

**THE ROLE OF DEMOGRAPHIC VARIABLES IN THE
RELATIONSHIP BETWEEN COPING SELF-EFFICACY, PERCEIVED
SOCIAL SUPPORT AND SUBJECT WELL-BEING IN FIRST-YEAR
STUDENTS**

By

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DECLARATION

I (Danene Wiggill) declare that this dissertation (in article format) hereby submitted by me for the Magister Artium degree (Clinical Psychology) at the University of the Free State is my own independent work and that I have not submitted it previously to another university/faculty. Furthermore, I cede copyright of this dissertation in favour of the University of the Free State.

Danene Wiggill

Date

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TABLE OF CONTENTS

DECLARATION	i
ACKNOWLEDGEMENTS	ii
ABSTRACT.....	1
INTRODUCTION AND LITERATURE REVIEW	4
Subjective well-being.....	7
Coping self-efficacy.....	11
Perceived social support	14
METHODOLOGY	20
Research questions.....	20
Research design	20
Research participants	21
<i>Research setting</i>	21
<i>Participants</i>	21
Data-gathering procedure.....	25
Ethical considerations	25
Measuring instruments.....	26
Data analysis	32
RESULTS	33
Results of the hierarchical regression analysis	34
Results of the two-way analysis of variance.....	38
DISCUSSION.....	39
LIMITATIONS AND RECOMMENDATIONS	45
CONCLUSION.....	48
REFERENCES	49
APPENDIX A: QUESTIONNAIRE BOOKLET	69

LIST OF TABLES

Table 1: Biographical description of the participants	23
Table 2: Descriptive statistics of measuring instruments	31
Table 3: Hierarchical regression analysis results (model summary)	35
Table 4: Analysis of variance	36
Table 5: Coefficients.....	37
Table 6: Tests of between-subjects effects (dependent variable: SWB total from averages)	38

Abstract

Students experience many difficulties and life challenges during the transition from high school to university. An indicator of positive adjustment during such a transition is subjective well-being. Individual and social resources contribute to individuals' subjective well-being. In addition, demographic variables, such as gender, contribute to differences experienced in this area. Coping self-efficacy, which previously was identified as playing a role in general well-being, can be considered an individual resource associated with well-being. However, no South African study currently confirms the role of coping self-efficacy in subjective well-being. Perceived social support is a social resource that has been associated positively with subjective well-being. However, relocating away from supportive social structures such as relatives and friends can affect perceived social support and has indeed been found to increase students' adjustment difficulties. To date, research on the factors affecting the subjective well-being of South African students who relocate to new cities to further their studies has been lacking.

Therefore, the aim of this study was to examine the role of gender and relocation in the relationship between coping self-efficacy, perceived social support, and subjective well-being among first-year students at the University of the Free State.

A quantitative, non-experimental, correlational design was used in this study. The measuring instruments included a biographical questionnaire, the Satisfaction with Life Scale, the Affectometer 2 (short version), the Coping Self-efficacy Scale, and the Perceived Social Support Scale. The role of gender, relocation, coping self-efficacy, and perceived social support from family and friends was investigated by using a hierarchical regression analysis.

Results from the study indicate that only coping self-efficacy and perceived social support from family play a statistically significant role in subjective well-being. Gender and relocation do not play a statistically significant role in subjective well-being. These findings emphasise the importance of further research on subjective well-being in first-year students in the South African context.

Key words: subjective well-being, coping self-efficacy, perceived social support, first-year students, positive adjustment, gender, relocation, positive psychology, normal developmental psychology, South Africa

Opsomming

In die oorgang van hoërskool na universiteit word studente met baie probleme en lewensuitdagings gekonfronteer. Subjektiewe welstand is 'n aanduiding van positiewe aanpassing tydens so 'n oorgang. Individuele en sosiale hulpbronne dra by tot individuele subjektiewe welstand. Bykomend dra demografiese veranderlikes soos geslag by tot verskille wat op hierdie terrein ondervind word. Coping selfdoeltreffendheid, wat voorheen geïdentifiseer is as spelende 'n rol in algemene welstand, kan gereken word as 'n individuele hulpbron wat met welstand geassosieer word. Geen Suid-Afrikaanse studie bevestig egter tans die rol van coping selfdoeltreffendheid in subjektiewe welstand nie. Waargenome sosiale ondersteuning is 'n sosiale hulpbron wat positief met subjektiewe welstand geassosieer is. Hervestiging weg van ondersteunende sosiale strukture soos familie en vriende kan waargenome sosiale ondersteuning affekteer, en dit is bevind dat dit studente se aanpassingsprobleme vermeerder. Tot op datum was daar 'n tekort aan navorsing oor faktore wat die subjektiewe welstand van Suid-Afrikaanse studente wat in nuwe stede hervestig om hulle studies te bevorder, affekteer.

Die doel van hierdie studie is daarom om die rol van geslag en hervestiging in die verhouding tussen coping selfdoeltreffendheid, waargenome sosiale ondersteuning en subjektiewe welstand onder eerstejaarstudente aan die Universiteit van die Vrystaat te ondersoek.

'n Kwantitatiewe, nie-eksperimentele, korrelasionele ontwerp is in hierdie studie gebruik. Die meetinstrumente sluit 'n biografiese vraelys, die Satisfaction with Life-skaal, die Affectometer 2 (kort weergawe), die Coping Self-efficacy-skaal, en die Perceived Social Support-skaal in. 'n Hiërargiese regressie-analise is gebruik om die rol van geslag, hervestiging, coping selfdoeltreffendheid en waargenome sosiale ondersteuning van familie en vriende te ondersoek.

Studieresultate toon dat slegs coping selfdoeltreffendheid en waargenome sosiale ondersteuning van familie 'n statisties beduidende rol in subjektiewe welstand speel. Geslag en hervestiging speel nie 'n statisties beduidende rol in subjektiewe welstand nie. Hierdie bevindinge benadruk die belangrikheid van verdere navorsing oor subjektiewe welstand by eerstejaarstudente in die Suid-Afrikaanse konteks.

Sleutelwoorde: subjektiewe welstand, coping selfdoeltreffendheid, waargenome sosiale ondersteuning, eerstejaarstudente, positiewe aanpassing, geslag, hervestiging, positiewe sielkunde, normale ontwikkelingsielkunde, Suid-Afrika

Introduction and literature review

The first year at university has been viewed as an important year for students, as it provides the foundation for further years of study (Reason, Terenzini, & Domingo, 2006). The transition from high school to university is a difficult time for many students seeing that they are confronted with numerous life challenges during this period and need to overcome the unfamiliarity of university life (Gan, Hu, & Zhang, 2010). Dropout rates are reported to be higher among first-time first-year students compared to students who are in their second or third year of tertiary education (Letseka, 2009). In South Africa, dropout rates among first-time entering students are particularly high. According to the Department of Education (2005), approximately 30% of the 120 000 first-time entering undergraduate students who enrolled at tertiary institutions in the year 2000 dropped out during their first year of study. This pattern continued, and by 2003, 50% of the cohort of students of the 2000 academic year had dropped out. Numerous factors have been associated with the high dropout rates in South Africa, including lack of finances, academic failure, and reasons related to culture or family (Letseka, 2009). However, a dropout rate of 50% is significantly higher than the dropout rates of other countries. In the same period, the dropout rate in Germany was estimated to be 27%, while the dropout rate in the United Kingdom was 22% (House of Commons, 2008). Therefore, it is imperative to understand factors that can assist students in coping better with the demands placed on them during their tertiary education.

The initial period of entry seems to be the most difficult time at university and can lead to high levels of anxiety (Shankland, Genolini, França, Guelfi, & Ionescu, 2010). Jones and Frydenberg (1999) reported that anxiety levels are even higher at the beginning of the first year at university than during the examinations. First year students are presented with new social and educational environments that may be stressful to many students (Faleel,

Tam, Lee, Har, & Foo, 2012). Some of the challenges that students face include experiencing difficulty in managing the academic workload at university (Bitzer & Troskie-De Bruin, 2004), while others are overwhelmed by moving away from family and existing friends (Vollrath, 2000). In the South African context, first-year university students face numerous additional challenges, including financial difficulties, that increases students' stress levels and can affect academic performance negatively (Shaikh et al., 2004; Neville, Heppner, Ji, & Thye, 2004). Receiving education in a language other than their mother tongue creates an additional challenge, as students have difficulty writing at the level expected at a tertiary institution (Jacobs, 2005). Low literacy levels in general and students being underprepared academically contribute further to poor academic performance at universities (Van Schalkwyk, Bitzer, & Van der Walt, 2009).

Additionally, first-year students are faced with challenges presented by their new developmental life stage, namely the stage of emerging adulthood (Arnett, 2000). According to Arnett (2000), the developmental stage of emerging adulthood constitutes the period in a person's life when he or she is roughly between the ages of 18 and 25 years. Arnett (2004) describes this stage of development in terms of certain key features. Some of these features may explain the difficulties experienced by first-year students. First, emerging adulthood is an age of identity exploration. However, individuals may fail in their attempt to establish an identity; consequently, they experience identity foreclosure (Marcia, 1966), where they have made commitments to certain ideals without engaging in a decision-making process. This is evident in university students whose career paths or degrees were determined more by their parents and teachers than by themselves (Dunn & Craig, 2013).

Second, this stage is characterised by frequent change, and some individuals may find the instability anxiety provoking (Arnett, 2000). In addition to this, many emerging adults move through various romantic relationships and friendships, and may make several geographical moves (Arnett, 2010). These adjustments may be difficult for some individuals (Vollrath, 2000).

Third, Arnett (2000) describes this age as a stage when students are self-focused. Emerging adults learn to make decisions for themselves and, in doing so, learn to focus on their own lives, wishes, and preferences. Although this is healthy, it may also create conflict between these individuals and their family if there are conflicts between their preferences and the preferences of their family of origin. Individuals may struggle to reconcile these differences in a healthy manner (Dunn & Craig, 2013). Although all of these processes can be considered integral to normal development, they may also prove to be challenging and contribute to students facing further difficulties during their first year at university.

Given the challenges faced by first-year students, it could be argued that the study of well-being is crucial for promoting optimal functioning and positive adjustment (Khumalo, 2011; Wright & Masten, 2006). Windle (2011) and Fergus and Zimmerman (2005) argue that the consideration of subjective indicators, such as well-being, during such a transition is as important as considering objective indicators, such as academic performance.

Well-being is one of numerous constructs that can be categorised as forming part of the field of positive psychology (Seligman & Csikszentmihalyi, 2000; Snyder & Lopez, 2002). According to Ryan and Deci (2001), positive psychology refers to optimal

psychological functioning and experience. To improve lives, it focuses on positive human traits and positive subjective experience (Seligman & Csikszentmihalyi, 2000).

