European Journal of Social Sciences Studies
ISSN: 2501-8590
ISSN-L: 2501-8590
Available on-line at: www.oapub.org/soc

doi: 10.5281/zenodo.255800 Volume 2 | Issue 1 | 2017

THE IMPACT OF FAMILY AND SOCIAL SUPPORT ON THE HEALTH AND WELL-BEING OF PEOPLE IN CALABAR METROPOLIS, CROSS RIVER STATE, NIGERIA

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Abstract:
The study on the impact of family and social support on the health of people in Calabar Metropolis, Cross River State was embarked upon to in order to assess the importance of family and social support on the health and wellbeing of people in Calabar Metropolis. The major objective of the study therefore is to examine the health impact of those who lack certain social support and the measures to be taken to reduce the effects. To realize these objectives, the survey method was used, deploying the questionnaire as the instrument for data collection in order to get valid information for analysis and to draw conclusion for the study. Findings from the research showed that there was a significant relationship between family and friend's relationship on the health and well-being of individuals. Social support means being able to access people that a person can rely upon if needed. The support of family and friends during crises has long been seen to have a positive effect on people's health and well-being. Further analysis also revealed that those who live near their family have lower stress issues than those who live apart from their family as the family plays an important role in one's ability to make healthier choices. Based on the findings, the study recommends that people should take the issue of stress very seriously because not all illnesses are biological, as revealed by the study; some illnesses are caused by social factors. The study also

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recommends that interventions in the form of promoting social support from among family and friends should be given especially for individuals are faced with depression.

Keywords: family; social support; stress; health; well-being

1. Introduction

Many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment. To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, where as the more commonly considered factors such as access and use of health care services often have less of an impact.

The determinants of health include:

- The social and economic environment
- The physical environment and
- The person's individual characteristics and behaviors.

The context of people's lives determines their health, and so blaming individuals for having poor health or crediting them for good health is inappropriate. Individuals are unlikely to be able to directly control many of the determinants of health. These determinants or things that make people healthy or not include the above factors, and many others:

- Income and social status- higher income and social status are linked to better health. The greater gap between the richest and poorest people, the greater the differences in health
- Education – low education levels are linked with poor health, more stress and lower self-confidence.
- Physical environment – safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health. Employment and working conditions-people in employment are healthier, particularly those who have more control over their working conditions
- Social support networks- greater support from families, friends and communities is linked to better health. Culture –customs and traditions, and the beliefs of the family and community all affect health.
- Genetics-inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses, personal behavior and coping skills-balanced eating, keeping active, smoking, drinking and how we deal with life's stresses and challenges all affect health.

- Health services – access and use of services that prevent and treat disease influences health
- Gender – men and women suffer from different types of diseases at different ages.

Social support is one of the most important factors in predicting the physical health and well-being of everyone, ranging from childhood through old age. A genuine family and friend's community can be a "heaven on earth" where every member experiences joy and happiness, peace and harmony, love and understanding, acceptance and recognition. In such a community, all the members can live in unity and generosity. There is always mutual love, understanding and joyful support (Kaitholil, 2002).

Today in Nigeria, many people are seen to suffer from signs of depression and stress as a result of this lack of social support that is gotten from an ideal community life. Knox, Virginia and Lombardo (2002) in a research to find out vocational satisfaction reported a high level of emotional exhaustion, depression and anxiety among people they study.

The absence of social support shows some disadvantage among the impacted individuals. Man is a social being and from inception man has always lived in companion with his fellow man. No man is an island. Before the modern industrialized urban cities we have in recent times with their peculiar characteristics, man has been known to live in communal way of life. Social support is an institutionalized way of life humans has developed as a group in order to provide necessary support to each other and overcome certain life challenges. In most cases, it can predict the deterioration of physical and mental health of a particular group.

Studies have demonstrated that the variables of stress, social support and family conflict can interactively affect the health of individuals (Morankinyo, 1990; Obazele, Adamu, Amanchi, and Olotu, 1993; Onyekuba, 1996; Fayisetan, 2006; Okonweze, 2005; Olashore, 1999). For instance, positive stress can enhance mental well-being, while negative stress can diminish the quality of life, cause injury to mental health resulting to ill health of individuals. On the other hand, prolonged family conflict can lead to depression, anxiety and burnout in people. The effects of lack of family support and family conflict on the individuals are numerous.

The provision of high levels of family social support network is believed to ameliorate the negative effects of stress and family conflict on people's mental health (Cheung, 1995; Dona and Berry, 1994; Sasao and Chun, 1994).

It has also been observed that integration into social networks and receiving family support are important for mental health and an individual's general well-being. They also act to improve self-appraisal and self-esteem. Studies have also shown that there are different types of support, such as emotional, practical and informational

supports from different sources, such as the family, co-workers, spouse, church, mosque, and neighborhood are more beneficial to health.

In the past few years, the Nigerian family has undergone significant structural and functional changes that have not been accompanied by equally dramatic shifts in corporate policies. Even though the situation where the fathers used to work and the mother stays at tome to care for the home and children has changed. These changes has no doubt affected most family members, whereby both parents had to work and close late, the children may have to stay in their school after other pupils must have gone home till their parent close from work. This situation has led to most children not enjoying the companionship that comes with belonging to a family.

The initial social support given is also a determining factor in successfully overcoming life stress. It is on this basis that this study attempts to investigate the impact of family and friend social support on the social and physical health of individuals in Calabar Metro-polis.

2. The Research Problem

Every individual belongs to one group or the other. We all belong to a family, social class, religious group, and political group and so on. Whether voluntarily or involuntarily, we are part and parcel of one social group or the other. Every individual is in the said group for one reason or the other, but most especially because the particular group provides for us certain benefits and support system.

The family as a social group provides for its members emotional, economic, social placement, psychological and several other supports. Other groups that individuals belongs to also provide certain support and security for its members. The society as a whole can be qualified as a social support system, especially through its welfare system put in place to provide for the economic, psychosocial, security well beings of its members. The social support and physical health are two very important factors that help the overall well-being of the members of society (Cutrona, Russell, & Rose, 1986).

Family and friends plays an important role in one's ability to make healthier choices. Social support means being able to access people that a person can rely upon if needed. The support of family and friends during crises has long been seen to have a positive emotional effect on people (Gallant & Mary, 2003).

However, when the social support system of family and friends is being altered by social change, which is changing the social roles of family and their functions on members, then its leads to a social problem. It is becoming a common observation for individuals to suffer from mental as well as psychological breakdown, stress related

illness, and depression. There has also been an increasing rate of homeless people and increased cases of stress-related illness (Blue, 2010).

The changes in modern society has led to changes in family and the social support system that has help to give necessary support to individuals in order to cope with stress and social challenges. It is on this basis that this research attempts to examine the impact of social support on the health and wellbeing of people living in Calabar Metropolis, Cross River State.

3. Research Objectives

The objective of this research study will among other things include the following:

1. To examine the nature of social support in place
2. To examine the importance of family support to people living in Calabar Metropolis
3. To examine the health impact of those who lack certain social support
4. To examine the measures to be taken to reduce effect

4. Research Hypothesis

1. The lack of family social support affects the social and physical health of individuals.

5. Literature Review: The concept and types of social support

Epidemiological work points to the impact of social support on health. This is consistent with broader conceptual work on basic social support processes. One approach views social support as primarily an environmental transection or resources that can be accessed by the individual (Cobb, 1976). The assumption of this approach is that social support is interpersonal in nature. A second major approach views social support as an individual difference factor that is stable over time and has its roots in early parent-child interactions (Sarason, Sarason and Shearin, 1986).

The assumption of this approach is to view adult support as more of Interpersonal process that is linked closely to internal, relational schemas. Of course, as noted by Sarason et al. (1986), these views are not necessarily competing, but the challenge is to link these processes to more specific measures and outcomes.

