

COPING-STRATEGIES AS PREDICTORS OF PSYCHOLOGICAL-WELLBEING OF STUDENTS WITH AND WITHOUT DISABILITIES IN INCLUSIVE SCHOOLS IN LAGOS STATE, NIGERIA

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ABSTRACT

Inclusive education has been seen as a means to ensure equal access to quality basic education for all learners by efficiently meeting their varied needs. Every individual desires a happy and healthy life, and inclusive education plays a vital role in promoting psychological well-being, especially for students with disabilities. Inclusive education is gaining attention in Nigeria, with Lagos State leading in implementing policies that foster inclusive learning environments. Effective coping strategies are crucial for improving students' psychological well-being. This study, therefore, examined coping strategies as predictors of the psychological well-being of students with and without disabilities in inclusive basic schools in Lagos State. The study adopted a correlational research design. The respondents for this study comprised nine basic students, both with and without disabilities. A census method was used to select all 931 students from the seven inclusive basic schools in Lagos State. The Coping Strategies Questionnaire and psychological well-being scale were adapted and used to gather data for the study. Mean rating and percentage were used to answer research questions, and hierarchical regression was used to test the research hypothesis at a 0.05 significance level. The finding showed that students with disability mostly used problem-focused and avoidance coping strategies, while students without disabilities used problem-focused and seeking social support coping strategies. Also, the level of psychological well-being of students with and without disabilities was moderate. The study therefore recommended, amongst others, that: Inclusive schools should organize inclusive co-curricular activities and events that allow students with and without disabilities to participate together, promoting a sense of belonging and teamwork, which may likely help them in sustaining or increasing the moderate level of psychological well-being.

KEYWORDS: *Disabilities, Education, Inclusive, Lagos, State*

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1. INTRODUCTION

Every human being desire to be physically fit and mentally happy, to live a healthy and prosperous life, irrespective of their abilities or disabilities. A society that embraces and integrates inclusive education will naturally introduce the same culture of inclusion in its concepts of civic participation, employability, and community relationships. Inclusive education comprises of learners with diverse learning abilities. Coping strategies can impact on students' psychological-wellbeing particularly for students with special needs, and effective use of coping strategies can provide additional resources leading to better psychological well-being.

Inclusive education is globally gaining serious attention all over the world, and Nigeria is not an exception. The Nigerian National Policy on Education (FRN, 2013) emphasized the provision of inclusive or integration of special classes and units into public schools under the UBE scheme. Lagos State is among the first states in Nigeria to take the bold step of practicing inclusive education. On May 26, 2015, the Lagos State Ministry of Education approved the Inclusive Education Policy, which made provision for 44 inclusive schools, which comprise of 31 primary and 13 secondary schools (Lagos State Universal Basic Education Board). The Policy among which are: modification of school structures to make them accessible to children with impairments in all Educational Districts in the State; making learning environment friendly to all categories of learners (with and without disabilities); continuous training of teachers (regular and special needs education teachers) among others (Cordell, 2015). It is thus believed that educating children with and without disabilities together will provide an opportunity to understand one another better and therefore, reduce the incidences of separation, segregation, and discrimination, some of which are as a result of unfounded beliefs, traditions, and cultures (Eskay, Eskay & Uma, 2012). Coping strategies have provided an opportunity for students with and without disability to learn together in the same environment.

Successful coping strategies help students perform markedly better regarding their studies and mental wellness, as well as aid in relieving stress (Khater, AkhuZaheya & Shaban, 2014). Furthermore, Idowu and Odukoya (2022) classified coping strategies into two broad categories: approach and avoidance coping strategies. Approach coping is any behavioural, cognitive, or emotional activity directed toward a threat (problem-solving), while Avoidance is any behavioural, cognitive, or emotional action directed away from a threat (denial and withdrawal). Generally, using more approach and fewer avoidance coping strategies has been linked to positive outcomes. Students may also employ coping strategies such as effective time management, social support, and positive reappraisal. Bassey (2020) stated that gender differences in coping styles suggest that female students are generally more likely than male students to use coping strategies such as active coping, seeking social support, or using religion to cope with stressful situations. The effective use of coping strategies employed by the students plays a key role in determining their psychological well-being.