Although various definitions of well-being exist, they can be categorised broadly into two schools of thought, namely the hedonic perspective and the eudemonic perspective. The hedonic perspective focuses on happiness, satisfaction with life, and positive affect, (Diener, 1984) whereas the focal point of the eudemonic perspective is meaningfulness and self-actualisation (Wissing & Temane, 2008). The hedonic perspective is generally associated with concepts such as “satisfaction with life” and “subjective well-being”, while the eudemonic perspective is associated with “sense of coherence” and “psychological well-being” (Wissing & Temane, 2008). For the purposes of the current study, the concept of subjective well-being as an indication of well-being and positive adjustment will be investigated.

Subjective well-being

The last two decades has seen an increase in studies revolving around the construct of *subjective well-being* (Diener & Ryan, 2009; Diener & Seligman, 2004; McNulty & Fincham, 2012). Subjective well-being refers to “...people’s emotional responses, domain satisfactions, and global judgments of life satisfaction” (Diener, Suh, Lucas, & Smith, 1999, p. 277). As is evident in this definition, subjective well-being can be viewed broadly as consisting of two components, namely an affective component and a cognitive component.

The affective component of subjective well-being refers to the moods and emotions experienced by individuals (Diener et al., 1999). In subjective well-being, the emphasis is on the presence of positive affect and thus the experiencing of many pleasant emotions and moods, as well as the simultaneous experience of low levels of negative affect where few

unpleasant emotions and moods are present (Diener, 2000). Various researchers have discovered that pleasant affect and unpleasant affect are two independent factors and that the presence of the one does not merely indicate the absence of the other (Diener et al., 1999; Putzke, Richards, Hicken, & DeVivo, 2002). Therefore, it is important that these factors should be measured separately and understood as such. Examples of pleasant affect include joy, pride, and contentment, while examples of unpleasant affect include sadness, anxiety, worry, and anger (Diener et al., 1999).

The affective component of well-being is associated with physical health and social support. Individuals who viewed themselves as healthy, for example, tended to have high levels of the affective component of subjective well-being (McColl, Charlifue, Glass, Savic, & Meehan, 2002; Putzke et al., 2002). A study conducted in China indicates that individuals who have a spinal cord injury have lower affective subjective well-being than those who do not have a spinal cord injury (Hampton, 2008). There is also an association between the affective component of subjective well-being and social support. The results of an earlier study demonstrated that individuals with good social support tended to have good affective well-being scores and low depression scores (Benony et al., 2002). Results of previous studies strongly suggest that subjective well-being is an indication of the absence of depression (Cummins, Gullone, & Lau, 2002; Diener & Seligman, 2002).

The cognitive component of subjective well-being refers to an information-based appraisal of one's life when individuals judge the extent to which their lives measure up to their expectations (Diener, 1994). This component is also referred to as life satisfaction (Pavot & Diener, 1993). According to Shin and Johnson (1978), life satisfaction is indicative of a "judgemental process in which individuals assess the quality of their lives on the basis of

their own unique set of criteria” (as cited in Pavot and Diener, 1993, p. 102). Individuals will report a high degree of life satisfaction if their life conditions match these self-imposed standards. A hallmark of subjective well-being is that it centres on the individual’s own judgement and not on criteria perceived to be important by the researcher (Diener, 1984). As individuals may emphasise different domains and weigh the importance of each domain differently, it is imperative that the overall life satisfaction of an individual is evaluated when attempting to conceptualise life satisfaction in the context of subjective well-being (Diener, Emmons, Larson, & Griffin, 1985).

Numerous studies have examined the concept of subject well-being, and life satisfaction specifically, in a student population. A study by Renshaw and Cohen (2014) suggests that life satisfaction is a good indicator of university student functioning. In a recent Lebanese study, it was found that university students generally experience a high level of life satisfaction (Ammar, Nauffal, & Sbeity, 2013). Another study found that students’ life satisfaction increases when there is an increase in their general self-efficacy beliefs (Dave, Singh, Triphati, & Udainiya, 2011). In a South African study, results demonstrate that university students who are flourishing tend to experience high levels of life satisfaction and positive affect (Van Zyl & Rothman, 2012).

As indicated by the review of the literature, it appears that examining both the affective and cognitive component of subjective well-being is necessary when using subjective well-being as an indicator of positive adjustment to university.

There are numerous correlates of subjective well-being, including demographic variables such as income, health, and marital status (Diener, 1994; Diener & Ryan, 2009;

Khumalo, Temane, & Wissing, 2012). Gender differences have also been reported. In a Korean study, Koo, Rie, and Park (2004) found that elderly females reported higher levels of negative affect and lower levels of positive affect and overall subjective well-being than men did. Another study found that gender acted as a moderating variable in the subjective well-being experienced by Norwegian adolescents who displayed symptoms of depression and anxiety (Derdikman-Eiron et al., 2011). There was a higher correlation between low levels of subjective well-being and symptoms of depression or anxiety among males than among females. However, an overview of the available data on subjective well-being suggests that men and women do not differ significantly in terms of subjective well-being (Diener & Ryan, 2009). Fujita, Diener, and Sandvik (1991) demonstrated that gender accounts for over 13% of the variance in the intensity of emotions experienced, but for less than 1% of the variance in well-being. There are little differences between men and women regarding average subjective well-being, but more women experience the extreme ends of the well-being scale than men do (Diener et al., 1999).

In addition to the correlates mentioned above, various resources that contribute to subjective well-being have been described in the literature. Resources are important to cope with life in general and are particularly important in relation to subjective well-being (Hobfoll, 2002). Usually, these resources are categorised broadly as internal or external resources, or individual (e.g. self-esteem, close attachments, inner peace, and health) and social resources such as social support and socio-economic status (Dai, Zhang, & Li, 2013; Hobfoll, 2002).

Numerous individual resources for subjective well-being have been described in the literature. Self-efficacy and self-control are two examples of individual resources that

contribute to subjective well-being (Tang & Wang, 2009). Having the ability to adapt and cope is also cited as a resource contributing to subjective well-being (Elovainio & Kivimaki, 2000). Social support has been identified as one of the most significant social resources contributing to subjective well-being (Elovainio & Kivimaki, 2000; Gagliardi, Marcellini, Papa, Giuli, & Mollenkopf, 2010, Tang & Wang, 2009). Strong family relations in particular are a key resource for subjective well-being (Dai et al., 2013).

In the light of the above, the current study examines the constructs of coping self-efficacy as an individual resource and perceived social support as a social resource contributing to subjective well-being among first-year students.

Coping self-efficacy

The concept of coping self-efficacy is based on traditional models of coping and stress, as well as the construct of self-efficacy. Various authors have proposed models of coping (Hobfoll, Dunahoo, Ben-Porath, & Monnier, 1994; Holahan, Moos, & Schaefer, 1996; Lazarus & Folkman, 1984). In these models, it is theorised that well-being and health are determined by an individual's cognitive appraisals and his or her reaction to life stressors, as well as by their social resources, personal and demographic characteristics, and other contextual factors (Wissing et al., 2011). Stress is understood as having a negative effect on health or well-being, while coping is recognised as either the cognitive or behavioural mechanism used to manage stressful demands that are appraised as taxing and exceeding the individual's resources (Wissing et al., 2011).

In the literature about coping, a distinction is made between primary and secondary appraisal. In primary appraisal processes, the seriousness of the stressor is evaluated and the

effect of the stressor on well-being is determined. Secondary appraisal processes assess what an individual can do about the stressor and evaluate coping options (Chesney, Neilands, Chambers, Taylor, & Folkman, 2006; Folkman, Lazarus, Gruen, & Delongis, 1986). Self-efficacy contributes to the secondary appraisal process (Chesney et al., 2006). Self-efficacy is defined as the level of confidence individuals have in their ability to execute a course of action or to accomplish specific performance outcomes (Bandura, 1997). Thus, various studies have found that self-efficacy is closely related to well-being (Singh & Udainiya, 2009; Datu, 2012). In a recent study, Tamannaefar and Motaghedifard (2014) demonstrate that there is a significant relationship between self-efficacy and subjective well-being in a student population.

More specifically, secondary appraisal comprises an evaluation that an outcome is controllable by coping (van Wyk, 2010). This phenomenon is referred to as coping self-efficacy and is defined as the belief in one's ability to perform specific coping behaviour (Chesney et al., 2006). In the secondary appraisal process, individuals judge that an outcome is controllable by coping and therefore address the question of whether or not they believe they can implement the required coping strategy (Lazarus & Folkman, 1984). Thus, coping self-efficacy is conceptualised as a combination of coping behaviour and self-efficacy beliefs (Chesney et al., 2006).

Coping self-efficacy can assist individuals to prevent, reduce, eliminate, buffer, or tolerate their stress when facing challenging circumstances; therefore, they can be able to deal with non-desired consequences (Colodro, Godoy-Izquierdo, & Godoy, 2010). Based on this conceptualisation of coping self-efficacy, individuals with high levels of coping self-efficacy would be less likely to experience helplessness and would thus cope with challenging

circumstances more efficiently (Pisanti, 2012). In other words, experiencing high levels of coping self-efficacy may enable individuals to deal with the challenges they are faced with more adequately and consequently experience positive adjustment instead of being overwhelmed by their circumstances.

High coping self-efficacy has been associated with better psychological adjustment to highly stressful life changes and events, including natural disasters (Benight et al., 1999), chronic disease (Chesney et al., 2006), peer aggression among adolescents (Singh & Bussey, 2009), and pre-competitive anxiety and subjective performance among athletes (Nicholls, Polman, & Levy, 2010). Individuals who experience low levels of coping self-efficacy, on the other hand, approach coping with limited internal resources. These beliefs tend to contribute to increased levels of self-doubt, anxiousness, and tendencies to give up when facing environmental challenges (Lambert, Benight, Harrison, & Cieslak, 2012). Results from a study conducted by Valvano, de St. Aubin, deRoon-Cassini & Hassings (2009) indicate that coping self-efficacy significantly predicted physical and psychological well-being in a sample of individuals who had spinal cord injury. These results propose that coping self-efficacy has direct effects on distress and well-being outcomes (Pisanti, 2012).

Some studies have reported gender differences in coping self-efficacy; however, these differences are inconsistent in the literature. A study among university students indicates that there were no gender differences for coping self-efficacy (Luzzo & McWhirter, 2001). Additionally, results of a study among the normal adult population in the United Kingdom also indicate no gender differences (Colodoro et al., 2010). However, a more recent study among adult nursing staff members conducted by Newman (2012) indicates that women have more efficient overall coping self-efficacy beliefs than men have.