These conceptual distinctions are also tied to specific measurement approaches. Perceived support refers to one's potential access to social support and is more closely linked to the intrapersonal approach. In companion, received support refers to the reported utilization or exchange of support resources and is more closely related to the

interpersonal approach. It is important to note that these two dimensions do not appear to be interchangeable as the seperability of perceived and received support is well documented (Haber, Cohen, Lucas and Baltes, 2007; Helgeson 1993; Newcomb, 1990; Wills and Shinar, 2000).

The reasons for the separability of perceived and received support, however, are still unresolved (Wills and Shinar, 2000) and reflected the lack of conceptual development regarding what these measures of support reflect. Although there are other explanations for these differences (Dunkel–Schelter and Bennett, 1990), as argued by Sarason and Shearin (1986), measures of perceived support may have their origins in early familial transactions. Familial transactions include processes such as caring, affection, and positive involvement that set the basis for supportive relational schemas (Flaherty and Richman, 1986). In addition, researchers have found that perceived support is typically stable overtime (despite changes in social circumstances) and linked to reports of parental support and warmth (Mallinckrodt, 1992; Newcomb, 1990; Sarason et al, 1986; Shaw et al, 2004).

Alarie (1996), concluded by saying that these forms of social support are meant to have a positive impact on peoples' health but they can also have negative consequences. Many studies have demonstrated that being integrated into social networks and receiving high levels of social support are important for individuals' health and wellbeing (Kessler and Mclead, 1995; Alarie, 1996).

The number of social contacts, both close and not too close, is related to higher levels of well-being. Within relationships, different types of support from different sources may benefit health-such as emotional, practical and informational support (House and Kalin, 1995). Stansfield and Sproton (2002); Alarie (1996) in their different studies observed that, on the other hand, close relationship may be stressful as well as stress relieving, and high levels of negative interaction within relationship increase the risk of ill health.

Two pathways for the influence of social support on health have been postulated. These are the "direct" effects and "buffering" effects and they will be discussed in details during the review of the relevant theory used for this work.The direct pathway implies that levels of social support and social contact act to improve levels of wellbeing, or enhanced self-appraisal and self-esteem, positively influencing health (Cohen, 1985), while the buffering hypothesis implies that social support only influences health in the context of exposure to acute or chronic stressor (Alleyway and Babington, 1987). In this situation, persons exposed to stressors are helped, either in reappraising the threat implicated in the stressor, or in coping with the consequence of the stressor or through emotional, informational or material support.

Studies have equally demonstrated that lack of social support has been etiologically linked to common mental disorder. Stansfield and Sproton (2002) argued

that it is possible that differing patterns of support might contribute to the explanation of differences between ethnic groups in rates of health problems. For example, it has been suggested that the fact that south Asian people in the UK show relatively low rates of common mental disorder, in spite of the high levels of social disadvantage faced by ethnic minority groups, is a consequence of the extended social support networks characteristic of Asian culture, which may be protective of mental health (Cochrane and Bal, 1989, Halpern, 1993).

Others have, however, criticized the stereotyped basis of this argument (Sashidaran, 1993). Close relationships are not always beneficial to health, as there may be scope for conflict as well as support (Stansfield and Sproton, 2002).

Analyses of immigrant mortality statistics show that mortality rates from suicide are higher among young women of south Asian origin, and that this is particularly the case for young women age 15 to 24 where the rate is two to three times the national average (Soni, Bulusu and Balajaran, 1990). Soni and Balajaran (1992) concluded that, "it is possible that intense close relationships in these families coupled with intergenerational cultural conflicts might increase suicide risk in these young women.

This conceptual distinction between perceived and received support on epidemiological physical health works have been minimal. Thus, in this review, the study argues for the importance of a life span perspective on support that can provide unique insight into the nature of family social support system in place. The extent is the family social support impactful on people, the extent of the health impact of those without family social support; and the measures that can be adopted to reduce any such impact.

6. Depression and Social Support

This study is focused on looking at the relationship between social support and health. The concept of health as intended in this study includes both stress differentials and depression among people. Here social support is defined as emotional support received by individuals.

Some scholars have observed that though people live with their family and friends around them, some are not happy and show a lot of depressive symptoms, stress and lack of social support. Depression is an affective, or mood disorder, it is an illness of the mind and body. Some could argue that depression is a way of coping with life's pressure (Schwartz and Schwartz, 1993).

Clinical depression is a serious illness that affects most if not all facets of a depressive life. The major component of depression is a loss of interest in activities once found pleasurable. In fact, in order for a person to be diagnosed with having

depression, a loss of interest in activities once found pleasurable must be present (Schwartz and Schwartz, 1993).

For some depressives, there is a loss of interest in life itself. Each year, an average of 5,000 people in the US takes their lives (Comer, 1992). How many of these people are suffering from depression is not known, but it is believed a vast majority of them were depressed. Depression can only be disabling to the point where depressive can no longer function in the daily rigors of life. Absence from work or school is common. The severely depressed individual does not have enough energy or motivation to get out of bed. Many depressive will describe his/her illness to having a large and heavy weight on his or her back. Often that weight is an accumulation of stressors, and sometimes the weight is unexplainable. Physically a depressive is sluggish, his or her speech is noticeable slow, and motor skills are recorded (Comer, 1992). The depressive may complain of headaches or other ailment that has no explanation, memory is impaired (Schwartz and Schwartz, 1993).

Depressives are often agitated and irritable. They many perform repetitive motor tasks, like pacing or rubbing their hands together. They may exert a poor disposition and become "aggressively hostile" to other (Wetzel, 1984). Life can be a lonely experience for the depressives. Their sense of humour is lost and they are seldom seen smiling. They are often tired from either too little or too much sleep. Intense feeling of shame and guilt because they believe that everything that goes wrong is their fault are often harbored.

Feeling of inadequacy may lead a depressive to attempt to withdraw from family and friend. Feelings of inferiority may eventually lead to feeling of helplessness, nothing will ever improve, they believe. Often times, feelings of inferiority are as a result of depressives' demanding expectations of his or herself (Schwartz and Schwartz, 1993).

While some depressives may shy away from family and friends, some display an overdependence on others when they are shunned by those they depend on, they become even more depressed. Their world becomes that much more lonely and hopeless. Although, researchers disagree over particulars of stress, they agree that stress is the reaction of the organism to a perception of threat (McGrath, 1970; Derogates, 1982). Lazarus (1966) has developed a convincing conceptual model involving both stressors and coping abilities of the person. He defines stress as any situation in which "environmental demands tax or exceed the resources of the person" (Lazarus and Lanier, 1978). If an environmental demand is such that it cannot be met and neutralized somehow, it will cause harmful consequences for the person, affecting moods, fatigue, and motivations, and then gradually producing burnout or illness.

The level of stress felt by individuals is a result of both the environmental stimulus and the reaction of person to it. Event themselves are neutral and becomes

stress only when the person interprets them as threatening. The sensitivity of the individual to specific stimuli affects the level of stress felt from them. One person may experience stress from work overload, while a second does not; the second may feel stress from role ambiguity, while the first does not (Kassel 1978 and Pearling, 1982).

Stressors may be either chronic or episodic. Chronic stressors are called "daily hassles" by Lazarus, but they should not be dismissed as merely "the nature of work" or "what comes with the job". Any ongoing aspect of work experience which is felt as annoying or depressing is a chronic stressor regardless of how another person may interpret it. Past research indicates that chronic stressors are more consequential, in general, than episodic events (Behr and Bhaget, 1985).

Another recurrent research finding is that individuals can learn to cope with stressors through training experience. Social support is the function of quality of social support is the function and quality of social relationship, such as perceived availability of help or support actually received. It occurs through an interactive process and can be related to intrusion, a sense of obligation, and the perception of reciprocity.

