be satisfactory.

**Question Two:** The second hypothesis stated that the independent variables (resilience, internal locus of control, perceived social supports) either singly or in combination will not significantly predict the quality of life among youths in Anambra State, Nigeria. The result obtained for this hypothesis was presented on Table 3.

**Table 3:** Association of resilience, internal locus of control and perceived social support on quality of life

Predictors	$\beta$	t	P	R	R <sup>2</sup> F P
Resilience	.591	10.153	<0.05		
Internal Locus of control	.051	1.659	<0.05		
Perceived Social Support	.224	4.363	<0.05	.713	.509 102.29 <0.05

The regression analysis shows that there was a significant combined effect of the independent variables (resilience, internal locus of control and perceived social supports) to the prediction of quality of life among out-of-school youths in Anambra State,  $F_{(5,395)} = 102.299$ ,  $P < 0.001$ ). Since the calculated value was higher than the t-value, the  $H_0$  was therefore rejected. The outcome also yielded a coefficient of multiple regressions  $R = 0.713$ , multiple  $R^2 = 0.509$  and Adjusted  $R^2 = .502$ . This result suggest that the three predictor variables when combined accounted for 50.2% ( $Adj.R^2 = .502$ ) variance in the prediction of quality of life among youths in Anambra State while other factors not examined in this study accounted for the 49.8%.

Furthermore, Table 3 reveals the result obtained for hypothesis three. suggest that each of the three variables (resilience, internal locus of control, and perceived social support) has significant relative contributions to the predictors of quality of life among youths in Anambra State. In terms of magnitude the most potent factor was resilience ( $\beta = .591$ ,  $t = 10.153$ ,  $P < 0.001$ ), followed by social support ( $\beta = -.224$ ,  $t = 4.363$ ,  $P < 0.000$ ). Internal locus of control ( $\beta = .051$ ;  $t = 4.659$ ;  $P < 0.05$ ) made the least contribution to the prediction of quality of life among the youths in Anambra State, Nigeria. The implication of this finding is that the first two variables (resilience and locus of control) should be prioritized when instituting an intervention to improve youths' quality of life in Anambra State, Nigeria.

## DISCUSSION

This study investigated the relationship between three predictor variables (resilience, internal locus of control, perceived social support) and quality of life among out-of school youths in Anambra State, Nigeria. The results displayed on Tables 2-3 show that there was positive relationship between resilience and quality of life. The implication of this finding is that the more the youth is resilient, the greater the likelihood that he/she can cope successfully with adversities in his or her environment. This finding corroborates with large body of evidence who reported that being resilience led to successful adaptation and unfolding of tolerance within a context of debilitating adversity or stressful events (Laird, et al., 2019; Temprado Albalat, García Martínez, Ballester Arnal, & Collado-Boira, 2020; Pardeller et al., 2020). This outcome gives credence to the theroretical framework of Greene, Galambos and Lee (2004) who argue that it is not the nature of the adversity that is most important in coping but rather how one deals with it and other misfortunes or frustrations of life.

The finding from this study also suggest that perceived social support was associated with quality of life among the youths. This concurs with previous studies (Zdun-Ryżewska, et al. 2018; Moghadam et al. 2020) who reported that those who received social supports from friends, relations and well wishers during hospitalization recovered faster than those who did not receive. Similarly, scholars (Deniz Şahin, Özlem & Özer: Melek Zubaroğlu & Yanardağ, 2019) reported positive relationship between perceived social support in people aged 65 years and their quality of life . Though the age difference could also have moderated the outcome of their study.

Internal locus of control was also found to be related to quality of life among out-of school youths in Anambra State as shown on Table 2. The implication of this finding was that the youths sense of what

controls their life was an important factor in regulating their every-day functioning and appraisal of their quality of life. This outcome was not surprising because it was documented that internal locus of control can influence how people respond to stressful events in their environment and the motivation to take preventive action. For example, if the youths believe that they were responsible for their quality of life, they will take action to change stressful and unwanted situations around them. This outcome was corroborated by Pahlevan (2017) who found among 118 Malaysian respondents breast cancer patients. They documented that patients with internal locus of control had the capacity of controlling their experiences, lower their anxiety and depression. They concluded that internal locus of control mediated the relationship between an individual's quality of life. This outcome also supported Rizza, Gison, Bonassi, Dall'Armi, Tonto and Giaquinto (2017) who reported that external locus of control significantly lowers health conditions and quality of life.