In the context of adjustment to university, a South African study indicates that coping self-efficacy may serve to enhance the psychosocial well-being of students who do not experience symptoms of psychopathology (Wissing et al., 2011). Furthermore, results of a recent study indicate that students who lack confidence in their coping abilities are more likely to experience pathology in the form of problematic eating attitudes and behaviours (MacNeil, Esposito-Smythers, Mehlenbeck, & Weismoore, 2012). An association between well-being and coping self-efficacy clearly exists.

Although a relationship between coping self-efficacy and general well-being has been established, there are currently no South African findings confirming the role of coping self-efficacy in subjective well-being specifically (according to a search done on Ebscohost, November 2014).

Perceived social support

As discussed previously, social support is viewed as a social resource for subjective well-being (Tang & Wang, 2009). The concept of social support has been cited in numerous studies as being correlated positively with subjective well-being (Kahn, Hessling, & Russell, 2003; Karademas, 2006; Kong, Zhao, & You, 2013). Some studies even demonstrate that social support is necessary for subjective well-being (Baumeister & Leary, 1995; Diener & Oishi, 2005; Diener & Seligman, 2002). Furthermore, a lack of social support has been correlated with adjustment difficulties such as depression and anxiety (Sumer, Poyrazli, & Grahame, 2008), while high levels of social support have been associated with low stress levels (Dunkley, Blankstein, Halsall, Williams, & Winkworth, 2000).

Different types of social support, such as emotional support (providing caring and validation of self-worth), instrumental support (providing financial aid as practical support),

structural support (secured by living arrangements and marital status) and autonomy support (providing support and simultaneously encouraging autonomy) have been cited as having different effects on well-being (Matud, Ibáñez, Bethencourt, Marrero, & Carballeira, 2003; Ratelle, Simard, & Guay, 2013; Scheurer, Choudhry, Swanton, Matlin, & Shank, 2012). However, the most important distinction that is made in the literature regarding type of social support is the distinction between received (actual) and perceived support (Uchino, 2009). Perceived social support is more predictive of positive psychological outcomes than actual or received social support (Barrera, 2000; McDowell & Serovich, 2007; Uchino, 2009).

Received social support can be defined as the actual social connections that an individual shares with others and may be referred to as “actual” or “provided” support (Haber, Cohen, Lucas, & Baltes, 2007). It has been measured as a function of friendships, marital status, and membership in organisations (Haber et al., 2007). The construct of perceived social support has been described previously as having a social network of people who are able to help when needed, as well as the satisfaction linked to the quality of help received (Sarason, Levine, Basham, & Sarason, 1983). According to Caplan (1974), networks provide support, information, and feedback. Based on this understanding of social networks, Procidano and Heller (1983, p. 2) define perceived social support as “the extent to which an individual believes his/her needs for support, information, and feedback are fulfilled.” It is an appraisal made by the individual of the amount of support and quality of support available if needed (Haber et al., 2007). It describes how useful an individual perceives his or her social network to be. In a meta-analysis of 23 studies it was found that received and perceived social support are significantly but only moderately correlated, which suggests that they are separate constructs and should be studied accordingly (Haber et al., 2007). Their study also indicates that perceived social support has a greater effect on well-

being than received or actual social support has, which is consistent with the findings of other studies (Helgeson, 1993; McDowell & Serovich, 2007; Serovich, 2001; Unchino, 2004).

A distinction between perceived social support from friends and perceived social support from family is made in the literature (Gulactu, 2010). Depending on the measuring instrument used, an additional distinction describing perceived social support from a special person or romantic partner may be made (Clara, Cox, Enns, Murray, & Torgrud, 2003). In a study examining the association between the severity of depression and these three dimensions of perceived social support, it was found that all three dimensions were associated negatively with severity of depression, but to different degrees (Clara et al., 2003). This suggests that social support from each of these dimensions may be associated differently with severity of symptoms. Furthermore, different populations (e.g. different age cohorts) may depend on support from family or friends to different degrees (Procidano & Heller, 1983). Relationships with friends also tend to be of shorter duration compared to relationships with relatives (Procidano & Heller, 1983).

Many studies do not differentiate between perceived social support from family and perceived social support from friends. However, in studies where the distinction is made, perceived social support from family and perceived social support from friends have been associated with well-being.

Numerous studies have cited a positive association between perceived social support from family and well-being (Cheng & Furnham, 2003; Diener & Seligman, 2002). A study by Gulactu (2010) indicates that perceived social support from family predicts subjective well-being among university students. Parents often tend to become more engaged in their

children's lives when they enter university because they feel their role is still important, despite their children taking steps towards independence (Lian & Geok, 2010). Additionally, according to a study by Steinberg and Morris (2001), adolescents tend to consider themselves close to their parents and turn to them for support and guidance. They will turn to their peers only if their parents are unavailable. A study conducted among local students who are studying at universities in their country of origin, cites perceived social support from family as having a greater effect on well-being than perceived social support from friends (Ammar et al., 2013). Although most studies indicate a positive association between perceived social support from family and well-being, a few studies have found that perceived social support from family in particular is not necessarily associated with better well-being (Sampat, Kirschenbaum, Gierut, Germann, & Krawczyk, 2014; Yusoff, 2012).

Some studies have also reported a positive association between perceived social support from friends and well-being. Zhang, Yan, Zhao, and Yuan (2014) found that perceived social support from friends moderated the levels of perceived stress and depression experienced by adolescents. In a study among international university students, it was found that perceived social support from friends and significant others was related significantly and positively to psychological adjustment (Yusoff, 2012). A recent study reported that perceived social support from friends contributed significantly towards successful weight management among obese adolescents (Sampat et al., 2014).

Although results differ regarding the relationship between well-being and perceived social support from family and perceived social support from friends respectively, there is clearly an association between perceived social support and well-being (Gulactu, 2010; Wang, Chen, Zao, & Xu, 2006). Of particular importance is evidence that perceived social

support is correlated positively with the quality of adjustment of first year students (Feenstra, Banyard, Rines, & Hopkins, 2001; Wang, et al., 2006; Zea, Jarama, & Bianchi, 1995).

Gender differences in social support indicate that females tend to receive and utilise social support more than males do (Day & Livingstone, 2003; Kendler, Myers, & Prescott, 2005; Sharir, Tanasescu, Turbow, & Maman, 2007). With regard to perceived social support specifically, a study by Marques, Weingarden, LeBlanc, Siev, and Wilhelm (2011) reported that higher levels of perceived social support from friends and significant others was associated with lower levels of body dysmorphic disorder symptoms for males, while more perceived social support from family and friends was correlated with lower levels of body dysmorphic disorder symptoms among females. In a study among adolescents in Hong Kong, females reported more perceived social support from friends than family compared to males (Chan & Cheng, 2004). Another study indicated a similar result in a population of university students and reported that women experienced higher overall levels of perceived social support than men did (Carter, 2013).

The importance of perceived social support in relation to subjective well-being and the positive adjustment of first-year students is emphasised further when considering one of the main sources of stress during the transition between high school and university, namely relocation. Many students relocate to other cities, and occasionally other countries, to pursue their tertiary education (Bojuwoye, 2002). In general, people have a tendency to feel anxious when they are in a new environment (Bojuwoye, 2002). Relocating away from supportive social structures such as relatives and friends has been found to increase students' adjustment difficulties (Faleel et al., 2012). A study conducted among university students found that relocating led to increased levels of stress, anxiety, and loneliness (King, Garret, Wrench, &

Lewis, 2011). Denovan and Macaskill (2012) cited relocation and the need to establish new social networks as difficulties experienced by first-year students in adjusting to university. Additionally, the same study reported that homesickness added to adjustment difficulties.

According to statistics obtained from Student Academic Services, University of the Free State, in 2014, a proportion of 48.87% of the first-time first-year students relocated from other provinces in South Africa specifically to pursue their studies in Bloemfontein (Student Academic Services, UFS, personal communication, July 2014). Although a large amount of literature describes the adjustment difficulties that international students experience (Faleel et al., 2012; Forbes-Mewett & Nyland, 2008; Yeh & Inose, 2003), there is a lack of information on the experiences of the South African student population who must relocate to new cities to further their studies (according to a search done on Ebscohost, August 2014). Considering the effect of perceived social support on subjective well-being, relocating away from social support may have an impact on the level of subjective well-being experienced by students. Given the diversity of the country, its eleven official languages and multicultural context (Gottlieb, 2010), the difference between environments may be more emphasised and make the transition to university and away from social support even more difficult. Therefore, it is important to understand how coping self-efficacy and social support contribute to the subjective well-being of students who relocate.

The current study aims to investigate the relationship between coping self-efficacy, perceived social support, and subjective well-being among first-year university students. Given the inconsistent findings on the role of gender in subjective well-being and the lack of studies on relocation in the South African context, the role of these variables will also be examined.

Methodology

The following section describes the research hypotheses and research design of the current study, the research participants, the data-gathering procedure, the ethical considerations that are relevant to the study, and the measuring instruments used. This is followed by a brief discussion of the statistical analysis applied to the data.

Research questions

The following questions were investigated:

- 1) Is there a relationship between perceived social support, coping self-efficacy, and subjective well-being?
- 2) Does gender and relocation play a role in the above-mentioned relationship?

Research design

This is a quantitative, non-experimental study (Pietersen & Maree, 2007). The hypothesis was investigated by means of a correlational design (Maree & Pietersen, 2007a). Correlational studies are used frequently to describe the association between a set of psychosocial variables and mental health outcomes (Langdrige & Hagger-Johnson, 2009) or to address theoretical issues (Gravetter & Forzano, 2006). However, these studies cannot prove that a relationship exists between the variables or describe cause and effect (Creswell, 2008). The type of correlational design used in this study is a predictor design, which is used when the purpose of the study is to predict certain outcomes in one variable (criterion variable) from another variable that serves as the predictor variable (Creswell, 2008). The predictor variables were gender, whether students relocated to Bloemfontein or not (hereafter referred to as “relocation”), perceived social support, and coping self-efficacy. Subjective well-being was the criterion variable.

Research participants

Research setting

The research took place at the Bloemfontein Campus of the University of the Free State (UFS). In the city of Bloemfontein, the general population consists of 50.5% females and 49.5% males (Statistics South Africa, 2011). The majority of the first-year students at the Bloemfontein Campus of the UFS in 2014 (61.83%) are female, while 38.17% are male (Student Academic Services, UFS, personal communication, July 2014). In 2014, a proportion of 48.87% of the first-year students relocated from other provinces in South Africa specifically to pursue their studies in Bloemfontein. A proportion of 95.86 % of the first-year students in 2014 are from South Africa.

