Childhood Adversity and Factors Determining Resilience among Undergraduate Students

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ABSTRACT: *Childhood adversity experiences, when not properly managed may result to anti-social behaviour, health risk or psychological problems like severe depression, suicidal behavior in undergraduate students. Hence the study examined childhood adversity experiences and its factors determining resilience among undergraduate students in Oyo State. The study adopted a descriptive survey research; multi-stage random sampling technique was used to select 341 undergraduate students of Ladoke Akintola University of Technology, Ogbomosho and Oyo State. Two research instruments were used to test childhood adversity scale and factors determining resilience (protective family, birth order, community protective factors). The study formulated four research hypotheses which were tested with Pearson Product moment correlation analysis and multiple regression analysis at coefficient level of 0.05. The result of the analysis revealed that level of Adverse Childhood Experience (ACE) among respondents is slightly low with half of the respondents between the ages of 18 years to 20 years. The prominent ACE identified by respondents is physical assaults, home with incidence of substance abuse, victim of sexual abuse, and humiliation from parents. The level of resilience among the respondents is moderate. There was a positive significant relationship between childhood adversity and lifetime resilience undergraduate student in Oyo State (r = 0.272), protective family factor was also associated with lifetime resilience undergraduate student in Oyo State (r = 0.018) there was a significant relationship between birth order and lifetime resilience undergraduate student in Oyo State. (r = 0.794) there was a significant relationship between community protective factor and lifetime resilience undergraduate student o in Oyo State (r = 0.835). The magnitude of relative contribution showed protective family factor (β = 0.987), had significant relative contribution; community protective factor (β = 0.762), had significant relative contribution; childhood adversity (β = 0.724), had significant relative contribution; and then birth order (β = 0.687), had significant relative contribution to resilience of the undergraduate students. Educational institutions should tackle issues on educator-student relationships through various channels, especially social work, counseling units and students affairs department. There is need for initial psychosocial assessment for fresher to test resilience and adverse childhood experiences, mental health service should be contextualize in health care service for undergraduate students, the parents should be educated on the impact of childhood adversity on wellbeing and academic performance of undergraduate students in Nigeria.*

KEYWORDS: *Childhood adversity, Resilience and undergraduate Students*

INTRODUCTION

Young children can experience many forms of adversity sometimes mild, like not being understood by adults when trying to express their needs; sometimes severe, like being exposed to poverty, domestic violence and war. Childhood adversities may include maltreatments like physical abuse, emotional abuse, financial abuse, sexual abuse, neglect, and maternal deprivation, broken home, single mother and early maternal death faced with heightened adversity (Oladeji, Makanjuola, & Gureje (2010) & Bruwer, Govender, Bishop, Williams, Stein, & Seedat (2013). According to Southwick, Bonanno, Masicn, Panter-Brick & Yehunda (2014), some children will develop negative outcomes whereas other children will stay on a healthy course or bounce back and resume typical development. When children show healthy

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development in spite of adversity, it is called resilience. All young children need to grow up in a safe and nurturing environment and to establish stable relationships with their caregivers. In times of adversity, they need these resources even more.

Resiliency is a concept of healthy, adaptive, or integrated positive functioning over the passage of time in the aftermath of adversity. It is a complex construct that may be defined differently in the context of individuals, families, organizations, societies, and cultures. Resilience should thus be seen as a developmental process, drawing on strengths in families, communities and individual children. Young children cannot achieve healthy development on their own when their social support network is in disarray (Graber, Pichon and Carabin, 2015). Resilience factors can be at individual level and family level. Individual factors include rebounding, self-determination, flexibility (Easy temperament), sense of humor, and self-esteem and temperament and family factors include good parental relationships, maternal mental health, socio-economic status, literacy of parents, domestic violence and social support (Traub, 2016, & Beutel, Tibubos, Klein, Schmutzer, Reiner and Kocalevent, 2017).

Studies on the effect of some of the childhood adversity on resilience was reported by Ledogar & Fleming (2010) most children were able to overcome these challenges and still become successful in life due to strong family background, in the regard of child abuse and neglect sexual abuse the affected child sees family as a secure base that gives them a sense of support when needed. Also the child believes in him/herself despite all these challenges, however another strong resilience factor is the child and parents relationship when this is strong the child will be able to confide with their parents the challenges they face.