This outcome of the third hypothesis shows that the three factors (resilience, internal locus of control and perceived social supports) considered in this study contributed significantly to the prediction of quality of life of out of school youths in Anambra State. This outcome supports the Attribution theory of Weiner (1986) who argue that human behaviour is determined by a combination of internal forces (abilities or efforts) and external forces (task difficulty or luck). Similarly, Lewin (1936) and Tolman (1932), using the cognitive opined that it is how the individual perceive the adversity rather than the adversity itself that will determine whether or not the individual will have a good quality of life. The second hypothesis reveal that the three factors (resilience, internal locus of control, and perceived social supports) when combined accounted for 50.2% of the variance in predicting quality of life of among youths in Anambra State. The implication of the finding is that the three independent variables alone cannot explain the quality of life of out-of school youths in Anambra State since it accounted for only 50.2 %. There was likelihood therefore, that some variables that were not considered in this study could account for youths quality of life. This outcome supports previous studies who reported that other factors such as wealth (Lodhi, Rabbani & Khan, 2021), sense of community, (Stevens, Guerrero. Green, & Jason, 2018) and religious beliefs (Counted, Posamai & Meade, 2018) were positively associated with quality of life. It also gave credence to Lodhi, et al., (2021) Integrated theory which suggest that quality of life composed of eight dimensions, namely; education, environment, economic and physical safety, material living condition governance and political voice, social interaction and personal activities.

Further, the results show that out of the three factors considered in this study resilience was most potent in predicting quality of life among out-of-school youths in Anambra State, Nigeria. This finding corroborates the studies of (Stainton, et. al, 2019; Laird, et al., 2019). However, this outcome was very surprising. One would expect that perceived social support would have stronger contribution to quality of life due to documented evidence that social support is a key component which assist people to build up, have strength to carry on and thrive during times of stress (Lodhi, et al., 2021). There is need to generalize the outcome of this study with caution. This is because of some methodological issues that need mentioning. One such limitation was the small sample size randomly sampled from Anambra State out of 36 States in Nigeria. It is recommended that similar researchers should target other States in Nigeria using larger sample size possibly drawn from the six geographical zones in Nigeria. Further, cross-sectional design used for this study did not enable the Researcher to have insights into other issues which may have impacted on the participants quality of life. It is recommended that future studies should use triangulation method (combination of quantitative and qualitative methods). These issues did not however, invalidate outcomes of the study because the Researcher adhered strictly to methods of conducting a survey study.

## CONCLUSION

The finding of study suggests that resilience, internal locus of control and perceived social supports were positively related to quality of life among out of school youths in Anambra State, Nigeria. This finding has practical implication for health workers, counselling psychologists, and social workers when designing intervention to enhance quality of life among this cohort. In addition, it shows that though the three independent variables considered in this study when combined can contribute to the prediction of quality of life among youths, however, there is possibility that other factors not considered in this study could also account for quality of life among out-of school youths in Anambra State. The implication of this finding is that stakeholders should look beyond the three variables considered in this study when designing intervention to improve youths quality of life.

## RECOMMENDATIONS

The following recommendations are suggested on the basis of the study outcomes:

Counselling Psychologists should institute resilience-focused therapy to build the practical skills of out of school youths to become capable of handling their everyday challenges.

Since in this study social supports was shown to be a protective factor for youths quality of life, it is suggested that counselling psychologists, social workers and other workers in helping profession should synergize to mobilise social supports for the out-of-school youths in Anambra State.

Counselling Psychologists should use cognitive therapies to restructure and replace the youth's negative thoughts to enable them to stop blaming external factors for whatever happens in their lives including successes and failures.