Participants

The researcher made use of non-probability, convenience sampling (Maree & Pietersen, 2007b), which includes research participants who are easily available to the researcher and relevant to the study. Although this method allows relevant participants to be included in the final sample population, it is not as scientifically rigorous as other sample techniques; therefore, the sample population may not be truly representative of the general population (Maree & Pietersen, 2007b).

The transition from high school to university forms part of the context for this study; therefore, only first-time first-year students who have never been enrolled at a tertiary institution previously were permitted to participate in the study. Furthermore, from a developmental psychological perspective, individuals who are in the emerging adulthood stage of development are likely to experience similar difficulties and crises and have similar internal resources available to deal with them (Arnett, 2000). Therefore, the sample

population was limited to students who are estimated (based on their age) to be in this psychosocial stage of development currently; hence, only first-time first-year students between the ages of 18 years and 25 years of age participated in the study. To promote homogeneity in the sample, only students in the Faculty of Humanities were invited to participate in the study. Students from numerous first-year classes who study a variety of subjects were asked to participate in the study. Subjects included English, Music, Philosophy, Psychology, Communication Science, and Afrikaans. Students who coincidentally took more than one of these subjects were asked to complete the questionnaires only once and to not participate a second time.

Three hundred and seven first-year students participated in the study. Of these students, 119 were deleted from the final dataset, as they were not first-time first-year students. Another 20 students were deleted, as they did not indicate demographic information important to this study. Furthermore, 13 more participants whose questionnaires were incomplete were deleted. An additional 5 participants were deleted, as they were older than 25 years and consequently did not meet the inclusion criteria of the study. After these deletions, the final dataset consisted of 150 participants (N=150). The mean age of these participants was 19.08 years (SD = 1.28). From here onwards, the term “participants” refers to only these 150 participants.

Table 1 provides frequency statistics that describe the biographical characteristics of the participants.

Table 1

Biographical description of the participants (N=150)

Variable	Category	Participants	
		N	Valid percentage
Gender	Male	33	22.0
	Female	117	78.0
Race	Black	55	36.7
	Coloured	11	7.3
	White	79	52.7
	Indian	2	1.3
	Other	3	2.0
Nationality	South African	144	96.6
	Other	5*	3.4
Current residence	University residence	52	34.7
	Student house off campus	35	23.3
	Flat/apartment	17	11.3
	Family home in Bloemfontein	37	24.7
	Other	9	6.0

Table 1 continued

Biographical description of the participants (N=150)

Variable	Category	Participants	
		N	Valid percentage
Home town	Bloemfontein	42	28.0
	Other	108	72.0
How often students visit home if they are not from Bloemfontein	Once a week	2	1.8
	Once a month	38	34.5
	Once a term	33	30.0
	Once a semester	28	25.5
How often students visit home who are from Bloemfontein, but do not live in their family home	Once a week	4	30.8
	Once a month	5	38.5
	Other	4	30.8

* Missing data were not included in the table

The majority of the participants were female (78%), while 22% of the participants were male. From these statistics, it is evident that females were overrepresented in this sample, as only 61.83% of the first-year students at the Bloemfontein Campus of the UFS are female. Most of the participants (52.7%) were white, 36.7% were black, 7.3% were coloured, and 1.3% were Indian. White participants were also overrepresented in this sample, as only 26.9% of the current first-year students are white. This needs to be considered when interpreting the results.

Additionally, students who relocated were overrepresented in this sample, as most of the participants were not from Bloemfontein (72%), whereas only 48, 87% of the general first-year student population at the Bloemfontein Campus relocated to Bloemfontein. Of the participants who were not from Bloemfontein, 34.5% would visit their home town once a month, 30% would visit home once a term, and 25.5% would visit home once in a semester. Of participants who were from Bloemfontein but did not reside in their family home, 30.8% would visit home once a week, while 38.5% would visit home once a month.

Data-gathering procedure

After ethical clearance had been received, the relevant lecturers of first year classes within the Faculty of Humanities were contacted via email. Arrangements were made with the lecturers who responded regarding suitable times when data could be collected. The classes of lecturers who did not respond were not included in the study. Data were collected during tutorial classes and lectures of first-year students. Various measuring instruments were administered to the students who were present. Students were asked to sign an informed consent form before completing the questionnaires. The researcher supervised this process, while two master's students assisted the researcher with the data-gathering process.

Ethical considerations

Written permission was obtained from the Research Committee of the Department of Psychology, the Research Ethics Committee of the Faculty of Humanities, the Dean of Students, the Vice-Rector of Academics, and the relevant first-year lecturers at the University of the Free State before the research commenced. The purpose of the study was explained to the participating students. Written informed consent was obtained from the participants. The notions of voluntary participation and confidentiality were explained to the participants.

Participants were assured that they could withdraw from the study at any time without experiencing any negative consequences.

Measuring instruments

Participants were asked to complete the following five questionnaires:

1) A biographical questionnaire was compiled by the researcher to record participants' personal and demographic information such as their age, gender, race, and family's current place of residence.

2) The *Satisfaction with Life Scale (SWLS)* (Diener et al., 1985) measures an individual's satisfaction with life as a whole on a cognitive-judgemental level (Pavot & Diener, 1993). A high score on the 5-item Likert scale indicates a high level of subjective well-being. Diener et al. (1985) obtained a reliability coefficient of 0.87 for the scale, while the scale has also proved to be reliable in the South African and African contexts (Basson, 2008; Wissing et al. 1999).

In the current study, the Cronbach's alpha coefficient obtained from the SWLS was 0.81, which indicates that this instrument has high internal consistency for the current group of participants.

3) The *Affectometer 2 – short form (AFM)* (Kammann & Flett, 1983) measures a general sense of happiness. It provides an indication of quality of life as experienced on an emotional level (Wissing & van Eeden, 2002). Subscales measure Positive Affect, Negative Affect, and Positive-negative Affect-balance. Affectometer 2 has separate items for

measuring positive and negative affect (PA and NA). The overall level of well-being is conceptualised as the extent to which good feelings predominate over bad feelings, and this is reflected in the balance formula for calculating the total score: PA – NA. The shortened version of the scale, which consists of 10 positive items and 10 negative items, was used in this study. The total score can range from -40 to 40. This short-form version of the measure has been used in previous studies and found to be reliable and valid in a Scottish population (Parkinson, 2007), as well as in a South African population (Wissing et al., 2010). Kammann and Flett (1983) report reliability measures of 0.88 to 0.93 for Affectometer 2, while Wissing et al., (1999) found the scale to be valid for use in an African context.

In the current study, the Cronbach's alpha coefficient obtained from the Affectometer 2 (short form) was 0.85, which indicates that the short version of the Affectometer 2 has high internal consistency for the current group of participants.

The literature indicates that subjective well-being consists of an affective component and a cognitive component (Diener, 1994). The SWLS measures satisfaction with life based on a cognitive appraisal thereof (Diener, 1994), while the Affectometer 2 provides an indication of the quality of life based on the emotional experience thereof (Kammann & Flett, 1983). Theoretically, therefore, the combination of the scores obtained on the above-mentioned measures should provide an indication of an individual's overall level of subjective well-being. To obtain this score, the Satisfaction with Life Scale (SWLS) and the Affectometer 2 (short form) scores were combined as follows:

- The original scores on the SWLS were converted to be able to combine them with the Affectometer 2 (short form) score. To convert the scores to a score on a 10-point

Likert scale, the original score obtained on the 7-point Likert scale was divided by 7 and multiplied by 10.

- All negative items on the Affectometer 2 (short form) were re-coded to show negative numbers.
- Positive items on the Affectometer 2 (short form) and newly recoded negative items were converted from a 5-point Likert scale to a 10-point Likert scale to combine them with the converted scores from the SWLS. The scores on the Affectometer 2 (short form) were converted by dividing the original score obtained on the 5-point Likert scale by 5 and multiplying the number by 10.
- A total score for the Affectometer 2 (short form) was calculated by simply adding up the sum of all the negative items and the sum of all the positive items. An average was then calculated.
- A total score for the SWLS was obtained by adding up individual item scores. An average was then calculated.
- A total score for SWB was obtained by adding up the average scores of the Affectometer 2 (short form) and the average score of the SWLS to ensure that the two scales contributed equal weight to the final score.

The Cronbach's alpha coefficient obtained from this combined measure (subjective well-being scale) was 0.89, which indicates high internal consistency for the current group of participants.

4) The *Coping Self-efficacy Scale (CSES)* (Chesney et al., 2006). This 26-item scale measures perceived self-efficacy in performing coping behaviours when faced with life challenges. There are three subscales, namely *Use Problem-Focused Coping*, *Stop*

Unpleasant Emotions and Thoughts, and *Get Support from Friends and Family*. Chesney et al., (2006) report Cronbach reliability indices of 0.79 to 0.92 for subscales of a 13-item English version of the CSES, while Van Wyk (2010) reported reliability indices of 0.86 to 0.87 for the English version of the 26-item CSES in multicultural South African groups. In the current study, the English version of the 26-item CSES was used. To calculate the total score for this scale, an individual must have answered at least 80% of the items (Chesney et al., 2006). If not, the score was set to “missing”. For individuals who had scores missing on some items, but who answered at least 80% of the items, missing scores were calculated by the following procedure: first, the mean for all the items an individual had answered was calculated. Second, this average was multiplied by the number of items in the scale. If an individual answered all items, the summary score using this process will be the same as if one has simply added up the item scores. For people who did not answer all the items in a scale, however, this process resulted in a "corrected sum" that was a reasonable estimate of the score they would have obtained if they had answered all items. A high score indicates high levels of coping self-efficacy.

In this study, the Cronbach’s alpha coefficient obtained for the entire scale was 0.93, which indicates that the scale has high internal consistency in this group of participants.

5) The *Perceived Social Support Scale (PSS)* (Procidano & Heller, 1983). This 40-item scale consists of two subscales, namely *Perceived Social Support from Friends*, and *Perceived Social Support from Family*. It measures the extent to which a person perceives that his/her needs for support, information, and feedback are fulfilled by friends and family. Each 20-item scale consisted of declarative statements to which the individual answers "Yes," "No," or "Don't know." Responses that represent positive social support are scored 1,

and item scores are added up, so that total subscale scores range from 0 (no perceived support) to 20 (maximum support). Simple counts of the number of endorsed items indicate the level of support from family and friends. A high score would indicate a high level of support. Procidano and Heller (1983) report reliability measures of 0.88 and 0.90 for the subscales and acceptable validity in a sample population of undergraduate university students in the United States of America. A South African study found slightly lower reliability indices of 0.51 and 0.68 for the subscales (Wissing & van Eeden, 2002).