Similar reported was done by World Bank surveys, about 39.1% of the sub-saharan Africa population reported childhood adversity (Ronald, 2010). This adverse childhood experience has been identified as a risk factors for psychiatric disorders in Nigeria (Oladeji, Makanjuola & Gureje, 2010). Adverse childhood experiences if not manage properly, may results to ant-social behaviour, health behavioural risk or psychological problems such as severe depression, suicidal behaviour. For instance, suicide is one of the leading causes of death worldwide with almost one million people committing suicide each year. It is also estimated that this figure will likely grow to approximately 1.2 million suicides cases in 2020 (Bruwer, Govender, Bishop, Williams, Stein & Seedat, 2013).

This is an evident that childhood adversity often results in many long term damaging effects that impact mental health of the child, relationships with peers and individuals in the environment of the child, and academic or career goals. Child abuse and neglect which are part of child experiences are associated with a wide-range of internalizing and externalizing behaviors; for instance, many children experience anxiety disorders, mood disorders, post-traumatic stress disorder, sexualized behavior, and conduct disorder (Robboy & Anderson, 2011). Furthermore, Breiere and Scott (2014) found that adults with histories of child abuse or neglect may also suffer from mood disorders and anxiety disorders. Individuals may also present with substance use disorders, eating disorders, suicidal ideation and attempts, violent or abusive

behavior and personality disorders (ibid), showing that child abuse and neglect can have long term effects through lifetime and into adulthood if not treated and handled earlier.

Childhood adversity has social and economic consequences that negatively impact all areas of the society. According to the United State HHS (2016) report, there were 702,000 cases of child abuse and neglect in. Of those cases, 75 percent were victims of neglect, 17 percent were victims of physical abuse, and just over eight percent were subjected to sexual abuse. Furthermore, Howell & Miller-Graff (2014) asserted that these situations can cause long-lasting negative psychosocial effects, inhibiting typical intellectual, social, and emotional development into adulthood. Eventually these children become adults who must navigate a world where traumatic events resurface due to these common trigger events. Childhood adversity is a national problem that affects children of all races, ethnicities, socio-economic statuses, ages, and genders. Many children have, in fact, been exposed to multiple violent experiences in their childhood. Therefore, this research study is geared towards the relationship of childhood adversity and factors that determine resilience among university undergraduate students

Research Hypotheses

Hypothesis One

There is no significant relationship between childhood adversity and lifetime resilience university undergraduate students.

Hypothesis Two

There is no significant relationship between protective family factors and life time resilience among university undergraduate students.

Hypothesis Three

There is no significant relationship between birth order and lifetime resilience among university undergraduate students.

Hypothesis Four

There is no significant relationship between community protective factors among students and resilience among university undergraduate students.

Hypothesis Five

There is no joint effect childhood adversity and factors building resilience among university undergraduate students.

METHODS AND MATERIALS

Study Site

This study was carried out among undergraduate students of Ladoke Akintola University of Technology which is located in Ogbomoso in Oyo State. Oyo State is located in the southwestern area of Nigeria and has a population of 3.6 million inhabitants. The Yoruba tribe is the predominant ethnic group in Oyo State. The university is the first state university to provide specialized training in technology and clinical sciences. The university has a population of 8871 excluding part-time students and medical students.

Study Population

The population for this study includes undergraduate students from LAUTECH, Ogbomoso, Oyo State.

Inclusion Criteria

Every consenting undergraduate students of the university were recruited for the study.

Exclusion Criteria

All part-time students of LAUTECH were excluded from the study while all medical students were equally excluded from the study due to logistic reasons. Medical student of the institution were exempted from the study because they were preparing for their qualifying exams.

The Study Design

The undergraduate student who met the inclusion criteria were randomly selected for the study and were drawn into the study.