Social support refers to the infrastructure that must be in place for individuals and families. Social services, community events and basic fellowship that is essential to a happy and well-adjusted life. Life has become increasingly clear that isolation from these community pillars can lead to deep alienation, depression and even psychosis in the long term. Appraisal support (quantifiable forms of support) is important in that it can measure the effect that community programs have on the development of recovery and the process of reintegration into society.

This is a case where professionals can provide support for their ongoing treatment. Informational support makes it possible for the isolated community member (such as the sick, the elderly or a recent parolee) to understand and realize what is going on around them that can be of assistance in any manner.

Instrumental support is the more typical, tangible form of community support. It includes monetary assistance that can be measured in naira and it is a purely quantitative measure of support. Emotional support (non-quantifiable forms of support) refers to the intangible aspects of community life that maintain a strong sense of belonging, and seeks to bring isolated person into the mainline of community life. This form of support is the focus of this study.

Integration is the final goal of all social support approaches. In this case, it is not a matter of linking up the client to the proper programmes or events but rather the constant interplay of clients, events, programmes and community that support the individual. This is the individual judgment, additionally, as with personal coping skills, the more perception of an adequate support system has sometimes been shown to have more beneficial effects than actual receipt of support (Vaux, 1988; Wethington and

Kessler 1986; Rose and Minowsky, 1989). Social support is therefore, a critical determinant of psychological well-being.

7. Links between Social Support and Physical Health

Morbidity and mortality from disease can be broadly categorized as acute or chronic. In the early 1900s, acute disease related to infection pathogens were the major causes of morbidity and mortality. However, changes in sanitation, working situations (like work hours), and medicine (vaccination) dramatically cut mortality from infectious agents (Cacioppo and Berntson, 2007). As a result, chronic diseases are currently the major causes of morbidity and mortality.

In Nigeria and the world today, the protypical chronic disease is coronary artery disease, because the beginnings of atherosclerosis (e.g. plague) can be seen in children, and it develops slowly over time, ultimately cumulating in clinical symptoms for older adults (e.g. chest pain). This distinction between acute and chronic conditions is important because psychological processes such as social support would need to be relatively stable over time for it to influence the development of such chronic conditions. On the other hand, more acute conditions could be related to either stable or stronger fluctuating factors, which then influences susceptibility to disease. Measures of social support have been consistently related to physical health outcomes. Most recent work on social support conceptualizes it as the functions that are provided by social relationship. These functions may be separated into perceived and received dimensions (Tardy, 1985).

Perceived support refers to one's potential access to social support, whereas received support refers to the reported receipt of support resources, usually during a specific time frame (Barrera, 1986; Dunkel-schelter and Bennett, 1990). A majority of studies have found an association between perceived support and lower mortality rates even when statistically controlling for baseline demographic factors and physical health status (Berkman et al, 1992; Blazer, 1982; Brummett et al, 2001).

The links between social support and health appears to be particularly consistent for cardiovascular disease (Berkman et al, 1992; Brummett et al, 2001; Fermer et al, 1996; Frasier-Smith et al, 2000; Orth-Gomer, Rosengren, and Wilhelmson, 1993; Williams et al, 1992).

It is important to note that social support may be linked to cardiovascular problem via its impact on disease development and/or its clinical cause. Although more research is needed, there are epidemiological links between perceived support (Andre-Peterson, Hedland, Jansen, and Ostergen, 2006). These studies suggesting links between social support and health outcomes are consistent with research utilizing more "intermediate" psychological outcomes in which the perceived availability of social

support is related to lower plaque buildup (Angerer et al, 2000; Wang, Mittleman and Orth-Gomer, 2005).

There are a complicated set of findings that emerged when one examines the effects of social support on physical health, as these studies are quite variance in their outcome (Uchino, 2004). Indeed, many of these studies find aspect of received tangible support to be associated with higher subsequent mortality rates (Foster and Stuller, 1992; G.A., Kaplan et al, 1994; Krause, 1997; Rennix et al, 1999; Sabin, 1993).

Even the use of a well-validated measure of general received support (i.e. the inventory of socially supportive behaviour; Barrera, Sandler, and Ramsey, 1981) resulted in inconsistent links with mortality (Oxman, Freeman and Manheimer, 1995). Due to the fact that many of these studies examined, received tangible support, one simple potential explanation based on the concept of support mobilization is that individuals who are more dependent on receiving support are simply more physically impaired to being with. However, these studies do not appear to support this explanation, as most considered the influence of initial health status or limitations in activities of daily living (G.A, Kaplan et al., 1994; Penninx et al, 1997). Thus, although social support has consistent beneficial influences of health, the influence of received support is more variable and sometimes associated with negative influences on physical health outcomes.

8. Explaining the Context of Personality and Social Support

The world health organization (WHO) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 2011). This definition describes a situation of an overall contentedness when a man feels good and is well off and when his needs, demands, and expectations are satisfied not only from health but also from material and social point of view (WHO, 1948).

However, several factors may affect people's general health. Peoples' general health distress level may be linked to some personality variables such as neuroticism, extraversion, agreeableness, conscientiousness and openness. According to the WHO, where we live, the state of our environment, genetics, income, educational level and relationship with friends and family are determinants of our general health.

Aside these, personality factors, availability of social support may be relevant variables that can also explain general health distress of people. Personality has been defined as an individual's characteristic style of behaving, thinking, and feeling (Schechter, Gilbert and Wegner, 2009). In other words, the way we think, feel and behave; and our unique individuality have significant contributions in our general health. This suggests that some individuals are more prone to general health distress because of their characteristics and personality traits (Hampton and Friedman, 2008),

whereas some others experience higher level of general health because of their personality traits and character (Cloninger, 1999, 2004; Seligman, Steen and Peterson, 2005; Wood and Terrier, 2010).

Therefore, most people may be more susceptible to poor health distress, which in turn may threaten their effectiveness in actively participating as an effective member of society. Over the years, the big five personality factors are one of the theories that have attempted to describe the key traits of human beings. The big five personality factors include; extraversion, agreeableness, conscientiousness, neuroticism and openness to experience. The five factor structure has generalized across cultures and rating formats (self, peer, observer, and stranger ratings) and there is considerable evidence that the big five factors are; (1) extraversion, which represents the tendency to be sociable, assertive, expressive and active. (2) Agreeableness, representing the tendency to be likable, nurturing adaptable and co-operative. (3) Conscientiousness referring to the traits of achievement, organization, task focus, and dependability. (4) Neuroticism/emotional stability, which is the tendency to be secure, emotionally adjusted and calm; and (5) openness to experience, which is the disposition to be imaginative, artistic, non-conforming and autonomous. These five factors have stood-up so well to research that most psychologists today accept them as dynamic and organized set of characteristics. Possessed by a person that uniquely influence his/her cognition, motivation, and behaviours in various situations.

The influence of personality traits on physical problems have been studied extensively (e.g. Molls, Holterhves, Nijsten, and Poll-Franz, 2000; Olson and Dahlia, 2009; Carver and Miller, 2006; Goodwin and Friedman, 2006). One may begin to think that one way personality factors can influence mental health is through physical health. In a broader perspective, mental health is a critical component of physical health (Cloninger and Zolar, 2011); thus, considering the likelihood of disease regarding personality traits is notable.

Vingilis, Wade and Seeley (2000) examined factors that predict self-rated health and health care utilization. The study was on the premise that social cognitive theory suggests that personal and socio-environmental factors lead to health compromising or health enhancing behaviours, which in turn affects psychological health status. The study further argues that this affects personal perception of health and health care utilization.

They examined demographics, structural environment, physical health status, social factors, lifestyle behaviours and psychological health status. The result of these analyses found that health perceptions are formed not only by their physical health status, but also by their personal, socio-environmental, behavioural and psychological factors.