Psychological well-being is an important part of every individual's life, whether with or without disabilities. Psychological well-being means a smooth life of functioning effectively in the school and the larger society. According to Seligman (2011), the state of psychological well-being goes beyond the absence of mental illness, and it is considered a wider range of ideas than traditionally considered happiness. Therefore, it involves the entire state of mind of the individual and it involves maintaining positive relationships, a sense of competence, and purpose in life (Diener, Emmons, Larsen & Griffin, 2010). According to Samson (2015), students with disabilities are likely to have basic psychological impairments that inhibit their ability to perform well in certain academic areas. Most of the time (Chao, 2012), students with learning disabilities are not happy because they do not always perform as expected of them; therefore, they are always stressed up.

The focus on Vision 2030 for achieving inclusive education has prompted several states in Nigeria, including Lagos State, to adopt these practices. This

shift may place significant pressure on all students, both with and without disabilities, to succeed, potentially increasing their worry and stress in a shared learning environment. Consequently, this pressure could negatively impact the psychological well-being of learners. Psychological well-being is a crucial aspect of everyone's life, and for students, it is fundamental to their ability to perform effectively, not just academically, but in all areas of life.

Despite the fact that studies (Akinsemoyin, 2016; Ayoade, 2020; Umar, 2022) have been conducted on coping strategies and psychological wellbeing but no study available to the best of the researcher's knowledge had combined the major variables of coping strategies and psychological wellbeing of students especially in public inclusive basic schools in Lagos State.

1. What are the coping strategies employed by students without disabilities in inclusive basic schools in Lagos State?
2. What are the levels of psychological well-being of students without disabilities in inclusive basic schools in Lagos State?

The following research hypotheses were tested in this study;

H₀₁: Coping strategies (problem-focused, emotion-focused, and avoidance) do not significantly predict the psychological well-being of students with disabilities in inclusive basic schools in Lagos State.

H₀₂: Coping strategies (problem-focused, emotion-focused, and avoidance) do not significantly predict the psychological well-being of students without disabilities in inclusive basic schools in Lagos State.

2. RESEARCH METHODS

The research design adopted for this study is correlational, and the study focused on 959 basic nine students (with or without disabilities) from seven public inclusive basic schools in Lagos State, Nigeria. Nine basic students were chosen because of their experience and ability to respond effectively to the questionnaire. Lagos State was selected as it is one of the few states, alongside Oyo, Ekiti, and Imo, that implements inclusive education in public basic schools. The research targeted basic nine students due

to their experience and capacity to handle the questionnaire. The study aimed to administer questionnaires to all 959 students in public inclusive basic schools in Lagos State, Nigeria, using a census sampling technique. Out of the 941 students reached, 931 questionnaires were successfully retrieved. The manageable size of the population and schools allowed the entire group to serve as the sample for the study.

Two research instruments were used to gather data for this study. They are: Coping Strategies Questionnaire (CSQ) and Psychological-Wellbeing Scale (PWBS). The CSQ questionnaire was adapted from a "Self-report Assessment scale on Ways of coping with examination anxiety" developed by Stober (2004) while PWBS was also adapted from Ryff's Six-factor Model of Psychological-wellbeing (Ryff, 2014). The two questionnaires were content and construct validated by experts. The reliability coefficients are 0.73 and 0.76 respectively. Consent of the participants were sought and research question one was answered using mean rating, research question two was answered using percentage while hypothesis one was tested using hierarchical regression at 0.05 level of significance.

Ethical Consideration:

The participants' consent was obtained after fully informing them of the research purpose and methods. The researcher gave consent form to all participants to fill alongside with their parents/guardians after which the consent forms were retrieved before administering the instrument. Participants were informed of their freedom to leave the study at any time without penalty. Protection from harm refers to safeguarding study participants from any harm (physical, psychological, emotional, cultural, or professional) that could result from their participation. The researcher made sure that everyone taking part in the study were safe from harm on all fronts, including physical, emotional, psychological, and professional. The protection of those who provided the data from bodily harm were ensured. The researcher also made sure that participants had the option to leave the study should they be unhappy with how it was carried out.