In this study, the Cronbach's alpha coefficients obtained were 0.89 for the family subscale and 0.85 for the friends subscale. Both these coefficients indicate that the scale has high internal consistency in this group of participants.

Study results indicate a satisfactory internal consistency for all the measuring instruments. The high Cronbach alpha coefficients obtained for all the scales concur with findings reported in the existing literature (Wissing et al., 1999; Wissing et al., 2011; Procidano & Heller, 1983). The Subjective Well-being Scale (a combination of the Satisfaction with Life Scale and the Affectometer 2 – short version) has a high internal consistency of 0.89. The high internal consistencies of all the scales can be viewed as a strength of the current study and are consistent with the findings in the existing literature. Table 2 provides descriptive statistics for all the measuring instruments.

Table 2

Descriptive statistics of measuring instruments (N=150)

Measuring instrument	Description	Mean	Range		SD	Cronbach's alpha coefficient
			Min	Max		
Satisfaction with Life Scale	Full scale	25.45	5	35	5.77	0.81
Affectometer 2 (short version)	Short version of scale	17.77	-10	40	9.86	0.85
Subjective Well-being Scale	Combined scale of Satisfaction with Life scores and Affectometer 2 (short version) scores	9.06	1.73	14	2.43	0.89
Coping Self-efficacy Scale	Full scale	174.07	66	260	34.87	0.93
Perceived Social Support Scale	Perceived social support from family	14.12	0	20	5.59	0.89
	Perceived social support from friends	14.82	0	20	4.55	0.85

No previous studies have combined the Satisfaction with Life Scale and the Affectometer 2 (short version) to create the Subjective Well-being Scale. However, considering that the mean score is two standard deviations below the maximum score, and three standard deviations above the minimum score, the mean for the Subjective Well-being Scale can be considered average.

In an American study conducted among adult males, and one of the first studies which aimed at establishing the reliability and validity of the Coping Self-efficacy Scale (CSES), the mean for the CSES was 137.4 (Chesney et al., 2006). Compared to this study, and given the minimum and maximum scores, the mean score obtained by the current group of participants ($M = 174.07$, $SD = 34.87$) can be considered average.

In a study conducted among American university undergraduates and published by the authors of the Perceived Social Support Scale, the means for the Perceived Social Support from Family Subscale and the Perceived Social Support from Friends Subscale were 13.40 and 15.15 respectively (Procidano & Heller, 1983). In the current study, the averages of both Perceived Social Support from Family ($M = 14.12$) and Perceived Social Support from Friends ($M = 14.82$) can be considered relatively high scores when one considers the maximum scores and standard deviations for these scales, although these scores are quite similar to the mean scores reported by Procidano and Heller (1983). Thus, the participant group reported relatively high levels of perceived social support.

Data analysis

The statistical package *Statistical Package for the Social Sciences* (SPSS, version 22) (International Business Machines Corporation, 2013) for Windows was used to analyse the data. To obtain the results, two main statistical procedures were conducted. First, a hierarchical regression analysis (Howell, 2008) was conducted to assess the amount of variance each independent variable (gender, relocation, coping self-efficacy, and perceived social support) explains in the dependent variable (subjective well-being).

Second, a two-way between-group ANOVA (Pallant, 2007) was employed to analyse the data further and to examine the individual and the joint effects of the two independent variables pertaining to the second research question (gender and relocation) on the dependent variable (subjective well-being).

The results obtained for the current group of student participants will be discussed next.

Results

The aim of the study was to examine the role of demographic variables (gender and relocation) in the relationship between coping self-efficacy, perceived social support, and subjective well-being. This was a quantitative, non-experimental study with a correlational design (Pietersen & Maree, 2007).

The data were analysed using a hierarchical regression analysis (Howell, 2008). In hierarchical regression analysis, variables are entered in steps, with each independent (predictor) variable being assessed in terms of what it adds to the prediction of the dependent (criterion) variable (Pallant, 2007). In this study, subjective well-being was the criterion variable. In the first step of the regression, the predictor variables were gender and relocation. In the second step, the predictor variables were perceived social support and coping self-efficacy.

A two-way between-group analysis of variance (ANOVA) was used to analyse the data further as this method allows for the examination of both the individual and joint effect of two independent (predictor) variables on one dependent (criterion) variable (Pallant, 2007).

Both the main effect of each independent variable, as well as the possibility of an interaction effect between them, can be explored by employing this method of analysis. In this study, subjective well-being was the dependent variable, while gender and relocation were the independent variables for this analysis.

The results of the hierarchical regression analysis are reported first, followed by the results of the two-way ANOVA.

Results of the hierarchical regression analysis

A hierarchical regression analysis was conducted to assess what each independent variable (coping self-efficacy and perceived social support) added to the prediction of the dependent variable (subjective well-being) after controlling for the role of gender and relocation. Preliminary analyses were conducted to ensure no contravention of the assumptions of normality, linearity, multi-collinearity and homoscedasticity (Pallant, 2007). The results obtained are indicated in Tables 3, 4 and 5.

Table 3

Hierarchical regression analysis results (model summary^c)

Model	R		Adjusted R Square	Std. Error of the Estimate	Change Statistics				Durbin-Watson	
	R	Square			R Square Change	F Change	df1	df2		Sig. F Change
1	.104 ^a	.011	-.003	2.44087	.011	.810	2	147	.447	
2	.720 ^b	.518	.502	1.72078	.508	50.591	3	144	.000	1.776

a. Predictors: (Constant), Gender, Relocation

b. Predictors: (Constant), Gender, Relocation, Perceived Social Support Family Total, Perceived Social Support Friends Total, Coping Total Score

c. Dependent Variable: Subjective Well Being (Total from averages)

The variables of gender and relocation were entered as Step 1 and explained 11% of the variance in subjective well-being. After entering coping self-efficacy, perceived social support from family, and perceived social support from friends at Step 2, the total variance explained by the model as a whole was 51.8%. The addition of coping self-efficacy, perceived social support from family, and perceived social support from friends resulted in a significant increase in R^2 of 0.508 ($F = 50.591$, $p = 0.000$). Therefore, coping self-efficacy, perceived social support from family, and perceived social support from friends together explained an additional 50.8% in the variance of subjective well-being, over and above the variance already explained by gender and relocation.

Table 4

Analysis of variance^a

	Model	Sum of Squares	df	Mean Square	F	Sig.
1	Regression	9.649	2	4.825	.810	.447 ^b
	Residual	875.805	147	5.958		
	Total	885.454	149			
2	Regression	459.059	5	91.812	31.006	.000 ^c
	Residual	426.395	144	2.961		
	Total	885.454	149			

a. Dependent Variable: Subjective Well Being (Total from averages)

b. Predictors: (Constant), Gender, Relocation

c. Predictors: (Constant), Gender, Relocation, Perceived Social Support Family Total, Perceived Social Support Friends Total , Coping Total Score

Model 1 (consisting of gender and relocation) did not significantly predict subjective well-being ($F = 0.810$; $p = 0.447$). However, the full model (consisting of the demographic variables plus coping self-efficacy and perceived social support) did explain a significant percentage (Adjusted $R^2 = 0.502$; 50, 2%) of the variance in subjective well-being scores ($F = 31.006$, $p = 0.000$).

Table 5
Coefficients^a

Model	Unstandardised		Standardised	t	Sig.	95.0% Confidence		Correlations			Colinearity	
	Coefficients		Coefficients			Interval for B		Zero- order	Partial	Part	Tolerance	VIF
	B	Std. Error	Beta			Lower Bound	Upper Bound					
1 (Constant)	8.577	.450		19.060	.000	7.688	9.467					
Q1 Gender recoded	.476	.482	.081	.988	.325	-.476	1.429	.077	.081	.081	.996	1.004
Q1 City recoded	.384	.445	.071	.863	.390	-.495	1.263	.066	.071	.071	.996	1.004
2 (Constant)	.166	.808		.206	.837	-1.430	1.763					
Q6 Gender recoded	.502	.344	.086	1.458	.147	-.179	1.182	.077	.121	.084	.970	1.031
Q6 City recoded	.294	.314	.054	.935	.352	-.328	.915	.066	.078	.054	.990	1.010
Coping total score	.036	.005	.510	7.496	.000	.026	.045	.656	.530	.433	.723	1.384
Perceived Social Support Family Total	.128	.028	.294	4.496	.000	.072	.184	.539	.351	.260	.784	1.275
Perceived Social Support Friends Total	.027	.034	.050	.787	.433	-.040	.093	.316	.065	.045	.841	1.189

a. Dependent variable: SWB Total from averages

Only coping self-efficacy ($t = 7.496$, $p = 0.000$) and perceived social support from family ($t = 4.496$, $p = 0.000$) made a statistically significant unique contribution to the prediction of subjective well-being, after the effects of all the other variables in the full model had been taken into account.

Results of the two-way analysis of variance

A two-way analysis of variance (ANOVA) was conducted to determine whether there was a significant interaction effect between gender and the relocation variable for subjective well-being. The results obtained are indicated in Table 6.

Table 6

Tests of between-subjects effects (dependent variable: SWB total from averages)

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	10.788 ^a	3	3.596	.600	.616	.012
Intercept	7176.797	1	7176.797	1197.957	.000	.891
Gender	6.944	1	6.944	1.159	.283	.008
City**	1.588	1	1.588	.265	.607	.002
Gender* City	1.139	1	1.139	.190	.663	.001
Error	874.666	146	5.991			
Total	13187.868	150				
Corrected Total	885.454	149				

** The variable labelled “city” originally consisted of all the specific names of cities from where the students came. This variable was re-coded to compare students from Bloemfontein and students not from Bloemfontein.

There is no significant interaction effect between gender and relocation ($F = 0.190$; $p = 0.663$) with regard to subjective well-being scores. Thus, the effect of gender on subjective well-being does not depend on relocation. Stated differently, the effect of relocation on subjective well-being does not depend on gender. Furthermore, the results in Table 6 indicate

that there are no significant main effects for either gender ($F = 1.159$; $p = 0.283$) or relocation ($F = 0.265$; $p = 0.607$) on subjective well-being scores.

Discussion

The aim of this study was to examine the role of demographic variables in the relationship between coping self-efficacy, perceived social support, and subjective well-being. The demographic variables were gender and relocation.