Sampling Method

The university has an average of 8871 undergraduate students who are from different faculties and department. A multistage random sampling technique was used to engage all the entire population of undergraduate students. The population was extracted from randomly selected where each sample was chosen randomly with equal opportunity in the probability of being selected. To ensure equal distribution, each faculty got a sample of respondent. This is to ensure that all departments in the faculty were touched. The study randomly selected a total of 369 questionnaires were administered taking consideration of the possibility of attrition of questionnaires, of these, 341 questionnaires (92.4 percent) were valid and retrieved for analysis.

Participant

Eligible respondents were undergraduate students of the LAUTECH. The researcher briefly interviewed potential respondents to determine their competency, the researcher judged their ability to understand the situation of childhood adversities. Informed consent was obtained from the patient and ethical approval for the study and was granted by the dean of students affairs division.

Data collection

The main instrument used for the research was the questionnaire tagged 'childhood adversities and resilience factors questionnaire(CARFQ). The structured questionnaire was made-up of three (3) sections viz A-C. Section A measured demographic characteristics, while section B contain questions to assess causative factors of childhood adversity among undergraduate students, and section C addressed the resilience coping factors.

Data Analysis

Data analysis was done at the univariate, bivariate and the multivariate levels. The simple percentages and frequency count was used to analyse the demigraphic section while Pearson Product Moment Correlation was used to assess the association between the variables. The result was analysed with Statistical Package of Social Sciences (SPSS version 20).

RESULTS

The result of the analysis in the Table 1 showed that, 71.6% of the respondents are female, 28.3% of the respondents are male. While 0.3% of the respondents were not sure. This implies that majority of the respondents are female. Majority (52.3%) of the respondents are between the age of 18 years to 20 years of age. This is followed by 33.4 percent of the respondents that between the age of 21 years to 23 years of age while about 7.9 percent and 7 percent are in the age category of 17 years downward and 24 years and above respectively. Based on the result presented above showed that, 78.3% of the respondent practice the Christian religion, 20.2% practice the Islamic religion, 0.6% practice the traditional religion while 0.9% are not sure of their religion affiliation. From the result of the analysis presented above showed that, 32.8% of the students are in 400 level, 28.4% of the students are in 200 level, 26.7% are in 300 level. 9.7% of the students are in 100 level while 1.8% of the students are in 500 level and 0.6% of the students were unspecified. This implies that majority of the respondents are in 400 level.

From the result of the analysis presented above showed that, over 40% of the students are the 2nd child in their family, 36.7%

Table 1.
Frequency distribution of respondents by Demographic Characteristics

Variable	Frequency 341	Percentage (%)
Gender		
Male	96	28.3
Female	244	71.6
N/A	1	0.3
Age		
17 years and below	27	7.9
18-20years	175	51.3
21-23years	114	33.4
24years and Above	24	7
NA	1	0.3
Religion		
Christian	267	78.3
Islam	69	20.2
Traditional & others	2	0.6
NA	3	0.9
Academic Level		
100 Level	33	9.7
200 Level	97	28.4
300 Level	91	26.7
400 Level	112	32.8
500 Level	6	1.8
NA	2	0.6
Position in the family		
1st child	125	36.7
2nd child	137	40.2
3rd child	15	4.4
4th child>	59	17.3

are first child in their family, 17.3% are more than 4th child in their family, 4.4% of the students are 3rd child of their family. This implies over 40% of the students are the 2nd child of their family.

Analysis of Research Question

RQ 1: What are childhood adversity experiences among University undergraduate students?

On a 10 point maximum scale the mean score = 2.967 ± 2.7637. The data as shown in Table 2 revealed that on the percentage average at least 30 percent of the respondents have ACE. The prominent ACE is physical assaults, that is, 43.1 percent of the respondents were push, grab forcefully, slapped or hit by parents (adults) and this left mark or injury on them. Another prominent ACE was growing in a home with incidence of substance abuse (40.5%), Victim of sexual abuse (37%), and humiliation from parents (33.7%). Other respondents' childhood adverse experiences are witnessing separation or divorce of parents (30%), suicidal attempt and depression or mental illness of a household member (25%), negligent (lack of care) by guardian due to intoxication by drugs or alcohol (24.3%), guardian failure to send respondent to school even when it is available (23%), guardian inability to give enough food even when it is available (21.4%), and respondent had no one to protect them and worn dirty cloth, no food and health (21.4%). On a scale maximum of 10 the mean score for Adverse Childhood Effect is 2.966 which approximately 3 point on the scale.