As expected, physical health were the strongest predictors of self-rated health. The results support previous research that certain personal and socio-environmental factors increase the vulnerability of people's health by influencing their lifestyle and psychological distress. In addition, these factors influence physical health ratings and healthcare utilization (Perrin, Ferron, Guegue and Deschamps, 2002). Apart from the big five personality factors, perceived social support is another factor that can contribute in explaining general health distress of people. Social support may be defined as the amount of support to an individual; from family members, friends and any close individuals who are available to meet the needs of such an individual.

Social support is a useful resource for enhancing people's proper function in organizations. In the workplace, supervisor support and co-workers support appear to be the most relevant forms of social support available for workers within the context of the job. Perhaps, if the supervisor is abusive, then coworker support may become a more salient and important source of social support for the worker.

Coworker support may be defined as employees' belief about the extent to which coworkers provide desirable resources in the form of emotional support (e.g. showing concern) and instrumental assistance (e.g. helping with work tasks) to them. Social support appears to be associated with stress, depression, and mental health problems (Gottlieb, 1985). For instance, high levels of perceived social support were associated with low levels of depression (Zimet, Dahlem, Zimet and Farley, 1988).

Kolstrup, Lundgrist and Pinzke (2008) investigated the psychosocial work environment for employed dairy and pig farm workers in Southern Sweden and identified potential risk factors related to the psychosocial work environment for the development of musculoskital disorder (MSDs). It was found that the farm workers experienced lower work demands, poorer general and mental health, and poorer vitality (physical and mental strength, vigor, and energy) compared to other occupations. The results indicated that the quality of leadership, feedback, and social support at work were poorer at the dairy farms than at the pig farms.

No significant risks factors related to the psychosocial work environment were identified for MSDs in "the back" and in the "upper extremities". The study indicated that the psychosocial work environment for the dairy and pig farm workers may well be improved in order to promote these workplaces as attractive and healthful. This especially seems to be the case concerning the quality of leadership, feedback, and social support at work for the dairy farm workers. Furthermore, the study suggested the probability that physical factors are more likely to lead to MSDs among employed livestock workers than factors related to psychosocial work environment.

Active coping, perception of severity of disability, and social support were significant predictors of depression for Latinos (Zea, Belgrave, Townsend, Jarama, and Banks, 1996). Stress, severity of disability, and social support explained a high

percentage (54%) of variance for depression (Jarama, Reyst, Rodriguez, Belgrave and Zea, 1998).

Vera (1989) suggested that social support is associated with the psychosocial well-being of students with high levels of stress. Social support was found to moderate the relationship between stress and distress (Solberg and Villarreal, 1997). Other authors have suggested that social supports acts as a buffer to dysfunctional thoughts or attitudes that in turn lead to depression (Bonilla, 1999).

Looking at gender differences in general health distress of people, Lacruz and Lacruz (2010) analyzed differences between men and women's perception of health and their demand for health goods and services. They examined access to health care in a community characterized by economic and social variations. Sex differences were reflected in social conditions, health perceptions, and lifestyle as well as health-care behaviours. The research sheds more light on how health attitude can be influenced by an individual's neighborhood. The result of the study was essential in developing preventive strategies that are adopted to the needs of the populations.

The purpose of the study was to determine both the independent and the joint contributions of the big five personality factors and perceived social support in explaining general health distress on individuals'.

9. Attachment Styles and Social Support

The dominant paradigm for examining developmental influences on relationships is related to attachment styles. The concept of attachments has its root in the writings of Dr. John Bowlby (1982), who argues for the existence of an organized behavioural attachment system that mediates infant responses to threat or distress. Because of the dependency of the infant, adult caretakers become symbolic "safety net" that the infant relies on during times of distress.

This attachment process develops over time and is based on repeated interactions with the primary caretaker. If these interactions are positive, infants can come to rely on the caretaker support and hence develop a secure attachment style. However, if these interactions are inconsistent or negative, infants may develop more ambivalent or avoidant attachment systems (Ainsworth, Blehar, Waters and Wall, 1978). The concept of infant attachment has been widely applied to the adult literature on closed interpersonal relationships. Current research is extending our understanding of social support's influences on health. Many epidemiological studies have concentrated on further linking measures of social support to physical health outcomes. A few studies are now moving into newer areas, such as emphasizing health links to support receipt and provision (Lacruz and Lacruz, 2010).

Researchers are also interested in outlining relevant pathways, including potential biological (i.e. inflammation) and behavioural (i.e. heath behaviours) mechanism interventions. Attempting to apply basic research on the positive effects of social support are also widespread. Although, the longer-term effects of such interventions on physical health remain to be determined. Such interventions show promise in influencing the quality of life in many chronic disease populations.

(Hunti, 1998) argues that some recent findings often show a robust relationship in which social and emotional support from others can be protective for health. However, the next generation of studies must explain that this relationship exists and specificity of such links. This is in its infancy, but will be crucial in order to better tailor support for interventions that can impact on physical health outcomes.

During the last three decades, researchers have shown great interest in the phenomena of social support, partially in the context of health. Prior works has found that those with high quality or quantity of social support networks have a decreased risk of mortality in comparison to those who have low quality or quantity of social relationships, even after statistically controlling for baseline health status (Russell, 1987).

In fact, social isolation itself was identified as an independent major risk factor for all-cause mortality. Current research has focused on expanding several areas of knowledge in this area. These include: social support influences on morbidity, mortality and quality of life in chronic disease population (e.g. social integration; being part of different networks and participating socially) and the functional components (e.g. different types of transactions between individuals, such as emotional support or favours).

How functional components are measure often varies between studies; transactions may be summarized by actual support received (often ascertained by asking the support providers), perceived support received or available, or the discrepancy between perceived support. Support is often further broken into different types. (Cutronor and Russell, 1987) for instance, talk about instrumental support and emotional support: as often people have preferences for different types of aid depending on the circumstances. This diversity of ways in which support is defined as important and can provide greater specificity (context) to research findings.

Cavanaugh (2005) conducted a study to test whether cumulative support (i.e., parental, inter-parental, peer, and teachers) was associated with decreases in youth's loneliness and social anxiety during early adolescence. The unique associating effects of youth gender also were examined. Participants included 416 youth in sixth grade at the beginning of the study (mean age= 11.86, SD = .69:91% European American).

Cumulative support during sixth grade was associated with decreased loneliness and social anxiety across early adolescence, and it was found that the association with

decreased anxiety was stronger for boys than girls. Parental and peer support were uniquely associated with decreased loneliness and social anxiety, respectively. The protection offered by multiple sources of social support for development tasks across early adolescence is positive.

Sarah and Margaret (2014) in their study to determine the trajectories of perceived social support among low-income female survivors of Hurricane Katrina who were surveyed prior to the hurricane and approximately one and four years thereafter (N= 562). Latent class growth analysis provided evidence of the following four trajectories of perceived support: high increasing (35.9%), high decreasing (20.3%), low stable (41.1%), and significantly predictive of membership in the low stable trajectory, relative to the high increasing and High decreasing trajectories. Higher psychological distress and indicators of greater social network size, density, and closeness were significantly predictive of membership in the low decreasing trajectory, relative to the high increasing and high decreasing trajectories. The study concluded that those with high trajectories with low social support were more likely to be affected health-wise by the social effect of the phenomena.

Haifeng and Chen (2014) in their study on the role of different sources of social support on emotional well-being among Chinese elderly see social support as a protective factor for emotional well-being (EWB). In study, the associations between family/friend support and positive/negative affect were investigated in a sample of 700 Chinese elderly. The EWB and social support were measured with 12-item affective wordlist (Hahnemann et al., 2004) and a self-prepared questionnaire. The results showed that (1) the order of contact frequency and mutual support followed a hierarchical order from spouse, children, to friends; (2) zero-order correlations of both family support and friends support were associated with more positive affect and less negative affect; and when compared with the relative role of family and friend support, (3) souse (children if spouse is not available) support had greater contribution on decreasing negative affect, while friend support had greater influence on increasing positive affect, even after controlling the health demographic, self-rated health and life events variables.