Protecting the identities of the participants is part of the right to privacy. The study's participants' right to privacy was respected by making sure that participants'

identities were not made public in the final draft of the report. The institution's real names were substituted with uniquely identifying codes. In order to protect the confidentiality of the information providers and their institutions, the data were gathered in accordance with the study questions. The confidentiality of the participants' information and its usage for only academic purposes was guaranteed to research participants.

3. RESULTS

Table 1.1: Demographic Data of the Respondents

		Status		Total
		With Disability	Without Disability	
Gender	Male	87 (9%)	359 (39%)	446 (48%)
	Female	102 (11%)	383 (41%)	485 (52%)
Total		189 (20%)	742 (80%)	931 (100.0%)

Table 1.1 presents data from 931 inclusive basic school students in the study. Of these, 446 (48%) were males, including 87 (9%) males with disabilities and 359 (39%) without. Females totaled 485 (52%), with 102 (11%) having disabilities and 383 (41%) without. Students with disabilities numbered 189 (20%), while those without were 742 (80%).

Research Question One:

What are the commonly employed coping strategies among students in inclusive basic schools in Lagos State, Nigeria?

The provided text explains how coping strategies were assessed using a questionnaire with three main categories. Each main category consists of seven sub-items, and each sub-item was rated on a four-point scale. The process for calculating the coping strategy scores is as follows: The mean score of the sub-items within each main item was calculated. These mean scores were then summed together. The sum was divided by 7 (the number of sub-items) to obtain the grand mean for each main item. Based on these grand

mean scores, coping strategies were categorized as follows: Mean score from 0.50 to 1.44 as 'Never (N)', mean score from 1.50 to 2.44 as 'Rarely (R)', mean score from 2.50 to 3.44 as 'Sometimes (S)' while mean score from 3.50 to 4.0 as 'Always (A)'. The mean scores

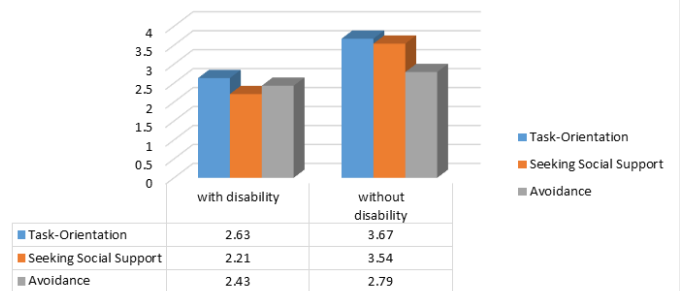


Figure 1: Coping strategies employed by students in inclusive basic schools

of coping strategies for students with and without disabilities were visually represented in Figure 1.

Figure 1 shows the mean scores of different coping strategies for students with and without disabilities, visually highlighting the trends. Figure 1 shows coping strategy preferences between students with and without disabilities, particularly in the emphasis on task-orientation/problem-focused by both groups and the varying usage of seeking social support/emotion-focused and avoidance based on disability status.

Research Question Two:

What are the levels of psychological well-being of students with and without disabilities in inclusive basic schools in Lagos State, Nigeria?

Table 1.2: Level of Psychological Well-being of Students with and without Disabilities in Inclusive Basic Schools in Lagos State, Nigeria

		Score	Inclusive Students		Total
			with disability	without disability	
Level of Psychological Wellbeing	Low	18-35	64 (7%)	87 (9%)	151 (16%)
	Moderate	36-53	103 (11%)	387 (42%)	490 (53%)
	High	54-72	22 (2%)	268 (29%)	290 (31%)
Total			189 (20%)	742 (80%)	931 (100%)

Students' responses on psychological well-being were subjected to percentage analysis. Given that the questionnaire on psychological-wellbeing contained 18 items structured in a four-response-type, the minimum, maximum, and range scores were 18, 72, and 54, respectively, while the range was divided by 3-level of high, moderate, and low (i.e. $54/3=18$). Thus, students whose scores fell within 18 – 35, 36 – 53, and 54 – 72 were categorized as those with low, moderate, and high levels of psychological-wellbeing respectively. The summary statistics is presented in Table 1.2.

Table 1.2 reveals that among the students with and without disabilities, 16% (151 students) had a low level of psychological well-being. This included 7% of students with disabilities and 9% of students without disabilities. Moreover, 53% (490 students) exhibited a moderate level of psychological well-being, with 11% having disabilities and 42% not having disabilities. In contrast, 31% (290 students) reported a high level of psychological well-being, where 2% had disabilities and 29% were students without disabilities.