## ACKNOWLEDGEMENTS

The researcher hereby express her gratitude to those youths who despite the crisis in Anambra State as at the time of conducting this research spared their time to respond to the questionnaire.

## CONFLICT OF INTERESTS

The author hereby declares no conflict of interests

## REFERENCES

- Baptista, F. M., Rodrigues, A. M., Gregorio, M. J., de Sousa, R., Cruz, E., & Canhão, H. (2018). Functional Status and Quality of Life Determinants of a Group of Elderly People With Food Insecurity. *Frontiers in Nutrition*, 5, 99. <https://doi.org/10.3389/fnut.2018.00099>
- Behzadifar, M, Abdi, S, Malekzadeh, R, Arab Salmani, M. & Ghoreishinia, G, et al. (2016). Prevalence of food insecurity in Iran: a systematic review and meta-analysis. *Archives of Iranian Med*. 19(4), 288–294. [PubMed] [Google Scholar]
- Deniz, Ö, S. Melek, O., & Yanardağ, Z. (2019). Perceived social support, quality of life and satisfaction with life in elderly people, *Educational Gerontology*, 45(1), 69-77, DOI: 10. 1080/03601277.2019.1585065
- Edwards, T. C. & Topo ski, T. D. (2002). Adolescent quality of life, part II: initial validation of a new instrument. *Journal of adolescence*, 25(3), 287–300. <https://doi.org/10.1006/jado.2002.0471>
- Gil-Lacruz, M., Gil-Lacruz, A.I. & Gracia-Pérez, M. L. (2020). Health-related quality of life in young people: the importance of education. *Health Qual Life Outcomes* 18, 187 <https://doi.org/10.1186/s12955-020-01446-5>
- Greene, R. R., Galambos, C., & Lee, Y. (2004). Resilience theory: Theoretical and professional conceptualizations. *Journal of Human Behavior in the Social Environment*, 8(4), 75-91.
- Ibeanu, O, Iwuamadi, O, & Nkwachukwu, C. (2016). Biafra Separatism: Causes, Consequences and Remedies” Institute for Innovations in Development: 1–71 – via Research Gate
- Kassianos, A. P., Symeou, M., & Ioannou, M. (2016). The health locus of control concept: Factorial structure, psychometric properties and form equivalence of the Multidimensional Health Locus of Control scales. *Health Psychology Open*. <https://doi.org/10.1177/2055102916676211>
- Laird, K. T., Lavretsky, H., Paholpak, P., Vlasova, R. M., Roman, M., St Cyr, N., & Siddarth, P. (2019). Clinical correlates of resilience factors in geriatric depression. *International psychogeriatrics*, 31(2), 193–202. <https://doi.org/10.1017/S1041610217002873>
- Lewin, K. (1936). *Principles of topological psychology*. New York: McGraw-Hill; 1936. [Google Scholar]
- Lodhi, F.S., Rabbani, U., & Khan, A.A. (2021). Factors associated with quality of life among joint and nuclear families: a population-based study. *BMC Public Health* 21, 234 Accessed on September, 2021 from <https://doi.org/10.1186/s12889-021-10265-2>