10. Social Integration on Morbidity and Mortality

An important line of resource in this area centers on extending our understanding of links between social support in its various forms and morbidity and mortality. (Kendler, 2005) argues that social integration affect mortality from disease such as diabetes, while belonging support (characterized by interaction with friends, family, and other groups) was a consistent predictor of self-reported disease outcomes (including diabetes, hypertension, arthritis and emphysema) in an elderly population.

Most research in this area, however, has focused on links between structural aspects of support and cardiovascular disease outcomes. (Graham, 1998) carried out a longitudinal study, he argues that social participation was shown to predict incidence of first time acute myocardial infraction (MI), even after adjusting for demographic and health variables. In his study, those who had lower social involvement were 1.5 times more likely to have a first MI. other studies also found support for social integration's protective effect on MI morbidity, though the relationship and all-cause mortality was not significant.

Several researchers have found that those with moderate or low social integration were almost twice as likely to be readmitted to the hospital: post MI than those with high social integration. In fact, social integration showed a positive dose-response association that was equivalent to other known predictors of re-hospitalization. Another study conducted by (Kaplan et al, 1994) also showed an association between integration (conceptualized by living alone) and mortality after hospital release post MI even after controlling for basic health and clinical care variable. There was also an integration with gender, in that men who lived alone were at greater risk.

According to (Thomas, 1995) beyond cardiovascular disease, other studies have taken a less structural approach and focused on perceived and received support, particularly emotional support. One such population survey showed that far elderly women, low perceived emotional support predicted higher mortality controlling for baseline demographics and health. In addition, larger discrepancies between perceived and received support was found to predict mortality in dialysis patients. These studies suggested that emotional support, addition to structure aspects of support, may reduce mortality.

Although these results are consistent with a large prior body of epidemiological research, there have been some studies that have shown inconsistent associations. In the context of breast cancer survival, higher perceived support availability in tandem with low anxiety, what would appear to be a positive state, actually predicted higher mortality.

The authors suggested that this may be due to patients restricting negative emotions. Additionally, in one prospective study, social support did not explain risk of stroke beyond established risk factors.

However, support was not a major focus of the study and was assessed only at work. This is important as prior studies suggest familial sources of support have stronger associations to health outcomes. One interesting trend to emerge recently is the importance of being a support provider on health and well-being. For instance, (Onyekaba, 19996) in his study found that feelings of social usefulness in the elderly predicted low disability and mortality. Similarly, a study on church-based support

showed that providing support, not receiving it, reduced the effect of one's financial strain on mortality. These findings are consistent with recent ambulatory study that showed giving support was related to lower systolic and diastolic blood pressure.

Interestingly, those who reported giving more support also reported getting more support. the authors postulate that giving and receiving support have unique pathways to stress: giving is medicated by increasing efficacy, leading to lower stress, while receiving support had direct effect on stress. Taken together, studies such as these suggest that there is something potentially unique about giving support (Olasore, 1999).

11. Social Support's Influence on Mental Health

Mental health can be described as the ability to respond to many varied experiences of life with flexibility and a sense of purpose. It is the state of balance between the individual and the surrounding world. It could also be seen as a state of harmony between oneself and others. A coexistence between the realities of the self and that of the other people and that of the environment.

The mentally healthy person is the person who is free from internal conflict, who is not at "war" with themselves. The mentally healthy person knows himself; this is to say that, he understands his needs, problems and goals. He has good self-control i.e. he is able to balance rationally and emotionally (Morakinyo, 1990).

The notion in Nigeria mental health, therefore, implies that most people are able to respond to the many varied experiences of life with flexibility and a sense of purpose. In other words, peoples' mental health is their ability to maintain a balance between themselves, other people and their environment.

The effort to have and maintain a balanced mental health by many people is thwarted by the presence of stress resulting from traumatic and rapid change of life events. Stress, which is a natural reaction that occurs when humans encounter a threatening physical or emotional situation, can have so many harmful health effects on them, especially continuous unresolved stress. Prolonged stress is known to over-activate many of the body's organs and eventually leads to physical and mental exhaustion in people.

There arises also a strain on many peoples' mental health as they struggle to balance the multiple competing demands on their time and energy. This strain or conflict often occurs as many people in Nigeria try to meet the needs of their spouse and families. This situation is referred to as work-family-conflict.

Studies have shown that a good social support network can help ameliorate most of these mental health effects of these stressors. Social support is "*the sum of the social, emotional, and instrumental exchanges with which the individual sees him/herself as an object of continuing value on the eyes of significant others".* Other studies have revealed that high

levels of social support may be an important prognostic factor in recovery from mental problems suffered by many.

Studies have demonstrated that the variables of stress, social support and work and family conflict can interactively affect the mental well-being of Nigerians (Morakinyo, 1990; Obazele, Adamu, Amanchi and Oluta, 1993; Onyekaba, 1996; Feyisetan, 2006; Okonweze, 2005; Olasore, 1999).

For instance, positive stress can enhance mental quality of life, cause injury to mental health resulting in ill health of people. On the other hand, prolonged work-family-conflict can lead to depression, anxiety and burnout in people. The effects of work and family conflict on the family are poor parenting, interference with family relationship and increase reliance on social and counselling services. The provision of high levels of social support network is believed to ameliorate the negative effects of work and family conflict on peoples' mental health (Cheung, 1995; Dona and Berry, 1994; Saso and Chun, 1994).

The term "stress" has evolved so much that it can be used to refer to both the sources of some event and the reaction to it. Cannon (1929) first described the "stress response" theory by near the turn of the last century. The stress response theory has been the topic of extensive theoretical and empirical research over the intervening years.

The world health organization (WHO) has described stress as a "worldwide epidemic". Scientifically, stress refers to the broad domain concerned with how individuals adjust to their environments. It became a common term in the performance/efficiency literature during the 1960s. Selye (1985) also suggested that "general adaption syndrome" manifest as alarm, reaction, short term, acute, response patterns.

Stress is a person's adaptive response to a stimulus that places excessive psychological and physical demands on that person. Stress is a person's response to an inappropriate level of pressure. Mason (1999), however, contradicts the argument for Selye's non-specific response principle when he demonstrated that endocrine system has many specific response patterns to different stressors in stereotypical manner (Akinboye, et al. 2002).

Concerning the causes of stress, most studies have pointed to the fact that the incidence of stress is due to over-work (Laver, 1999). In the United States, workplace stress has doubled since 1985. Approximately one third of all Americans considered job related stress as their greatest source of stress. According to a worldwide poll, 82 percent of the respondents reported that work related pressure cause them to feel stress on a regular basis and almost one third of respondents experiences stress every day (Krohe, 1999).

Graham (1998) stated that "poor management is the major cause of stress". He argues further, that stress is the inability to cope with excessive work-loads and the unreasonable demands of incompetent and of work as required. Blaming the sufferer of stress for suffering is an admission of failure to fulfill the obligation of duty of care.

Afolabi and Imhonde (2002) identified organizational causes of stress as organizational and extra-organizational stressor, group and individual stressors. While Akinboye et al, (2002) identified the following as causes of stress in work place: new management techniques, office policies, long-work hours, redundancies, bullying, and harassment, traumatic accident, and death or emergency situation as causes of stress. It can also be a side effect of a serious illness or disease.

Cooper and Davidson (1987) contended that the stress response is best understood through an ecological approach, which examines the whole spectrum of psychological and sociological events that make stimulus demands on an individual. According to the ecological model, psychological stressor emanate from both work and home domains. The work domain includes physical demands, task demands, work role demands, interpersonal demands, and organizational structure/culture. While the home domain includes: family structure/relationships, dependent care demands, neighborhood and community, and financial concerns.

The individual's response to those stressors is moderated by the individuals' genetic "psychological program" (i.e. propensity to react) as well as personality factors, sex and various other variables related to social support, control and coping (Cooper et al. 1987).