Hypothesis One:

Coping strategies do not significantly predict the psychological well-being of students with disabilities in inclusive basic schools in Lagos State, Nigeria.

Result:

The null hypothesis was **rejected**, indicating that coping strategies significantly predicted the psychological well-being of students with disabilities in inclusive basic schools in Lagos State, Nigeria. The result is illustrated in Tables 2a, 2b, and 2c.

Table 2a: Hierarchical (Sequential) Regression Model Summary of Coping Strategies on the Psychological-Wellbeing of Students with disabilities in Inclusive Basic Schools in Lagos State, Nigeria

Models	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.164 ^a	.037	.031	4.33724
2	.192 ^b	.046	.042	4.24741
3	.211 ^c	.057	.051	4.17633

a. Predictors: (Constant), Task Orientation

b. Predictors: (Constant), Task Orientation, Social Support

c. Predictors: (Constant), Task Orientation, Social Support, Avoidance

As shown in the Model Summary presented in Table 2a, there are models 1, 2, and 3. The R-squared value in *Model 1* implies that **task orientation** produced 3.7% of the variance in the psychological well-being of students in inclusive basic schools. When adding Social Support (which was under control in *Model 1*) to task orientation as revealed in *Model 2*, the two coping strategies (i.e., task orientation and social support) jointly predicted 4.2% of the variance in the psychological well-being of students with disabilities in inclusive basic schools. Meanwhile, the integration of avoidance in *Model 3* (i.e., task orientation, social support, and avoidance) together predicted 5.1% of the psychological well-being of students with disabilities in inclusive basic schools. This implies that the integration of these three coping strategies **together** (*Model 3*) contributed more to the psychological well-being of students with disabilities in inclusive basic schools in Lagos State, Nigeria than *Model 1* or *Model 2*.

However, significant predictions of coping strategies were established and the results are shown in Table 2b.

Table 2b: Hierarchical Regression Analysis of Coping Strategies as Predictors of Psychological Well-being of Students with disabilities in Inclusive Basic Schools in Lagos State, Nigeria

Models		Sum of Squares	df	Mean Squares	F	Sig.
1	Regression	364.727	1	364.727	6.450	.000 ^b
	Residual	10573.749	187	56.544		
	Total	10938.476	188			
2	Regression	865.652	2	432.826	8.267	.000 ^c
	Residual	9738.768	186	52.359		
	Total	10604.420	188			
3	Regression	1318.631	3	439.543	9.021	.000 ^d
	Residual	9013.763	185	48.723		
	Total	10332.394	188			

As revealed in Table 2b, all the models 1, 2, and 3 were significant ($p < 0.05$). However, Model 3 statistically produced the highest significant value, followed by Model 2 and Model 1. Hence, the combination of coping strategies (task orientation, social support, and avoidance) significantly predicted the psychological well-being of students with disabilities in inclusive basic schools in Lagos State, Nigeria.

To determine the contribution of each of the coping strategies (i.e., Task Orientation, Social Support, and Avoidance) to the dependent variable (students' psychological well-being), Beta Weight was calculated, and the outputs are shown in Table 2c. Unstandardized coefficients indicate how much the dependent variable varies with an independent variable while other independent variables are held constant.

Table 2c: Relative Contributions of Coping Strategies to the Psychological-Wellbeing of Students with disabilities in Inclusive Basic Schools Students

Models		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	24.784	1.1629		21.731	.000
	Task Orientation	.269	.059	.394	5.719	.000
2	(Constant)	20.352	1.3213		12.393	.000
	Task Orientation	.237	.066	.509	4.412	.000
	Social Support	.228	.045	.298	3.482	.000
3	(Constant)	19.286	1.4738		11.484	.000
	Task Orientation	.446	.097	.628	5.742	.000
	Social Support	.313	.084	.512	4.658	.000
	Avoidance	.286	.061	.401	3.784	.000

Table 2c shows the relative contribution of each of the coping strategies. All coping coefficients were significant ($p < 0.05$) in *Models 1, 2, and 3*. However, in *Model 3*, Task Orientation had the highest predictive power with a beta weight of 0.628, followed by Social Support, having a beta weight of 0.512, while Avoidance weight of 0.401 on the psychological well-being of students with disabilities in inclusive schools.