RQ 2: What are factors that determine resilience among University undergraduate students?

According to Table 3, the level of resilience of the respondents is 3.3 on a maximum scale point of 6. Majority (76.5%) of the respondents have the tendency to bounce back quickly after hard times. Resilience issues on ability to come through difficult times with little trouble were indicated by 58 percent of the respondents. Similarly, 57 percent of the respondents agreed that they do not take long time to overcome set-back in their lives. Furthermore, about half (55%) of the respondents recover from stressful events quickly. However, less than half (45%) of the respondents do not easily snap back when something bad happens.

RQ 3: What is the influence of personal factors on resilience of University undergraduate students?

The study (Table 4) revealed that possible factors that have immensely influence or determine the level of resilience of respondents. Almost all (92%) of the respondents indicated that their mother loved them when they were younger. However, 19.6 percent showed no resilience while 72.4 percent have resilience. Among those (89%) that indicated their father loved them when they were little, only 68.4 percent have resilience while 20.2 percent have no resilience. About two-third (63%) affirmed that other people helped their parents take care of and love them. Out of this 63 percent respondents only 13.5 percent has no resilience while 48.8 percent has resilient. Other situations experience by respondents that served as a factor for good or poor resilience were 57% of the respondents that indicated that someone in the neighbourhood cared about their education progress among which 11.5 percent of them have no resilience while 46.7 percent of the respondent have resilience. Another factor is seen in the indication of 62 percent of the respondents that stated that people were

Table 2.
Childhood adversity experiences among University undergraduate students

Adverse Childhood Experiences	Agreed		Disagreed	
	N	%	N	%
Did you live with anyone who was an alcoholic drinker, or who used hard drugs?	138	40.5	203	59.5
Were your parents ever separated or divorced?	101	29.6	240	70.4
Was a household member depressed or mentally ill, or did a household member attempt suicide?	85	24.9	256	75.1
Did a parent or other adult in the household often or very often… Swear at you, insult you, put you down, or humiliate you?	115	33.7	226	66.3
Did a parent or other adult in the household often or very often… Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?	147	43.1	193	56.6
Did an adult or person at least 5 years older than you ever touch or fondle, attempt or actually have oral, anal, or vaginal intercourse with you?	126	37.0	214	62.8
Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or take you to the doctor if you needed it?	73	21.4	266	78.0
Did your parents or other adults in your family not give you enough food even when it was available?	73	21.4	267	78.3
Did a parent or guardian not send you to school even when it was available?	77	22.6	258	75.7
Were your parents or guardian too drunk or intoxicated by drugs or alcohol to take care of you?	83	24.3	254	74.5

Table 3.
Factors that determine resilience among University undergraduate students

Factors that determine resilience	Agreed		Disagreed	
	N	%	N	%
I tend to bounce back quickly after hard times	261	76.5	80	23.5
I do not have a hard time making it through stressful events	161	47.2	177	51.9
It does not take me long to recover from stressful event	189	55.4	151	44.3
It is hard for me to snapback when something bad happens	152	44.6	188	55.1
I usually come through difficult times with little trouble	197	57.8	138	40.5
I do not tend to take long time to get over set-backs in my life	193	56.6	143	41.9
On a 6 point maximum scale, the Mean score=3.3098 ± 1.3561				

interested in making life better for them. The table also revealed that among this 62 percent, only 13 percent respondents have no resilience and 49.7 percent respondents showed to have resilience A significant number (75%) of the respondents (16% without resilience and 59% with resilience) experience help or support from teachers, coaches, youth leaders, or ministers in their childhood.

RQ 4: Assessment of Risk of Childhood Adversity among university undergraduate students?

The data as shown in Table 5 revealed that among with similar risk of substance abuse, 6.4 percent respondents have no resilience while 33.1 percent have resilience. Among those that experience divorce or separation of parents about 4.6 percent respondents have no resilience while 24.8 percent respondents have resilience. Those respondents who witnessed a household member experience mental illness or attempted suicide have 3.4 percent without resilience and 20.6% with resilience. Among those respondents that were emotionally abuse or psychologically abuse (Humiliation from parents) there are 4.9 percent respondents who have no resilience and 27.3 percent respondents whose responses showed that they have resilience.