Bryan (1997) suggested that a shared immunological deficit may link many disorders whereas other studies suggested that the inappropriateness of the stress response in dealing with modern threats which are largely psychological rather than physical is to blame (U.K Health and safety executive report, 1998).

Stress is the most common health problem attributed to long work hours and the incidence of stress due to overwork is growing (Lehmkuhl, 1998; Dehaas, 1998). The United Nations realized the magnitude of this problem as it has labelled job related stress as "the 20th century disease" (Krohe, 1999). Lehmkuhl (1999) expressed fear that one of the major concerns of long work hours is the incidence of stress, which has many negative direct consequences, as well as causing other illness. For W.H.O., stress is a "worldwide epidemic" because stress has recently been observed to be associated with 90% of visits to physicians (Akinboye et al, 2002). A bullying climate where threat, coercion and fear substitute for non-existent management skills has also been implicated. Akinboye (2002) perceived stress as a person's perception by arguing that the way a person interprets and approaches the stressful event determines the effects of the stress.

It is important to note here that the state of stress arousal can be positive or negative. Certain amounts of stress are required for motivation, creativity and facing challenges. Stress becomes negative when it is prolonged for extended period of time. Dehaas (1998) argued that, it is not the short term effects of continual unresolved stress that are harmful. He affirmed that prolonged stress over activates many of the body's organ and eventually leads to physical and mental exhaustion. This process decreases the effectiveness of the immune system and strains the body, which may result in a variety of illness (Krohe, 1997). Chishohn (1996) identified lack of concentration, memory errors in judgment as the initial symptoms of stress whereas stress that persists for a longer period of time is implicated for cardiovascular disease, asthma, migraines (Gwyther, 1999), gastrointestinal problems, substance abuse, hypertension and mental disorders such as depression and burnout (Krohe, 1999). I addition to these, Onah (1993) stated that stress is responsible for many accidents, mental breakdown, unhappiness, poor performance at work and school, as well as crime among Nigerians. The above enumerations represent the havoc effects.

Akinboye et al. (2002) argued that though stress plays important roles on peoples' physical and mental health, it is an unhealthy and ineffective response pattern to change. Highlighting the importance of social support in the mental health of individuals, New York Reuters Health (2005) reported that "*feeling loved and supported by family and friends appear to protect women, but not men, from major depression*". Kendler (2005) noted that it is a deep human need to be loved and cared for. Our mental health will not do well if we are in an environment where our needs are not filled.

Different researchers have differently defined social support in different ways. For example, Hagihara, Tarumi, and Miller (1998) see social support as "*the provision and receipt of tangible and intangible goals, services, and benefits (such as encouragement and reassurance) in the context of informational relationships (e.g. family, friends, co-workers and boss)".* It has been argued that social support is too complex to be limited to a single theoretical concept (Vanx, 1988), as a result comprehensive model that incorporates the major elements of most current conceptualization of social support have been developed.

12. Theoretical Framework: The Social Cognitive Theory

It is the premise of this review that any statement about social support mechanism must be qualified by the fact that many different interpersonal processes and construct have been included into the rubric of social support and that each of these has its own unique association with health. This study adopted the social cognitive theory to explain the impact of social support on health.

Social cognitive theory (SCT) is relevant to the explanation of health and social support. First, the theory deals with cognitive, emotional aspects and aspects of behaviour for understanding behavioural changes. Second, the concepts of the SCT provide ways for new behavioural research in health and social support. Finally, ideas for other theoretical areas such as psychology are welcome to provide new insights and understanding. The social cognitive theory explains how people acquire and maintain certain behavioural patterns, while also providing the basis for intervention strategies (Bandura, 1997). Evaluating behavioural change depends on the factors environment, people and behaviour. SCT provides a framework for designing, implementing and evaluating programs.

Environment refers to the factors that can affect a person's behaviour. There are social and physical environments. Social environment include: family members, friends and colleagues. Physical environment is the size of the room, the ambient temperature or the availability of certain foods. Environment and situation provide the framework for understanding behaviour (Parraga, 1990). The situation refers to the cognitive or mental representations of the environment that may affect a person's behaviour. The situation can also be a person's perception of the lace, time, physical feature and activity (Glanz et al, 2002). The environment provides models for behaviour. Observational learning occurs when a person watches the actions of another person and the reinforcements that the person receives (Bandura, 1997). The concept of behaviour can be viewed in many ways. Behavioural capability means that if a person is to perform a behaviour he must know what the behaviour is and have the skills to perform it. Several scholars have applied social cognitive thoughts to understand social support Lakey and Cassidy, 1990; Lakey and Drew, 1997; Mankowski and Wyler, 1997; Pierce, Baldwin and Lydon, 1997; Sarason and Pierce, and Sarason, 1990).

This approach of social support draws heavily from social cognitive theories of personality and psychopathology (Beck, Rush, Shaw, and Emery, 1979; Markys, 1977). Social cognitive views of social support are concerned primarily with the perception of support. A major premise is that once a person develops stable beliefs about supportiveness of others, day-today thoughts about social support are shaded to fit these preexisting beliefs. In comparison to those with low levels of perceived support, those with high levels should interpret the same behaviours as more supportive, have better memory for supportive behaviours, display greater attention to supportive behaviours, and be able to think about support with greater ease and speed (Baldwin, 1992; Lakey and Cassidy, 1990; Lakey and Drew, 1997; Mankowski and Wyler, 1997; Pierce at al.., 1997).

Although "objective" characteristics of the social world have an influence on perceived support, perceived support is influenced more strongly by support

recipients' impressionistic understanding of supporters' personality characteristics than by the actual support that is provided (Lakey, Ross, Butler and Bentley, 19996).

In explaining the mechanism by which social support is related to health, social-cognitive views of social support draw from the cognitive model of emotional disorder (Beck et al., 1997). Negative thoughts about social relations are thought to overlap with and stimulate negative though about the self, which, in turn overlap with and stimulate emotional distress (Baldwin and Holmes, 1997). For example, there is evidence that perceived support is associated strongly with self-evaluation (Barrera and Li, 1996; Lakey and Cassidy, 1990; Maton, 1990; Rowlinson and Filner, 1988) and that priming cognitive representations of different social relations influences self-evaluation and emotion (Baldwin, Carrel and Lopez, 1990; Baldwin and Holmes, 1987; Baldwin and Sinclair, 1996). Although one can derive stress-buffering predictions from the social-cognitive theory, the clearest prediction is that the relation between perceived support and health does not depend on the level of stress. For example, a component for this approach is that negative thought about social relationships are themselves sufficient to elicit negative emotion (Beck et al., 1979).

The link between support perceptions and the actual help that people receive is not as straightforward as support researchers originally believed (Barrera, 1986; Lakey and Drew, 1997). A primary goal for future work in this area is to determine the processes involved in making judgments about the availability of social support. One approach has focus on the role of biases in the perception and memory of supportive people and actions that serve to perpetuate existing beliefs about support (Lakey and Drew, 1997). More recent research has focused on how people combine information about supporters to make support judgments (Lutz and Lakey, 1999).

Basic research in person memory and judgment suggests that cognitive representations of others typically are dominated by trait concepts and global evaluations, rather than by memories of specific acts (Hastie and Park, 1986; Klein, Loftus, Trafton, and Fuhrman, 1992). Support judgments may be influenced more strongly by recipients' global evaluations of targets and views of the targets' personalities than by the memory of specific supportive actions. For example, Lakey, Ross et al.., (1996) studied how judgments of target personality and recipient-supporter similarly were related to judging targets' supportiveness. These types of studies require measures of perceived support that refer to the supportiveness of specific persons.