Hypothesis Two:

Coping strategies do not significantly predict the psychological well-being of students without disabilities in inclusive basic schools in Lagos State, Nigeria.

Result: The null hypothesis stated was also **rejected**, indicating that coping strategies significantly predicted

the psychological well-being of students without disabilities in inclusive basic schools in Lagos State, Nigeria. The result is illustrated in table 3a, 3b and 3c..

Table 3a: Hierarchical (Sequential) Regression Model Summary of Coping Strategies on the Psychological-Wellbeing of Students without Disabilities in Inclusive Basic Schools in Lagos State, Nigeria

Models	R	R Square	Adjusted Square	Std. Error of the Estimate
1	.184 ^a	.034	.039	4.47736
2	.222 ^b	.049	.052	4.44421
3	.261 ^c	.068	.073	4.40200

a. Predictors: (Constant), Task Orientation
b. Predictors: (Constant), Task Orientation, Social Support
c. Predictors: (Constant), Task Orientation, Social Support, Avoidance

As shown in the Model Summary presented in Table 3a, there are models 1, 2 and 3. The R-Square value in *Model 1* implies that **task orientation** produced 3.9% of the variance in the psychological-wellbeing of students without disabilities in inclusive basic schools. When adding Social Support (which was under control in *Model 1*) to task orientation as revealed in *Model 2*, the two coping strategies (i.e. task orientation and social support) jointly Predicted 5.2% of the variance in the psychological-wellbeing of students without disabilities in inclusive basic schools. Meanwhile, the integration of avoidance in *Model 3* (i.e. task orientation, social support and avoidance) together predicted 7.3% of the psychological-wellbeing of students in inclusive basic schools. This implies that the integration of these three coping strategies **together** (*Model 3*) contributed more to the psychological-wellbeing of students without disabilities in inclusive basic schools in Lagos State, Nigeria than *Model 1* or *Model 2*.

However, significant predictions of coping strategies were established and the results are shown in Table 3b.

Table 3b: Hierarchical Regression Analysis of Coping Strategies as Predictors of Psychological Well-being of Students without disabilities in Inclusive Basic Schools in Lagos State, Nigeria

Models		Sum of Squares	df	Mean Squares	F	Sig.
1	Regression	463.398	1	463.398	19.228	.000 ^b
	Residual	17834.482	740	24.100		
	Total	18297.880	741			
2	Regression	969.472	2	484.736	21.877	.000 ^c
	Residual	16374.746	739	22.157		
	Total	17344.218	741			
3	Regression	1475.483	3	491.828	23.196	.000 ^d
	Residual	15648.272	738	21.203		
	Total	17123.755	741			

a. Dependent Variable: Psychological Wellbeing
b. Predictors: (Constant), Task Orientation
c. Predictors: (Constant), Task Orientation, Social Support
d. Predictors: (Constant), Task Orientation, Social Support, Avoidance

As revealed in Table 3b, all the models 1, 2, and 3 were significant ($p < 0.05$). However, Model 3 produced the highest statistically significant value, followed by Model 2 and Model 3.

Hence, the combination of coping strategies (task orientation, social support, and avoidance) significantly predicted the psychological well-being of students without disabilities in inclusive basic schools in Lagos State, Nigeria.

To determine the contribution of each of the coping strategies (i.e., Task Orientation, Social Support, and Avoidance) to the dependent variable (psychological-wellbeing), Beta Weight was calculated, and the outputs are shown in Table 3c. Unstandardized coefficients indicate how much the dependent variable

varies with an independent variable while other independent variables are held constant.