Results from this study confirm the association between coping self-efficacy, perceived social support, and subjective well-being. The results of the hierarchical regression analysis indicate that half of the variance (50.8%) in subjective well-being is explained by coping self-efficacy, perceived social support from family, and perceived social support from friends (when controlling for gender and relocation). This implies that the combination of individuals' beliefs in their coping ability and the extent to which they perceive themselves to be supported contribute significantly to subjective well-being, regardless of the individuals' gender or whether they have relocated. This is an unusually high amount of variance, as a variance of 14% and above is usually significant and is considered to indicate that the independent variable plays a significant role in predicting the dependent variable (Nandy, 2012).

The finding that perceived social support is associated with subjective well-being concurs with the results of other studies (Kahn et al., 2003; Karademas, 2006). Gulactu (2010) also found that perceived social support predicted an unusually high amount of variance (43%) in the subjective well-being of a Turkish student population. The high

variance reported in the previous study and the current study suggests that perceived social support plays a significant role in subjective well-being.

Additionally, only perceived support from family made a statistically significant unique contribution to subjective well-being. This result is consistent with the results of international studies (Cheng & Furnham, 2003; Diener & Seligman, 2002; Gulactu, 2010). Results of a Canadian study concur that students generally perceive that they are well supported by their families (Ciccione-Estrela, 2012). Graziano, Bonino, and Cattelino (2009) found that perceived parental support specifically was associated with lower levels of depressive feelings in a sample of adolescents. Ammar et al., (2013) found that perceived social support from family in particular was a significant predictor of subjective well-being, while perceived social support from friends was a significant predictor of only the Positive Affect component of subjective well-being.

Additionally, a possible explanation for this result is that students may have perceived the support by their parents in a particular manner. A recent study indicates that perceived autonomy support by parents is associated positively with subjective well-being of university students (Ratelle et al., 2013). Autonomy support by parents refers to the extent to which individuals believe their parents allow them to feel that they initiate their own actions and are not being coerced (Grolnick, 2003). Their parents consider their autonomy as opposed to attempting to control individuals. Furthermore, another study indicates that a democratic parental attitude (where parents observe their children's behaviour with interest, but simultaneously permit them to behave autonomously and encourage developing a sense of responsibility) is a positive predictor of subjective well-being in university students (Deniz et al., 2013). This coincides with the developmental task of emerging adulthood. As autonomy

support is associated positively with subjective well-being, it could be that the participants in this study perceived the support by their parents as autonomy support. However, it should be noted that types of support were not examined in this study.

Another possible explanation may be related to the socio-demographics of South Africa. It may be that these students are probably not first-generation students, as first-generation students tend to be black, while the majority of the participants in this study were white (Bangeni & Kapp, 2007). If their parents also attended university previously, it can be hypothesised that they have first-hand experience of what type of support to provide to their children.

Although perceived social support from friends contributes significantly to subjective well-being within the overall hierarchical regression model, the variable on its own is not a significant predictor of subjective well-being in this study. This finding coincides with findings of other researchers (Ammar et al., 2013; Yusoff, 2012). A study by Gulactu (2010) found that perceived social support from friends and from a romantic partner does not significantly predict subjective well-being, while Steinberg and Morris (2001) reported that individuals who are in their late adolescents tend to rely on parents for support rather than on friends.

Owing to the diversity of cultures that exist in the South African context, South African society in general tends to be a mixture of individualistic and collectivistic cultures (Gottlieb, 2010). Because of the influence of collectivistic cultures, families are perceived as important in the South African context (Visser & Moleko, 2012). This may provide a

possible explanation why perceived social support from family accounts for a greater amount of variance than perceived social support from friends does in this study.

During their first year of study, students also make new friendships (Arnett, 2000), whereas their relationships with their family members tend to be well established by this period of their lives. Therefore, they may view their family as more dependable than their (new) friends and therefore perceive their family as more able to support them if necessary than their friends are (Chesney et al, 2006; Dunn & Craig, 2013).

The results pertaining to the association between coping self-efficacy and general psychological well-being have been noted in a previous South African study conducted among university students (Wissing et al., 2011). International studies have proposed that coping self-efficacy has a direct effect on well-being outcomes and can significantly predict physical and psychological well-being (Pisanti, 2012; Valvano et al., 2009). A South African study indicates that coping self-efficacy may serve to enhance the psychosocial well-being of students who do not experience symptoms of psychopathology (Wissing et al., 2011), while high levels of coping self-efficacy have also been associated with better psychological adjustment to stressful events and life changes (Chesney et al., 2006; Singh & Bussey, 2009).

Although it is theoretically plausible that coping self-efficacy would affect subjective well-being specifically, there has been a lack of evidence in the literature to verify this proposal. Previously, studies only cited general self-efficacy as correlating positively with subjective well-being specifically (Karademas, 2006). A significant result of this study is the finding that coping self-efficacy is statistically significant in predicting subjective well-being among university students.

The demographics of the participants in the study need to be considered when providing a possible explanation for this finding. Studies have suggested that females tend to cope and adjust better than males. A study by Meehan, Peirson, and Fridjhon (2007) indicates that females scored significantly higher regarding the exhibition of coping strategies compared to males in an adolescent population. Another study reported that international female students had also adjusted better to university than their male counterparts had (Lee, Park, & Kim, 2009). The overrepresentation of female participants in the current study may affect this result.

Additionally, the time of the year the study was conducted may provide another explanation for this result. The data collection took place in May 2014, which is five months into the academic year. According to the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013), individuals who have not adjusted adequately to stressors or stressful events in their lives (such as starting university) within six months of the event occurring may be suffering from an adjustment disorder. Therefore, it is expected that healthy students will be able to cope with their new environment by the time of the year the study was conducted.

The results of the two-way ANOVA indicate that there is no significant interaction effect between gender and relocation with regard to subjective well-being scores. There are also no significant main effects for either gender or relocation with regard to subjective well-being scores. The lack of association between gender and subjective well-being partially concurs with the evidence in the literature, as some studies have reported gender differences in subjective well-being, while others have reported no significant difference (Ammar et al., 2013; Koo et al., 2004).

The lack of correlation between relocation and subjective well-being is a surprising finding. The results of various studies indicate that relocating away from family, friends and supportive social structures can contribute to students experiencing adjustment difficulties and becoming overwhelmed (Faleel et al., 2012; Vollrath, 2000). The results of a recent study (King et al., 2011) suggests that relocation has a negative effect on first-year students' physical and mental well-being. Students who have relocated are more likely to experience anxiety symptoms, increased loneliness, and an overall decline in mental health compared to students who have not relocated. Therefore, in the current study, the lack of correlation between relocation and subjective well-being is an unexpected finding, particularly when in view of the finding of this study (and the existing literature) that perceived social support from family has a significant effect on subjective well-being. It was hypothesised that, as students tend to move away from their families and lose social support, relocation would have some effect on subjective well-being, although the results suggest otherwise.

A possible explanation for this result may be that, because this specific group of participants had a relatively higher existing level of perceived social support from family, it acted as a buffer and decreased the effect of the relocation. Additionally, it may be that some students find it easier to be self-focused and develop their identities away from their family of origin (Arnett, 2000). This may imply that some students find it easier to complete the tasks of normal development (Arnett, 2000) in a new environment; hence, the effect of relocation is not as severe as was expected. Another possible explanation is that individuals who are in this developmental stage tend to compare themselves to their peers (Dunn & Craig, 2013). It could be that the participants in this study compared themselves to other students who had also relocated. Therefore, they may believe that, in comparison with their peers who have

relocated, they are coping adequately and functioning well. They may thus not have experienced relocation as a factor affecting their subjective well-being.

This finding may be unique in the South African context. Students are often expected to travel during their school years to pursue a higher level of education (Lemon & Battersby-Lennard, 2011). They are used to relocating; hence, it is no longer a stressful event for them. Additionally, there is a large degree of diversity in the education system in South Africa; thus, students are used to being exposed to different cultures and different people by the time they reach university.

Limitations and recommendations

The current study has contributed to the understanding and knowledge of factors affecting the subjective well-being of first-year university students in the South African and Free State contexts. It has provided clear evidence to understand and acknowledge the significant effect coping self-efficacy and perceived social support from family in particular have on subjective well-being. In addition, it has addressed the lack of available research concerning students who relocate in the South African context and can be used to aid in informing support structures for students. However, it is important to interpret the results of the study within the framework of the limitations of this study.

The first limitation of this study relates to the participants. It should be kept in mind that there was an overrepresentation of female participants in the current study, which may have influenced the results of the study. The female-to-male ratio (3:1 in the current study) was not the same as can be found in the general population of the Free State (1:1) or the general first-year population on the campus of the University of the Free State (1.6:1).

Furthermore, the overrepresentation of white participants in the sample population (52.7%) may also have affected the results of the study. Limiting the participants to students enrolled at the Faculty of Humanities only may have had an additional effect on the results of the study. An older study by Horn, Holzemer, and Meleis (1990) indicates that female students studying at the Faculty of Humanities tend to have specific personality characteristics that are not shared by female students studying at the Faculty of Engineering. These characteristics include those that correlate with the social code described by Holland's Self Directed Search Questionnaire (Holland, 1985) such as being friendly, helping others, and possessing good socialising skills (Horn et al., 1990). Therefore, students with these personality characteristics may have been overrepresented in the current study, which may have affected the results.

The study relied on self-report measuring instruments, which are subject to deliberate misrepresentation or manipulation (Howell, 2008). Because of societal pressures to be able to cope and adjust positively, participants may have felt pressured to indicate answers that would present their subjective well-being and their coping self-efficacy beliefs in a more positive light than was the case in reality.

The time the study was conducted in the year may also be viewed as a limitation. Data was collected in May 2014, by which time students would have had at least some time to adjust to their new environment. A recommendation for future studies is to repeat the study at different intervals throughout the year and compare the results to see how their level of subjective well-being may change over time.

A further recommendation pertains to the high internal consistency of the Subjective Well-being Scale (the combination of the Satisfaction with Life scale and the Affectometer 2, short version). Owing to the high internal consistency of this scale, as well as the lack of measuring instruments that test both the cognitive and the affective components of subjective well-being, it is recommended that a factor analysis of the Subjective Well-being Scale (as described in this study) be conducted. The scale may have potential to become a recognised instrument that measures both the cognitive and affective components of subjective well-being and thus the total construct of subject well-being as described by Diener (1984) and not only the cognitive component as is often the case in studies reported in existing literature.

The unusually high variance accounted for by coping self-efficacy, perceived social support from family, and perceived social support from friends permits the recommendation that this study be replicated to determine if this degree of variance is present in other populations. It may be that this finding has potentially significant implications for the theoretical understanding of factors that play a role in subjective well-being in certain student population groups in South Africa.