Base on Physical assaults, that is, respondents were push,

grab forcefully, slapped or hit by parents (adults) and this left mark or injury on them only 5.2 percent of respondents showed no resilience while 37.2 percent showed resilience. Furthermore, victim of sexual abuse revealed that 4.3 percent respondents are without resilience while 32 percent of the respondents showed resilience. Among respondents who experience negligent (lack of care) by guardian due to intoxication by drugs or alcohol, only 2.5% showed no resilience while 21 percent of the respondents showed resilience. Few (3.1%) of the respondents showed no resilience concerning guardian failure to send respondent to school even when it is available while 3.7 percent of the respondents whose guardian were unable to give enough food even when it is available showed no resilience. Similarly, 2.8 percent of the respondents who had no one to protect them, no food and access to good health showed no resilience.

Hypotheses Testing

Hypothesis One

There is no significant relationship between childhood adversity and lifetime resilience among university undergraduate students.

The Table 6 showed that there was a positive significant

Table 4.
Influence of personal factors on resilience of University undergraduate students

		Resilience (N, Percentage %)	
		Non	Exist
I believe that my mother loved me when I was little.	Agree	64 (19.6)	236 (72.4)
	Disagree	10 (3.1)	16 (4.9)
I believe that my father loved me when I was little.	Agree	66 (20.2)	223(68.4)
	Disagree	8 (2.5)	29(8.9)
When I was little, other people helped my mother and father take care of me and they seemed to love me.	Agree	44 (13.5)	159 (48.8)
	Disagree	30 (9.2)	93 (28.5)
Someone in my neighbourhood cared about what I was doing in school.	Agree	37 (11.5)	150 (46.7)
	Disagree	37 (11.5)	97 (30.2)
My neighbours and friends talked about making our lives better.	Agree	42 (13.0)	161 (49.7)
	Disagree	31 (9.6)	90 (27.8)
When I was child, teachers, coaches, youth leaders, or ministers were there to help me.	Agree	52 (16.1)	191 (59.1)
	Disagree	21 (6.5)	59 (18.3)

Table 5.
Assessment of Risk of Childhood Adversity among university undergraduate students

Respondents with similar risk (Only those who agreed that risk of ACE exist)	Resilience (N, Percentage %)	
	Non	Exist
Did you live with anyone who was an alcoholic drinker, or who used hard drugs? (n=129)	21 (6.4)	108 (33.1)
Were your parents ever separated or divorced? (n=96)	15 (4.6)	81 (24.8)
Was a household member depressed or mentally ill, or did a household member attempt suicide? (n=78)	11 (3.4)	67 (20.6)
Did a parent or other adult in the household often or very often… Swear at you, insult you, put you down, or humiliate you? (n=105)	16 (4.9)	89 (27.3)
Did a parent or other adult in the household often or very often… Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured? (n=138)	17 (5.2)	121 (37.2)
Did an adult or person at least 5 years older than you ever touch or fondle, attempt or actually have oral, anal, or vaginal intercourse with you? (n=118)	14 (4.3)	104 (32.0)
Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or take you to the doctor if you needed it? (n=69)	9 (2.8)	60 (18.5)
Did your parents or other adults in your family not give you enough food even when it was available? (n=69)	12 (3.7)	57 (17.5)
Did a parent or guardian not send you to school even when it was available? (n=75)	10 (3.1)	65 (20.2)
Were your parents or guardian too drunk or intoxicated by drugs or alcohol to take care of you? (n=77)	8 (2.5)	69 (21.4)

relationship between childhood adversity and lifetime resilience among university undergraduate students (r = 0.272, p = 0.00<0.05). The result rejected the null hypothesis while the alternate hypothesis was accepted which states that, there is a significant relationship between childhood adversity and lifetime resilience among university undergraduate students. The null hypothesis is rejected.

Hypothesis Two

There is no significant relationship between protective family factors and life time resilience among university undergraduate students.