Table 3c: Relative Contributions of Coping Strategies to the Psychological Well-being of Students (with or without disabilities) in Inclusive Basic Schools

Models		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	22.119	1.063		20.812	.000
	Task Orientation	.286	.065	.484	5.719	.000
2	(Constant)	17.651	1.566		11.273	.000
	Task Orientation	.253	.072	.563	5.018	.000
	Social Support	.251	.050	.325	3.861	.000
3	(Constant)	17.013	1.558		10.921	.000
	Task Orientation	.687	.112	.763	6.152	.000
	Social Support	.345	.068	.552	5.076	.000
	Avoidance	.295	.051	.482	4.346	.000

a. Dependent Variable: Psychological Wellbeing

Table 3c shows the relative contribution of each of the coping strategies. All coping strategies coefficients were significant ($p < 0.05$) in *Model 1, 2, and 3*. However, in *Model 3*, task orientation had the highest predictive power with a beta weight of 0.763, followed by Social support having a beta weight of 0.552, while avoidance weighted 0.482 on the psychological well-being of students in inclusive schools. The models are presented in below

Note that

Y = Students' Psychological Well-being

X_2 = Coping Strategies (see equation in Table 2c and 3c under hypothesis One and two)

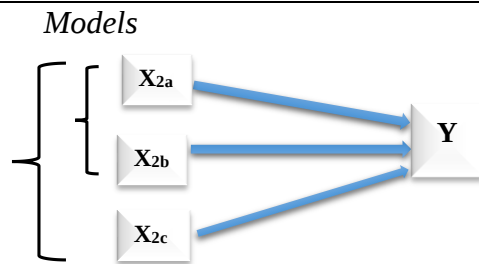
Given Coping Strategies (X_2) as a conglomeration of task orientation, social support and avoidance, the following hierarchical equation is derived as follow;

Where

X_{2a} = Task Orientation

X_{2b} = Social Support

X_{2c} = Avoidance



It could therefore be inferred from the hierarchical *Model 1*, *2* and *3* that;

- i. when students employed task orientation alone, the predictive powers (values) of coping strategy on their psychological-wellbeing tend to be high (beta weights in *Model 1*)
- ii. when students employed social support together with task orientation (beta weights in *Model 2*), the predictive powers of coping strategies on their psychological-wellbeing upsurge and
- iii. When students integrate avoidance with task orientation and social support (beta weights in *Model 3*), the predictive power of coping strategies on psychological well-being becomes higher.

Therefore, the more the coping strategies employed, the better the psychological well-being of students becomes in inclusive schools in Lagos State, Nigeria.

4. DISCUSSION

The first finding from the study showed that task-orientation/problem-focused and seeking social support/emotion-focused were the most used coping strategies by students without disabilities. On the other hand, students with disabilities sometimes used task-orientation/problem-focused strategies while seeking social support/emotion-focused and avoidance strategies were rarely used. This implies that students regardless of their status (i.e. with and without disabilities) in inclusive schools employed several strategies to stabilize their mental wellness, concentrate on how to deal with the stress situations, trade off their leisure time for test preparation; spend extra time for their studies and dispense all their efforts in managing their mental wellness. In the same vein,

students consulted others to control their mental wellness, discussed their feelings about the test with one another, got emotional support of friends when feeling test anxious as well as tried to deal with their nervousness through spiritual beliefs (prayers) during the test. The finding is expected because each student is unique, and their coping strategies can vary based on their test experiences. Some students may naturally lean more towards problem-focused coping, while others may be more inclined to rely on emotion-focused or avoidance coping strategies. This finding is in line with the finding of Bamuhair et al. (2015) who found majority of students of higher learning engaging themselves in tutorial and spending extra time for their studies during examination in order to master, decrease, tolerate, or control fear of test failure. Similarly, Bhargava and Trivedi (2018) whose study submitted that, the most applied means in which students used to address their test anxiety were: increasing in study habit, engaging in mastery learning, enrolling in extra moral classes and partaking in classroom activities prior test period. The findings of the studies are similar because they are based on the same model of coping and share similar research methods. On the contrary to this finding, Badamas et al. (2022) discovered that individuals frequently develop coping methods after asking themselves questions such as, "What form of action do I require in this situation?" What resources do I have at my disposal? The ability to control the threatening encounter determines whether or not an individual feels alarmed. The variation in the findings may be due to difference in the research design and environmental factors.

Another finding in the study showed that both students with and without disabilities have a moderate level of psychological wellbeing. This means that, the type of coping strategy the students employed may have contributed to their moderate level of psychological wellbeing. However, this finding is not in support of the finding of Pascoe, Hetrick, and Parker (2020), who explored how academic pressures affect the psychological wellbeing of students in secondary and higher education and found that peer relationships significantly impact on students' low psychological wellbeing. The findings may differ due to the differences in the locale.