- McAnena, C., Craissati, J., & Southgate, K. (2016). Exploring the role of locus of control in sex offender treatment. *J. Sex. Aggress.* 22, 95–106. doi: 10.1080/13552600.2015.1023374
- Mester L. Bugnar, N., & Andreea, F. (2011). The Impact of the Crisis on the Quality Of Life and Solutions to reduce the crisis effects. Case study. Romania, *Annals of Faculty of Economics, University of Oradea.* 1, 129-133.
- Moghadam, K., Mansour-Ghanaei, R, Esmailpour-Bandboni, M, & Atrkar-Roshan, Z. (2020). Investigating the relationship between social support and quality of life in the elderly. *J Edu Health Promotion* 9:215. Assessed on September, 2021 from: <https://www.jehp.net/text.asp?2020/9/1/215/293928>
- Pahlevan, S. S. (2017). Locus of control, quality of life, anxiety, and depression among Malaysian breast cancer patients: The mediating role of uncertainty. *European journal of oncology nursing: the official journal of European Oncology Nursing Society*, 27, 28–35. <https://doi.org/10.1016/j.ejon.2017.01.005>
- Pardeller, S., Kemmler, G., Hoertnagl, C. M., & Hofer, A. (2020). Associations between resilience and quality of life in patients experiencing a depressive episode. *Psychiatry research*, 292, 113353. <https://doi.org/10.1016/j.psychres.2020.113353>
- Reknes, I., Visockaite, G., Liefoghe, A., Lovakov, A., & Einarsen, S. V. (2019). Locus of control moderates the relationship between exposure to bullying behaviors and psychological strain. *Frontiers in Psychology*, 10, Article 1323. <https://doi.org/10.3389/fpsyg.2019.01323>
- Rizza, F., Gison, A., Bonassi, S., Dall'Armi, V., Tonto, F., & Giaquinto, S. (2017). 'Locus of control', health-related quality of life, emotional distress and disability in Parkinson's disease. *Journal of Health Psychology*, 22(7), 844–852. <https://doi.org/10.1177/1359105315616471>
- Rotter, J. B. (1954). *Social learning and clinical psychology*. Prentice-Hall, Inc. <https://doi.org/10.1037/10788-000>
- Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The Brief Resilience Scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine*, 15(3), 194–200. <https://doi.org/10.1080/10705500802222972>
- Stanton, A., Chisholm, K., Kaiser, N., Rosen, M., Uptegrove, R., Ruhrmann, S., & Wood, S. J. (2019). Resilience as a multimodal dynamic process. *Early intervention in psychiatry*, 13(4), 725–732. <https://doi.org/10.1111/eip.12726>
- Suárez - Álvarez, J., Pedrosa, I., García - Cueto, E. & Muñoz, J. (2016). Locus of Control revisited: development of a new bi - dimensional measure. *Anales de Psicología*, 32(2), 578-586 Assessed on June, 2021 from <https://www.redalyc.org/articulo.oa?id=16745250030>
- Temprado, M. D., Martínez, P., Ballester Arnal, R., & Collado-Boira, E. J. (2020). The relationship between resilience and quality of life in patients with a drainage enterostomy. *Journal of health psychology*, 25(10-11), 1483–1497. <https://doi.org/10.1177/1359105318761555>
- The World Health Organization (2012). *Quality of Life (WHOQOL)*. Retrieved on October, 2021 from <https://www.who.int/tools/whoqol>
- Tolman, E. C. (1932). *Purposive behavior in animals and men*. New York: Appleton Century; [Google Scholar]
- United Nations International Children's Emergency Fund (2019). *Child rights and why they matter*. Retrieved on September, 2021 from: <https://www.unicef.org/child-rights-convention/child-rights-why-they-matter>
- Vayachuta, P., Ratana-Ubol, A., & Soopanyo, W. (2016). The study of 'out-of-school' children and youth situations for developing a lifelong education model for 'out-of-school' children and youth. *SHS Web of Conferences*. 26. 01015. [10.1051/shsconf/20162601015](https://doi.org/10.1051/shsconf/20162601015)
- Weiner, B. (1986). Attribution, emotion, and action. In R. M. Sorrentino & E. T. Higgins (Eds.), *Handbook of motivation and cognition. Foundations of social behavior* (pp.281-312). Guilford Press.
- Zdun-Ryzewska, A., Basiński, K., Majkiewicz, M., Podolska, M., Landowski, J. & Walden-Gałuszko, K. (2018). Association between social support and quality of life in patients with affective disorders. *The European Journal of Psychiatry*. 32. [10.1016/j.ejps.2018.05.002](https://doi.org/10.1016/j.ejps.2018.05.002)
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52(1), 30–41. [https://doi.org/10.1207/s15327752jpa5201\\_2](https://doi.org/10.1207/s15327752jpa5201_2)

*Received: October 31, 2021*  
*Accepted: November 23, 2021*