Conclusion

The aim of this study was to examine the relationship between coping self-efficacy, perceived social support from family and friends and subjective well-being. Additionally, the study aimed to explore the role of gender and relocation to Bloemfontein in this relationship. The study confirms that coping self-efficacy and perceived social support together significantly predict subjective well-being in the population of first-year students. Furthermore, coping self-efficacy and perceived social support from family each makes a unique statistically significant contribution to subjective well-being. Results indicate that gender and relocation do not predict subjective well-being.

Although there are various limitations to this study, the study contributes to research on subjective well-being in the population of first-year university students in South Africa. The results of this study contribute to research in the fields of positive psychology, adjustment studies, and subjective well-being in first-year students. Furthermore, it supports the relevance of further investigation of factors that play a role in the subjective well-being of first-year students, including demographic variables such as gender and relocation. In particular, this study addresses the lack of research regarding university students who relocate to different cities in the same country to further their studies at a tertiary institution. The significant role of coping self-efficacy and perceived social support in predicting subjective well-being is also reiterated by the results of this study.

As subjective well-being is an indication of positive adjustment to the life transition faced by first-year students, it is envisaged that further research will be conducted on this topic. The findings and knowledge gained can aid in informing support structures for first-year students.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: American Psychiatric Association.
- Ammar, D., Nauffal, D., & Sbeity, R. (2013). The role of perceived social support in predicting subjective well-being in Lebanese college students. *The Journal of Happiness & Well-Being*, *1*(2), 116-130. Retrieved from http://www.researchgate.net/publication/264503310_The_Role_of_Perceived_Social_Support_in_Predicting_Subjective_Well-Being_in_Lebanese_College_Students
- Arnett, J. J. (2000). Emerging Adulthood: A Theory of development from the late teens through the twenties. *American Psychologist*, *55*(5), 469-480. doi: 10.1037//0003-066X.55.5.469
- Arnett, J. J. (2004). *Emerging adulthood: The winding road from the late teens through the twenties*. New York: Oxford University Press.
- Arnett, J. J. (2010). *Adolescence and emerging adulthood: A cultural approach* (4th ed.). Upper Saddle River, New Jersey: Prentice Hall.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: Freeman.
- Bangeni, B., & Kapp, R. (2007). Shifting Language Attitudes in a Linguistically Diverse Learning Environment. *Journal of Multilingual and Multicultural Development*, *28*(4), 253-270. Retrieved from <http://www.education.uct.ac.za/edu/staff/academic/rkapp#sthash.JbYhVQar.dpuf>
- Barrera, M. (2000). Social support research in community psychology. In J. Rappaport & E. Seidman (Eds.), *Handbook of community psychology* (pp.215-245). New York: Kluwer Academic/Plenum.
- Basson, N. (2008). *The influence of psychosocial factors on the subjective well-being of adolescents*. (Unpublished master's thesis). University of the Free State,

- Bloemfontein, South Africa. Retrieved from <http://etd.uovs.ac.za/ETD-db/theses/available/etd-10232009.../BassonN.pdf>
- Baumeister, R., & Leary, M. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, *117*, 497-529. doi: 10.1037/0033-2909.117.3.497
- Benight, C. C., Ironson, G., Klebe, K., Carver, C. S., Wynings, C., Burnett, K.,... Schneiderman, N. (1999). Conservation of resources and coping self-efficacy predicting distress following a natural disaster: A causal model analysis where the environment meets the mind. *Anxiety, Stress, and Coping*, *12*, 107-126. doi: 10.1080/10615809908248325
- Benony, H., Daloz, L., Bungener, C., Chahraoui, K., Frenay, C., & Auvin, J. Emotional factors and subjective quality of life in subjects with spinal cord injuries. *American Journal of Physical Medicine and Rehabilitation*, *81*(6), 437-445. doi: 10.1097/00002060-200206000-00008
- Bitzer, E., & Troskie-De Bruin, C. (2004). The effect of factors related to prior schooling on student persistence in higher education. *South African Journal of Education*, *24*, 119-125. Retrieved from http://www.google.co.za/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0CCEQFjAB&url=http%3A%2F%2Facademic.sun.ac.za%2Fchae%2Fbitzer%2FSAJE.2004.Factors%2520related%2520to%2520prior%2520schooling.pdf&ei=CT45VOyYPOPC7ga6vICgBQ&usg=AFQjCNEQNmtwh_bJ3qPm6y7Nhx7JW_NIHw&bvm=bv.77161500,d.d2s
- Bojuwoye, O. (2002). Stressful experiences of first year students of selected universities in South Africa. *Counselling Psychology Quarterly*, *15*(3), 277-290. doi: 10.1080/09515070210143480

- Carter, E. (2013). *The relationship among extroversion, gender, and perceived social supports of professional psychology doctoral students*. (Unpublished doctoral dissertation). The Chicago School of Professional Psychology, Chicago, Illinois
- Caplan, G. (1974). *Support Systems and community mental health: Lectures on concept development*. New York: Behavioural Publications.
- Chan, D. K.-S. & Cheng, H. L. (2004). A comparison of offline and online friendship qualities at different stages of relationship development. *Journal of Social and Personal Relationships, 21*, 305–320. doi: 10.1177/0265407504042834
- Cheng, H., & Furnham, A. (2003). Personality, self-esteem, and demographic predictions of happiness and depression. *Personality & Individual Differences, 34*(6), 921-943. doi: 10.1016/S0191-8869(02)00078-8.
- Chesney, M. A., Neilands, T. B., Chambers, D. B., Taylor, J. M., & Folkman, S. (2006). A validity and reliability study of the Coping Self-Efficacy Scale. *British Journal of Psychology, 11*, 427-437. doi: 10.1348/135910705X53155
- Ciccione-Estrelita, A. (2012). Impacts of parental support on Emerging Adults' transition from high school to university. (Unpublished doctoral dissertation). Wilfrid Laurier University, Canada.
- Clara, I. P., Cox, B. J., Enns, M. W., Murray, L. T., & Torgrud, L. J. (2003). Confirmatory factor analysis of the Multidimensional Scale of Perceived Social Support in clinically distressed and student samples. *Journal of Personality Assessment, 81*, 265-270. doi: 10.1207/S15327752JPA8103_09
- Colodro, H., Godoy-Izquierdo, D., & Godoy, J. (2010). Coping self-efficacy in a community-based sample of women and men from the United Kingdom: The impact of sex and health status. *Behavioral Medicine, 36*, 12-23. doi: 10.1080/08964280903521362

- Creswell, J. (2008). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research*. New Jersey: Pearson: Merrill Prentice Hall.
- Cummins, R. A., Gullone, E., & Lau, A. L. D. (2002). *A model of subjective well-being homeostasis: The role of personality*. In E. Gullone & R.A. Cummins (Eds.), *The universality of subjective wellbeing indicators: Social Indicators Research Series* (pp. 7-46). Dordrecht: Kluwer
- Dai, B., Zhang, B., & Li, J. (2013). Protective factors for subjective well-being in Chinese older adults: The roles of resources and activity. *Journal of Happiness studies, 14*, 1225-1239. doi: 10.1007/s10902-012-9378-7
- Datu, J. A. (2012). Be happy and believe in your capacity: Establishing link between subjective well-being and self-efficacy among Filipino adolescents. *International Journal of Research Studies in Psychology, 2*(3), 3-10. doi: 10.5861/ijrsp.2012.206
- Dave, R., Tripathi, K. N., Singh, P., & Udainiya, R. (2011). Subjective well-being, locus of control and general self-efficacy among university students. *Amity Journal of Applied Psychology, 2*(1), 28–32. Retrieved from: <http://0-web.b.ebscohost.com.wagtail.ufs.ac.za/ehost/pdfviewer/pdfviewer?vid=10&sid=76ba614c-b0b8-4087-a864-aff22e58893a%40sessionmgr111&hid=106>
- Day, A. L., & Livingstone, H. A. (2003). Gender differences in perceptions of stressors and utilization of social support among university students. *Canadian Journal of Behavioural Science, 35*, 73-83. doi: 10.1037/h0087190
- Deniz, M. E., Karakus, O., Tras, Z., Eldeleklioglu, J., Ozyesil, Z., & Hamartan, E. (2013). Parental attitude perceived by university students as predictors of subjective well-being and life satisfaction. *Psychology, 4*(3), 169-173.

- Denovan, A., & Macaskill, A. (2012). An interpretative phenomenological analysis of stress and coping in first year undergraduates. *British Educational Research Journal*, 39(6), 1002-1024. doi: 10.1002/berj.3019
- Department of Education, South Africa (2005). Student enrolment planning in public higher education. Pretoria: Department of Education
- Derdikman-Eiron, R., Indredavik, M., Bratberg, G., Taraldsen, G., Bakken, I., & Colton, M. (2011). Gender differences in subjective well-being, self-esteem and psychosocial functioning in adolescents with symptoms of anxiety and depression: Findings from the Nord-Trøndelag health study. *Scandinavian Journal of Psychology*, 53, 261-267. doi: 10.1111/j.1467-9450.2010.00859.x
- Diener, E. (1984). Subjective well-being. *Psychological Bulletin*, 95, 542-575. doi: 10.1037//0033-2909.95.3.542
- Diener, E. (1994). Assessing subjective well-being: Progress and opportunities. *Social Indicators Research*, 31, 103-157. doi: 10.1007/BF01207052
- Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist*, 55(1), 34-43. doi: 10.1037//0003-066X.55.1.34
- Diener, E., Emmons, R. A., Larson, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49, 71-75. doi: 10.1207/s15327752jpa4901_13
- Diener, E., & Oishi, S. (2005). The nonobvious social psychology of happiness. *Psychological Inquiry*, 16, 162-167. Retrieved from https://internal.psychology.illinois.edu/reprints/index.php?page=request_article&site_id=24&article_id=444

- Diener, E., & Ryan, K. (2009). Subjective well-being: A general overview. *South African Journal of Psychology, 23*(4), 391-406. doi: 10.1177/008124630903900402
- Diener, E., & Seligman, M. (2002). Very happy people. *Psychological Science, 13*, 81-84. doi: 10.1111/1467-9280.00415
- Diener, E., & Seligman, M. E. P. (2004). Beyond money: Toward an economy of well-being. *Psychological Science in the Public Interest, 5*, 1-31. doi: 10.1111/j.0963-7214.2004.00501001.x
- Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin, 125*, 276-302. doi: 10.1037//0033-2909.125.2.276
- Dunkley, D. M., Blankstein, K. R., Halsall, J., Williams, M., & Winkworth, G. (2000). The relation between perfectionism and distress: Hassles, coping, and perceived social support as mediators and moderators. *Journal of Counseling Psychology, 47*(4), 437-453. doi: 10.1037//0022-0167.47.4.437
- Dunn, W., & Craig, G. (2013). *Understanding human development* (3rd ed.). Upper Saddle River, New Jersey: Prentice Hall
- Elovainio, M., & Kivimaki, M. (2000). Sense of coherence and social support – Resources for subjective well-being and health of the aged in Finland. *International Journal of Social Welfare, 9*, 128-135. doi: 10.1111/1468-2397.00118
- Faleel, S., Tam, C., Lee, T., Har, W., & Foo, Y. (2012). Stress, perceived social support, coping capability and depression: A study of local and foreign students in the Malaysian context. *World Academy of Science, Engineering and Technology, 61*, 75-81. Retrieved from <http://0web.ebscohost.com.wagtail.ufs.ac.za/ehost/pdfviewer/pdfviewer?sid=1c58935b-eb44484a9cd06e0446474e78%40sessionmgr112&vid=1&hid=112>