Table 7 above showed that there was no significant relationship between protective family factor and lifetime resilience among university undergraduate students (r = 0.018, p = 0.37>0.05). The result accepted the null hypothesis which states that was significant relationship between protective family factor and lifetime resilience among university undergraduate students. The null hypothesis was accepted.

Hypothesis Two

There is no significant relationship between birth order and lifetime resilience among university undergraduate students.

The Table 8 above showed that there was a significant relationship between birth order and lifetime resilience undergraduate student in Oyo State (r = 0.794, p = 0.00<0.05). The result rejected the null hypothesis which states that was significant relationship between birth order and lifetime resilience undergraduate student in Oyo State. The null hypothesis was accepted.

Hypothesis Four

There is no significant relationship between community protective factors among students and resilience in Oyo State.

Table 9 above showed that there was a significant relationship between community protective factor and lifetime resilience undergraduate student o in Oyo State (r = 0.835, p = 0.00<0.05). The result rejected the null hypothesis which states that was significant relationship between community protective factor and

Table 6.
Relationship between childhood adversity and lifetime resilience among university undergraduate students

Respondents with similar risk (Only those who agreed that risk of ACE exist)	Resilience (N, Percentage %)	
	Non	Exist
Did you live with anyone who was an alcoholic drinker, or who used hard drugs? (n = 129)	21 (6.4)	108 (33.1)
Were your parents ever separated or divorced? (n = 96)	15 (4.6)	81 (24.8)
Was a household member depressed or mentally ill, or did a household member attempt suicide? (n = 78)	11 (3.4)	67 (20.6)
Did a parent or other adult in the household often or very often… Swear at you, insult you, put you down, or humiliate you? (n = 105)	16 (4.9)	89 (27.3)
Did a parent or other adult in the household often or very often… Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured? (n = 138)	17 (5.2)	121 (37.2)
Did an adult or person at least 5 years older than you ever touch or fondle, attempt or actually have oral, anal, or vaginal intercourse with you? (n = 118)	14 (4.3)	104 (32.0)
Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or take you to the doctor if you needed it? (n = 69)	9 (2.8)	60 (18.5)
Did your parents or other adults in your family not give you enough food even when it was available? (n = 69)	12 (3.7)	57 (17.5)
Did a parent or guardian not send you to school even when it was available? (n = 75)	10 (3.1)	65 (20.2)
Were your parents or guardian too drunk or intoxicated by drugs or alcohol to take care of you? (n = 77)	8 (2.5)	69 (21.4)

Table 7.
Relationship between Protective family factors and life time resilience among university undergraduate

Variable	Mean	Std. Dev.	N	R	P	Remark
Protective family factor	3.3614	3.1511	341	0.018	0.37	Not Sig.
Life time resilience	17.0311	4.9237				

Table 8.
Relationship between birth order and life time resilience among university undergraduate students

Variable	Mean	Std. Dev.	N	R	P	Remark
Birth order	12.7135	2.4876	341	0.794	0.000	Sig.
Life time resilience	17.0311	4.9237				

Table 9.
Relationship between community protective factors and life time resilience in Oyo State

Variable	Mean	Std. Dev.	N	R	P	Remark
Community protective factor	13.6566	1.30599	341	0.835	0.000	Sig.
Life time resilience	17.0311	4.9237				

lifetime resilience undergraduate student in Oyo State. The null hypothesis was accepted.

Hypothesis Five

There is no joint effect childhood adversity and factors building resilience in Oyo State.

Table 10 above showed that the joint impact of independent variables (childhood adversity, protective family, birth order and community protective factors) on resilience in Oyo State. The table also showed a coefficient of multiple correlation (R = 0.913 and a multiple R2 of 0.901. This means that 91.3% of the variance was accounted for by the predictor variables when taken together. The significance of the composite contribution was tested at p<0.05. The table also showed that the analysis of variance (ANOVA) for the regression yielded an F-ratio of 131.041 (tested at 0.05 level). This implies that the joint contribution of the independent variables (childhood adversity, protective family, birth order and community protective factors) on resilience among university undergraduate students.

The relative contribution of each of the independent variables to the dependent variable is summarized in Table 11 below.