Lastly, findings from this study showed that the hierarchical integration of task orientation, social support, and avoidance produced higher significant values, followed by task orientation and social support, while task orientation alone had the least significant value. This implies that task orientation produced 3.7% and 3.9% of the variance in the psychological well-being of students with and without disabilities, respectively in inclusive basic schools. When adding social support to task orientation, the two coping strategies (i.e., task orientation and social support) jointly predicted 4.2% and 5.2% of the variance in the psychological well-being of students with and without disabilities, respectively, in inclusive basic schools. Meanwhile, the integration of avoidance (i.e., task orientation, social support, and avoidance) together predicted 5.1% and 7.3% of the psychological well-being of students with and without disabilities, respectively in inclusive basic schools. This implies that the integration of these three coping strategies contributed more to the psychological well-being of students with and without disabilities in inclusive basic schools in Lagos State, Nigeria.

Conclusively, when students with and without disabilities employed task orientation alone, the predictive powers (values) of coping strategy on their psychological-wellbeing tend to be high; when students employed social support together with task orientation, the predictive powers of coping strategies on their psychological-wellbeing upsurge and when students integrate avoidance with task orientation and social support, the predictive powers of coping strategies on psychological-wellbeing become higher. Hence, the more the coping strategies employed, the more the psychological well-being of students becomes inclusive in schools in Lagos State, Nigeria. This finding is in line with Freire, Ferradás, Valle, Núñez, and Vallejo (2016) whose finding shows that the higher use of the three coping strategies (problem-focused, emotion-focused, and avoidance) leads to higher psychological well-being. Embracing a variety of coping strategies can be advantageous for psychological-wellbeing. Problem-focused strategies help address root causes, empowering individuals to solve issues. Emotion-focused strategies aid emotional processing and regulation. Avoidance can offer temporary relief from stressors. Integrating these

approaches allows for a well-rounded and adaptable approach to managing challenges and promoting overall psychological-wellbeing. The commonality between the two studies is that they both utilized the same scale to measure the coping strategies of the participants.

However, the finding of this study is at variance with the finding of Ukeh and Hassan (2018) showing that social interaction positively linked to psychological-wellbeing but didn't strongly predict it. Also, the finding of this study is not in line with Angelica et al. (2022) and revealed that only problem-focused coping strategy significantly predicted improved psychological-wellbeing of students. The variation in the studies arises from the finding that participants in the current study respondents employed multiple coping strategies, whereas those in the previous studies utilized only a single coping technique.

5. RECOMMENDATIONS

1. Inclusive education practice is achievable and all states in Nigeria should formulate policies that will guide the practice of inclusive education in their respective states.
2. Inclusive schools should organise inclusive co-curricular activities and events that allow students with and without disabilities to participate together, promoting a sense of belonging and teamwork, which may help sustain or enhance their moderate level of psychological well-being.
3. Educational psychologists and school counsellors should implement coping skills training programmes, especially problem-focused and emotion-focused coping strategies for all students with and without disability in inclusive basic schools.
4. Teachers should integrate coping strategies during classroom activities, as this will enable students with and without disabilities make it a part of their daily routine.
5. Schools should provide teachers with training on how to offer social support to students effectively. Teachers can act as role models and provide emotional support,

encouragement, and empathy to students, fostering a positive and supportive classroom climate.

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APPENDIX 1

CONSENT FORM

TO BE COMPLETED BY THE STUDENTS AND PARENT/GUARDIAN

PART A: TO BE COMPLETED BY THE STUDENT WITH AND WITHOUT DISABILITIES

I agree to take part in the study on **COPING-STRATEGIES AS PREDICTORS OF PSYCHOLOGICAL-WELLBEING OF STUDENTS WITH AND WITHOUT DISABILITIES IN INCLUSIVE BASIC SCHOOLS IN LAGOS STATE, NIGERIA**

I have read and understood the accompanying information leaflet. I know

What the study is about and the part I will be involved in. I know that I can decide not to continue at any time.

Name _____

Signature _____ Age _____

PART B: TO BE COMPLETED BY THE PARENT/GUARDIAN

I have read and understood the accompanying letter and information leaflet and I have given permission for the child _____ to be included.

Name _____

Relationship to child _____

Signature _____