Pierce, Sarason, Sarason, Solky-Butzel and Nagel's (1997) Quality of Relationship inventory was design for such a purpose, and the social provision scale has been adapted to study specific relationships as well. However, the most important determinants of perceived support probably reflect the unique relation between support recipients and supporters (Kenny, 1994; Lakey, McCabe, Fisicaro and Drew, 1996). Support recipients may use different information about targets in making

support judgments. For example, one support recipient may value no-nonsense advice, whereas another recipient may value humor. In addition, different recipients may elicit different supportive behaviours from the same targets. One support recipient may elicit more kindness from one set of target than would another support recipient.

Another key research issue is the link between thinking of relationship and thinking of self. Higgins, Klein and Strauman, (1985) developed measures of self-discrepancies that assess the extent to which respondents' self-concepts conflicts how they believe others.

Relationship researchers have elaborated a number of concepts to think about relationships, including supportiveness, companionship, intimacy, and undermining, to name a few. Support researchers also make fine distinctions between different types of social support (e.g. tangible or emotional support).

Social support research has yet to identify the naturally occurring concepts that people use to think about their relationships (Lutz and Lakey, 1999). Future perspective on social support conceptualizes support as part of more generic relationship processes. This approach does not represent a coherent perspective linked to a preexisting research literature or intellectual tradition. Instead, it is a group of hypothesis that attribute social support to other relationship qualities or processes. These relationship qualities reflect neither actual help during times of stress not beliefs about support per se. it is believed that this perspective will become increasingly important and provide alternative ways of thinking about social support. One possibility is that our cognitions about our social environment are strongly interrelated and overlapping and that measures of support cannot be discriminated from closely associated concepts such as low conflict, companionship, intimacy, and social skills.

There has been little theoretical explication of why relationship qualities such as companionship, intimacy, low conflict, and attachment should lead to emotional and physical well-being. The mechanism that have been proposed in this review tend to be that same as those hypothesized to link social support concepts to health and include elevating self-esteem (Rook, 1987; Lakey, Tardif and Drew, 1994), contributing to positive appraisal, and promoting active coping with stressful events

13. Methodology

Calabar is a city in Cross River State, South South Nigeria. The original name for Calabar was "AkwaAkpa, from Efik language. Calabar is the capital of Cross River State. Administratively, the city is divided into Calabar Municipal Area and Calabar South Local government Areas.

Calabar is the most populated local government is Cross River State. Other local government areas in the State include: Abi, Akamkpa, Akpabuyo, Bakassi, Bekwarra,

Biase, Boki, Etung, Ikom, Calabar South, Obanliku, Obubra, Obudu, Odukani, Ogoja, Yakur and Yala Local Governments.

Calabar metropolis has an area of 406 square kilometres (157 sq. mi) and had a population of 371,022 at the 2006 census. It is a large metropolis with several towns like Akim, Ikot Ansa, Ikot Ishie, Kasuk, Duke Town, Henshaw Town, Ikot Omin, Obutong. Calabar has three principal landlord kingdoms, namely the Qua kingdom of Ejagham (Ekoi)/Bantu origin, the Efut and the Efik kingdoms. The Qua kingdom has the Ndidem of the Qua nation as the grand patriarch, the Efut have the Murimunene as the grand patriarch, and the Efik kingdom patriarch is known as the Obong. Today the city of Calabar metropolis is home to almost every ethnic group in Nigeria.

14. Research Design

This study adopts the survey method of data collection. The survey method provides a means of measuring the population's characteristics, self-reported and observed behaviour, awareness, attitudes or opinions, and needs to determine the impact of social support of family of friends on health.

The study employs the cross-sectional research design. This design is adopted because it is seen as the most appropriate, in that it cuts across all segments of the unit of analysis. The population of the study is restricted to adult individuals living in the town of Calabar metropolis. The study is aimed at examining the impact of social support of family and friends on the health of people living in the Calabar metropolis.

A sample size of 85 will be adopted in the process of this research. A random sampling method will be used for the research, along with a convenience sampling technique for the purpose of extracting useful data for further analysis. This technique is adopted because of the challenges and limitations in getting the co-operation of respondents.

The instrument adopted in the process of data collection is the questionnaire which will be relied on in the course of this research. A well-organized and purposeful questionnaire will be administered to respondents in order to get useful data for further analysis. The data collected was subjected to a well-articulated and thorough analysis. The technique adopted is the simple percentage statistical method and the chi-square (x_2) to test the relationship between social support and health, in order to draw a valid conclusion for the study.

15. Data and Discussion

This section is on the analysis of data for this research and the presentation of the findings of the research study. The research employed the survey method of

questionnaire in the collection of relevant data which was subjected to critical analysis using simple percentage statistics and Chi-square (x_2) method in order to draw valid conclusion. 85 questionnaires were distributed to respondents in the Calabar Metropolis using a random sampling technique but only 79 were returned.

16. The Nature of Family Social Support System in Place

Table 1: Responses on Whether They Live Alone

	Frequency	Percentage %	Cumulative Percentage %
Yes	41	52%	52%
No	38	48%	100%
Total	79	100	

Source: Field Survey 2016

Table 1 shows the responses of the respondents on whether they live alone. The analysis shows that 52% of the respondents live alone, while 48% of the respondents indicated that they do not live alone. Further investigations shows that those who live alone are more likely to be impacted health-wise by the impact of family and friend social support.

Table 2: Membership of Groups and Associations

	Frequency	Percentage %	Cumulative Percentage %
Yes	28	36%	36%
No	51	64%	100%
Total	79	100%	

Source: Field Survey 2016

Table 2 shows the responses of respondents whether they belong to any association or group with their friends. The analysis reveals that 38% of the respondents indicated that they belong to an association, while 64% of the respondents indicated that they do not belong to any group of association. Further study shows that those who belonged to one association or the other reported less stress related illness than those who do not belong to any association.

17. Importance of Family Support to People Living in Calabar Metropolis

Table 3: Frequency of Family Time with Extended Family Member

Options	Frequency	Percentage %	Cumulative Percentage %
Very Often	35	44%	44%
Once in a While	21	26%	64%
Hardly	23	30%	100%
Total	79	100%	

Source: Field Survey 2016

Table 3 shows the responses of respondents about how often they spend time with their extended family. The analysis reveals that 44% of the respondents indicated that they very often spend time with their extended family, 26% of the respondents indicated that they do spend time with their family every once in a while, while 30% of the respondents indicated that they hardly spend time with their extended families. The analysis further revealed that those who hardly spend time with their extended family have visited the hospital more often for stress related illness than those who spend time with their extended family.

Table 4: Do you think that your family and friends provide better support for you when you are ill?

	Frequency	Percentage %
Yes	52	66%
No	27	34%
Total	79	100%

Source: Field Survey 2016

Table 4 shows the responses of the respondents if they think their family and friends provide better support for them when they are ill. The table shows that 66% of the respondents indicated *Yes*, that their family and friends provide better support for them, while 34% of the respondents indicated *No*, that their family and friends do not provide better support for them in times of illness. This implies that the majority of the respondents indicated that family and friends provide better support for them when faced with stress related illness.

Table 5: Do you think it is better to live near your family and friends?

	Frequency	Percentage %	Cumulative percentage %
Yes	56	71%	71%
No	23	29%	100%
Total	79	100%	

Source: Field Survey 2016

Table 5 shows the responses of the respondents on whether they prefer living near their family and friends. 71% of the respondents that indicated Yes, while 29% of the respondents indicated No. This indicates that majority of the respondents prefer to live near their family and friends. Further studies reveal that staying near family and friends provides a form of psychological and perceived support for people.

Table 6: Have you ever been diagnosed of stress related illness?

	Frequency	Percentage %	Cumulative Percentage%
Husband	49	62%	62%
Parents	30	38%	100%
Total	79	100%	

Source: Field Survey 2016

Table 6 shows the responses of the respondents on whether they have ever been diagnosed of stress related illness. The table shows that 62% of the respondent indicated Yes, that they have been diagnosed of stress related illness, while 38% of the respondents indicated No, that they have never been diagnose of any stress related illness. This indicates that majority of the respondents have been diagnosed at some point of a stress related illness.