Table 11 above reveals the magnitude of relative contribution of the independent variables to the dependent variable: That Protective family factor (β = 0.987, p = 0.000>0.05), had significant relative contribution; community protective factor(β = 0.762, p = 0.000>0.05), had significant relative contribution; childhood adversity (β = 0.724, p = 0.000<.05), had significant relative contribution; and then birth order (β = 0.687, p = 0.000>0.05), had significant relative contribution. The result of the table presented above showed that all childhood adversity and factors building resilience among university undergraduate students.

DISCUSSION OF FINDINGS

In this study, the level of Adverse Childhood Experience (ACE) among respondents is slightly low with half of the respondents between the age of 18 years to 20 years. The prominent ACE identified by respondents are physical assaults, home with incidence of substance abuse, victim of sexual abuse, and humiliation from parents. On the average, at least 30 percent of the respondents have one ACE or more. The result corroborates the findings of Ronald (2010) World Bank surveys revealed that about 39.1% of the sub-saharan Africa population reported childhood adversity. Also, Oladeji, Makanjuola, & Gureje (2010) adverse childhood experiences commonly witness are not being understood by adults when trying to express their needs, being exposed to poverty, and domestic violence which includes physical and sexual assaults couples with other.

In this study, the level of resilience among the respondents is moderate or on the average. Most of the respondents have the tendency to bounce back quickly after hard times. About half of the respondents can go through difficult times with little trouble, and that they do not take long time to overcome set-back in their lives. Furthermore, about half of the respondents recover from stressful events quickly, however, less than half of the respondents do not easily snap back when something bad happens. The result is consistent with the findings of Howell & Miller-Graff, (2014) that resiliency does not rule out issues related stressor, trouble, bad experiences. Resilience can be view as a two sides of a scale or coins with stressor and hard times on one side while on the other side of the scale are good experiences. Thus, when the scale tips towards the good even when there are stressors and hard things such as not enough food to eat, violence, health problems, housing does not feel safe, this is resilience. Also, the result is in tandem with the findings of Fleming and Ledogar (2008) that resilience is "positive adaptation despite adversity.

The result of hypothesis one showed there was a positive significant relationship between adverse childhood experience and lifetime resilience though this relationship is weak. This is not contrary to an extent to general understanding, as supported by Ledogar & Fleming (2010) that some kind of risk or adversity is required for resilience to manifest. However, Dreyer (2012) argued that potential problem with research is that researchers assume that all participants share the same understandings of risk and

Table 10.
Multiple Regression showing the joint impacts of independent variables (childhood adversity and factors determine resilience) on resilience in Oyo State

R	R Square		Adjusted R Square	Std. Error of the Estimate
0.913	0.901		0.885	2.54180

A N O V A						
Model	Sum of Squares	DF	Mean Square	F	Sig.	Remark
Regression Residual Total	689.639 256.121 945.760	3 337 340	22.9.880 1.754	131.041	0.000	Sig.

Table 11.
Relative contribution of independent variables (childhood adversity, protective family, birth order and community protective factors) on resilience among University undergraduate students

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	2.395	0.816		3.132	0
Childhood adversity	0.276	0.554	0.724	4.517	0
Protective family	0.383	0.659	0.987	7.394	0
Birth order	0.517	0.472	0.687	3.36	0
Community protective factor	0.331	0.358	0.762	6.412	0

resilience. On the flipside of this argument, Fleming & Ledogar (2008) asserted that students with significant risk factors may not display difficult or antisocial behavior typically attributed to those with risk factors. Thus, Dreyer (2012) summarized that the impact of childhood adversity on resiliency could be positive or negative. This is explain more by Bethell (2015) as resilience been seen as an adaptive responses to hardship and effects of adverse childhood experiences. A process of adapting well in the face of adversity, trauma, threats or other significant sources of stress. Resilience is also strengthened by having safe, stable, nurturing relationships and environments within and outside the family (ibid).

The result of hypothesis two showed that there was a positive relationship between protective factors and resilience. This means that an increase in protective factors such as family and community support will lead to increase in life time resilience among university undergraduate students in Oyo state. However, there is no significant relationship between protective factors such as family and community, and lifetime resilience among respondents. Similarly, Ryan (2012) affirmed that the more protective factors that are present in a child's life, the more likely they are to display resilience". According to Masten (2014) that protective factor generally describes the circumstances that moderate the effects of risks and enhance adaptation. Arguably, Ryan (2012) affirmed that the most frequently cited protective factor evident in resilience research in schools is a caring and supportive school environment.

The result of hypothesis three showed that there was a significant relationship between birth order and life time resilience among undergraduate students. The result is in tandem with the findings of Corey (2009) stated that first-born children mostly struggle through some hardship together with their parent, which help both learn how to navigate the parent/child relationship. This is also supported by some cases from Recchia & Howe (2009) in which the first-born usually assumes the parental position and are seen more capable of adapting to new situation and resolving issues.

This research study finding of the correlation test analysis showed that there is an inverse relationship between birth order and lifetime resilience. This means that an increase in birth order (that is, from first to fourth child position and above) showed a decrease in life time resilience among LAUTECH students. This also means that respondents who are first child in their family have a higher better resilience compare to respondents who falls in the third or fourth child category. However, this relationship is not significant taking cognisant of the P-value (0.503) which is greater than 0.05. Similarly, Khodarahmm & Ogletree (2011), revealed in their own study that birth order is strong indicator of personal lifestyle, development and that this lifestyle impacts how an individual copes with life experiences or resilience. Also, older siblings tend to better make use of conflict strategies and use problem techniques.

The result of hypothesis four showed that there is a very weak positive relationship between community protective factors and lifetime resilience among respondents. However, this relationship is not significant. The positive relationship is an indication of increase in resiliency when there is an increase in community protective factors. Then if this relationship between community protective factors and respondents resilience is not significant it could be explained by similar study by Pransky (2008) who explained that these individuals who had been exposed to some experiences in their community thrive based on their own inner resources. In addition, Masten (2013) makes it clear that individual resilience and community support is an inherent human capacity which can spring up to boost resilience when other supportive resources have failed. This research study showed that there is a significant inverse relationship between adverse childhood experience of students and Protective factors. This is supported by Jackson (2016) who affirmed that adverse childhood experiences that are stressful or traumatic events are strongly related to the developmental issues and protective factors such as family, neighbourhood, church/mosque, and community.

CONCLUSION AND RECOMMENDATIONS

This study identifies the correlation between childhood adversity (ACE) and lifetime resilience among undergraduate students, which are significant. Physical assaults, home with incidence of substance abuse, victim of sexual abuse, and humiliation from parents were major ACE by respondents. The study also identifies that resilience level among the students is moderate or on the average such as having the tendency to bounce back quickly after hard times. It should also be noted that there is an inverse relationship between birth order and lifetime resilience. It was an established fact that the impact of childhood adversity on resiliency could be positive or negative. The outcome of resilience score among students can be affected by some factors such as maternal presence, family and community factors or support from teachers, coaches, youth leaders, or ministers in their childhood. These experiences by respondents served as a factor for good or poor resilience. No matter how small or insignificant it may look, an increase in protective factors such as family, neighborhood, ministers, teachers, community support will lead to increase in life time resilience among undergraduate students. There was a very slight difference in the level of family support among those with resilience and those (students) without resilience. Those with higher resiliency showed a slightly higher mean score of family protective than those with lower level of resiliency but there was no significant difference.

RECOMMENDATION

1) Educational institutions should tackle issues on educator-student relationships through various channels, especially social work, counseling units and students affairs department.

2) Due to different context in which some experience occur in the university communities. The initial psycho-social assessment for freshers should include test on Resilience and adverse child experience.

3) In addition, the resilience test and immediate protective factors assessment should be done routinely for student to identify stressors that can trigger negative effects on students' health, social life and education.

4) The university system should contextualize mental health

service into the health care service for undergraduate students.

5) Strong regulatory approach should be upheld. This includes an effective policy enforcement system and standards that protects children from adverse child experience.

6) The communities in various setting should be educated on negative impact of ACE so as to stimulate the need for them to embrace strong participatory contribution to the welfare of children and young people.

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