Table 7: Have your source of stress ever been traced to your family and friends*?*

	Frequency	Percentage %	Cumulative Percentage %
Yes	58	73%	73%
No	21	27%	100%
Total	79	100%	

Source: Field Survey 2016

Table 7 shows the responses of respondents if their source of stress has ever been traced to their family and friends. 73% of the respondents indicated *Yes*, that their source of stress has been traced to their family and friends, while 27% of the respondents indicated *No,* that their source of stress have never been linked to their family and friends. This indicates that there is a correlation between stress and social relations of family and friends.

Table 8: Do you think people who are not close to their family are negatively impacted health wise?

	Frequency	Percentage %	Cummulative Percentage %
Yes	54	68%	68%
No	25	32%	100%
Total	79	100%	

Source: Field Survey 2016

Table 8 shows the responses of respondents if they think people who are not close to their family are negatively impacted health wise, 68% of the respondents indicated *Yes*, that those not close to their family are negatively impacted health wise, while 32% of the respondents indicated *No*, that they do not think people who are not close to their family are negatively impacted health wise. This indicates that there is a strong relationship between family/friends relationship and individual's health.

18. The Health Impact of Those Who Lack Certain Social Support

A. Hypothesis Testing 1

1. Research Hypothesis: (H_1): family and friends relationships have a positive impact on individual's health
2. Null Hypothesis (H_o): family and friends relationships do not impact on individual's health positively

Where Degree of Freedom (df) = 1, and critical value (Z Obtained) = 3.841

Table 9a

	Do you think that your family and friends provides better support for you when you are ill?		Total
Do you think that your family and friends provides better support for you when you are ill?	Yes	No	
Yes	36	16	52
No	17	10	27
Total	53	22	79

Source: Field Survey 2016

Chi-Square Test

Table 9b

	Value	Df	Assymp. Sig. (2-sided)	Exact. Sig. (2-sided)	Exact. Sig. (1-sided)
Pearson Chi-Square	.121[a]	1	.726		
Continuity Correlation	.012	1	.910		
Likelihood Ratio	.131	1	.126		
Fisher's Exact Test				.813	.455
Linear by Linear Assoc.	.122	1	.727		
No. of Valid Cases	56				

Source: Field survey 2016

The table above is a cross-tabulation of the chi-square test conducted to test the significant relationship between family and friend relationship and individual's health. With a degree of freedom (df) =1 and a chi-square Obtained score of 3.841, the analysis shows a Pearson Chi-square of .121[a]amounting to .726 Assymp. Sig. (2-sided), with a correlation of .012 with .910 Assymp. Sig (2-sided). By this result we reject the Null Hypothesis H_o and accept the alternate hypothesis H_1 which states that, there is a significant relationship between family social support and the health of individuals. This indicates that social support provided by family and friends relationship impact positively on the health of individuals.

B. Hypothesis 2

1. Alternative Hypothesis (H_1) those who live near their family and friends are less likely to experience stress related illness
2. Null Hypothesis (H_o), those who live near their family and friends are more likely to experience stress related illness

Where Degree of Freedom (df) = 1, and critical value (Z Obtained) = 3.841

Table 10a

	Do you think it is better to live near your family and friends?		Total
Do you think it is better to live near your family and friends?	Yes	No	
	Yes 42	12	54
Total	No 6	19	25
	48	31	79

Source: Field Survey 2016

Chi-Square test

Table 10b

	Value	Df	Assymp. Sig. (2-sided)	Exact. Sig. (2-sided)	Exact. Sig. (1-sided)
Pearson Chi-Square	.123[a]	1	.158		
Continuity Correlation	.013	1	.813		
Likelihood Ratio	.133	1	.136		
Fisher's exact Test					
Linear by Linear Assoc.	.122	1	.719	.174	.398
No. of Valid cases	56				

Source: Field survey 2016

The table above is a cross-tabulation of the Chi-square test conducted to test the significant relationship between those who live near their family and friends and the level of stress related illness. With a degree of freedom (df) = 1 and a chi-square obtained score of 3.841, the analysis shows a Pearson chi-square of .123[a]amounting to .158 Assymp. Sig. (2-sided), with a continuity correlation of .013 1ith .813 Exact. Sig. (2-sided), it also shows a linear by linear Assoc. of .121 with an Assymp. Sig. (2-sided) .719. This shows that the Null Hypothesis H_o is rejected. The research hypothesis $H_1$is accepted. The result shows that there is a significant relationship between those who live near their family and friends and stress related illness. Those who live near their family and friends are less likely to experience high stress related illness.

19. Discussion of Findings

This section of the research will discuss the findings of the data analysis of the study. The simple percentage statistics analysis of the socio-demographic data of the respondents finds out that there are more males in the population of study than female. The study also finds out that the mean age of the respondents is between the ages of 18-40. This indicates that there is a high level of willingness to participate in the study among respondents that falls within the age bracket of 18-30 and 31-40.The study also find out that religious affiliation do play important role in the social support and has some impacts on the health of individuals. As those who participate more in religious activities are less likely to experience stress related illness.

There is a balance representation of marital status among respondents and the study find out that those who are married enjoy more social support from their spouse and are less likely to experience stress related illness than those who are single.

The study reveals that those who are self-employed are more likely to be impacted by the social support of family and friends especially in times of economic recession that affects most business people. The study also shows that there is a high level impact of social support of family and friends among those who have further education because of the social process of meeting new and more people in school.

The Chi-Square analysis of the study also finds out that there is a significant relationship between family and friend relationship and the health of individuals. There is a significant relationship between those who live near their family and friends and stress related illness.

20. Conclusion

The study focused on the examination of the impact of family social support on the social and physical health of individuals in Calabar Metropolis. It is herein argued that there is a significant relationship between social support and individual's health.

The study concludes that educational level impact an individual's level of social connection and support. Those with further education enjoy more social support because of the social process of meeting new and more people at school. The study also concludes that those who live alone are more likely to be impacted health-wise because of the low level of social support available to them.

The study also concludes that belonging to one association or the other can impact on the stress level an individual experiences. This is because family and friends provide better support for individuals when faced with stress related illness. Also, staying near family and friends provides a form of psychological, emotional and

perceived support for people. Thus, the study concludes that those who live near their family and friends are less likely to experience high stress related illness

21. Recommendations

Based on the findings of the study and the conclusion drawn, the following recommendations are presented for policy formulation and to help in mediating the impact of inadequate family and social support on the health of people.

1. It is recommended that people should take the issue of stress very serious because according to the study not all illnesses are biological. Some illnesses are caused by social factors.
2. This study also recommends that interventions in the form of promoting social support from among family and friends should be given especially for individuals faced with depression.
3. It is also recommended that individuals should seek professional advice of behavioural scientists and as well as clinical psychologists when they observe anti-social or unusual behavioural attributes of their family member or friends.
4. Another important recommendation is that individuals are advised to belong to one social group or the other as this will help in providing a necessary social support for individuals when in crises.
5. The study recommends that family and friend conflicts should be resolved as soon as possible as such conflicts from significant others can lead to stress and depression.
6. The study also recommends that individuals should live not too far from their family and friends and if they do they should make friends and be friendly with their immediate neighbors as this can act as a buffer to ameliorate any stress encountered.
7. Another important recommendation is that the authorities should engage the professional help of clinical psychologists and community health psychologist in the creation of awareness and health related programs in the rural and urban areas via television, radio and newspapers.
8. This study also recommend that the authorities establish family supportive programmes that can help reduce stress and conflict from work environment for individuals to improved health outcomes.
9. Individuals are also encouraged to be socially connected by being open about challenges that they go through with their significant others as this will improve their mental health and general well-being.
10. Last, but not least, the study recommends that individuals take time off for holidays and vacations and manage their income and expenses well especially in

such harsh economic down-turn being experienced today in Nigeria. As this may lead to family stress as a result of financial issues.

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