- Feenstra, S. J., Banyard, L. V., Rines, E. N., & Hopkins, R. K. (2001). First-year students' adaptation to college: The role of family variables and individual coping. *Journal of College Student Development, 42*, 106-113.
- Fergus, S., & Zimmerman, M. A. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health, 26*, 399-419. doi: 10.1146/annurev.publhealth.26.021304.144357
- Folkman, S., Lazarus, R. S., Gruen, R. J., & Delongis, A. (1986). Appraisal, coping, health status, and psychological symptoms. *Journal of Personality and Social Psychology, 50*(3), 571-579. doi: 10.1037//0022-3514.50.3.571
- Forbes-Mewett, H., & Nyland, C. (2008). Cultural diversity, relocation and the security of international students at an internationalised university. *Journal of Studies in International Education, 12*(2), 181-203. doi: 10.1177/1028315307308136
- Fujita, F., Diener, E., & Sandvik, E. (1991). Gender differences in negative affect and well-being: The case for emotional intensity. *Journal of Personality and Social Psychology, 61*, 427-423. doi: 10.1037//0022-3514.61.3.427
- Gagliardi, C., Marcellini, F., Papa, R., Giuli, C., & Mollenkopf, H. (2010). Associations of personal and mobility resources with subjective well-being among older adults in Italy and Germany. *Archives of Gerontology and Geriatrics, 50*, 42-47. doi: 10.1016/j.archger.2009.01.007
- Gan, Y., Hu, Y., Zhang, Y. (2010). Proactive and preventive coping in adjustment to college. *The Psychological Record, 60*, 643-658. Retrieved from <http://0web.ebscohost.com.wagtail.ufs.ac.za/ehost/pdfviewer/pdfviewer?sid=f19e6b64-abcc-493e-866c-665f56a5bbd8%40sessionmgr112&vid=1&hid=112>
- Gottlieb, H. (2010). Multilingual translation vs. English-fits-all in South African media. *Across Languages and Cultures, 11*, 189-216. doi: 10.1556/Acr.11.2010.2.4

- Graziano, F., Bonino, S., & Cattelino, E. (2009). Links between maternal and paternal support, depressive feelings and social and academic self-efficacy in adolescence. *European Journal of Developmental Psychology, 6*(2), 241-257. doi: 10.1080/17405620701252066
- Gravetter, F. J., & Forzano, L. B. (2006). *Research methods for the behavioural sciences*. Belmont, CA: Cengage Learning
- Grolnick, W. S. (2003). *The psychology of parental control: How well-meant parenting backfires*. Mahwah, NJ: Erlbaum
- Gulactu, F. (2010). The effects of perceived social support on subjective well-being. *Procedia Social and Behavioural Science, 2*, 3844-3849. doi: 10.1016/j.sbspro.2010.03.602
- Haber, M. C., Cohen, J. L., Lucas, T., & Baltes, B. B. (2007). The relationship between self-reported received and perceived social support: A meta-analytic review. *American Journal of Community Psychology, 39*(1), 133-144. doi: 10.1007/s10464-007-9100-9
- Hampton, N. Z. (2008). The affective aspect of subjective well-being among Chinese people with and without spinal cord injuries. *Disability and Rehabilitation, 30*(19), 1473-1479. doi: 10.1080/09638280701565037
- Helgeson, V. S. (1993). Two important distinctions in social support: Kind of support and perceived vs. received. *Journal of Applied Social Psychology, 23*, 825-845. doi: 10.1111/j.1559-1816.1993.tb01008.x
- Hobfoll, S. E. (2002). Social and psychological resources and adaptation. *Review of General Psychology, 6*(4), 307-324. doi: 10.1037//1089-2680.6.4.307
- Hobfoll, S. E., Dunahoo, C. L., Ben-Porath, Y., & Monnier, J. (1994). Gender and coping: The dual-axis model of coping. *American Journal of Community Psychology, 22*(1), 49-80. doi: 10.1007/BF0250681

- Holahan, C. J., Moos, R. H., & Schaefer, J. A. (1996). *Coping, stress resistance and growth: Conceptualizing adaptive functioning*. In M. Zeidner & N. S. Endler (Eds.), *Handbook of coping: Theory, research, applications* (pp.24-43). New York: Wiley
- Holland, J. L. (1985). *The Self-Directed Search Professional Manual-1985 Edition*. Odessa: Psychological Assessment Resources.
- Horn, H., Holzemer, W. L., & Meleis, A. (1990). A comparative study of Israeli female students in non-traditional (engineering) and traditional (humanities) fields of study. *Research in Higher Education, 31*(2), 177-192.
- House of Commons (2008). *Staying the course: The retention of students in higher education courses. Tenth report of sessions 2007-08*. London: HM Stationery Office
- Howell, D. (2008). *Fundamental statistics for the behavioural sciences* (6th ed.). New York, NY: Wadsworth, Cengage Learning
- International Business Machines Corporation. (2013). *IBM SPSS Statistics for Windows, Version 22.0*. Armonk, New York: IBM Corp.
- Jacobs, C. (2005). On being an insider on the outside: new space for integrating academic literacies. *Teaching in Higher Education, 10*(4), 475-487. doi: 10.1080/13562510500239091
- Jones, B., & Frydenberg, E. (April, 1999). *Who needs help and when: Coping with the transition from school to university*. Paper presented at the Annual Conference of the American Educational Research Association, Montreal, Canada.
- Kahn, J. H., Hessling, R. M., & Russell, D. W. (2003). Social support, health, and well-being among the elderly: what is the role of negative affectivity? *Personality & Individual Differences, 35*(1), 5-13. doi: 10.1016/S0191-8869(02)00135-6.

- Kammann, R., & Flett, R. (1983). Affectometer 2: A scale to measure current levels of general happiness. *Australian Journal of Psychology*, 35, 259-265. doi: 10.1080/00049538308255070
- Karademas, C. E. (2006). Self-efficacy, social support and well-being: The mediating role of optimism. *Personality and Individual Difference*, 40, 1281-1290. doi: 10.1016/j.paid.2005.10.019
- Kendler, K. S., Myers, J., & Prescott, C. A. (2005). Sex differences in the relationship between social support and risk for major depression: a longitudinal study of opposite-sex twin pairs. *American Journal of Psychiatry*, 162(2), 250-256. doi: 10.1176/appi.ajp.162.2.250
- Khumalo, I. P. (2011). *The evaluation of the general psychological well-being and the mental health continuum in an African context*. (Unpublished doctoral dissertation), Department of Psychology, North-West University, Potchefstroom, South Africa).
- Khumalo, I. P., Temane, Q., & Wissing, M. (2012). Socio-demographic variables, general psychological well-being and the mental health continuum in an African Context. *Social Indicators*, 105(3), 419-442. doi: 10.1007/s11205-010-9777-2
- King, S., Garret, R., Wrench, A., & Lewis, N. (2011). *The loneliness of relocating: Does the transition to university pose a significant health risk for rural and isolated students?* Paper presented at the First Year in Higher Education Conference. Retrieved from http://www.fyhe.com.au/past_papers/papers11/FYHE-2011/content/pdf/16B.pdf
- Kong, F., Zhao, J., & You, X. (2013). Self-esteem as mediator and moderator of the relationship between social support and subjective well-being among Chinese university students. *Social Indicators Research*, 112(1), 151-161. doi: 10.1007/s11205-012-0044-6

- Koo, J., Rie, J., & Park, K. (2004). Age and gender differences in affect and subjective well-being. *Geriatrics and Gerontology International*, 4, 268-270. doi: 10.1111/j.1447-0594.2004.00224.x
- Lambert, J. E., Benight, C. C., Harrison, E., & Cieslak, R. (2012). The Firefighter Coping Self-Efficacy Scale: Measure development and validation. *Anxiety, Stress, & Coping*, 25(1), 79-91. doi: 10.1080/10615806.2011.567328
- Langdridge, D., & Hagger-Johnson, G. (2009). *Introduction to research methods and data analysis in psychology* (2nd ed.). England: Pearson Education
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal and coping*. New York: Springer
- Lee, A. S., Park, H. S., & Kim, W. (2009). Gender differences in international students' adjustment. *College Student Journal*, 43(4), 1217-1227. Retrieved from: [http://0-nj4sk8zp5v.search.serialssolutions.com/wagtail.ufs.ac.za/?genre=article&issn=01463934&title=College%20Student%20Journal&volume=43&issue=4&date=20091215&atitle=GENDER%20DIFFERENCES%20IN%20INTERNATIONAL%20STUDENTS%27%20ADJUSTMENT.&spage=1217&pages=1217-1227&sid=EBSCO:Humanities%20Source&au=Lee,%20Seungcheol%](http://0-nj4sk8zp5v.search.serialssolutions.com/wagtail.ufs.ac.za/?genre=article&issn=01463934&title=College%20Student%20Journal&volume=43&issue=4&date=20091215&atitle=GENDER%20DIFFERENCES%20IN%20INTERNATIONAL%20STUDENTS%27%20ADJUSTMENT.&spage=1217&pages=1217-1227&sid=EBSCO:Humanities%20Source&au=Lee,%20Seungcheol%20)
- Lemon, A. & Battersby-Lennard, J. (2011). Studying together, living apart: emerging geographies of school attendance in post-apartheid Cape Town. *African Affairs*, 111(438), 97-120. doi: 10.1093/afraf/adq062
- Letseka, M. (2009). *University drop-out and researching (lifelong) learning and work*. In L. Cooper, & S. Walters (Eds.), *Learning/work: Turning work and lifelong learning inside out*, (pp. 88-106). Cape Town: HSRC Press.
- Lian, T. C., & Geok, L. S. (2010). Perceived social support, coping capability and gender differences among young adults. *Sunway Academic Journal*, 6, 75-88.

Retrieved from:

http://eprints.sunway.edu.my/.../PERCEIVED_SOCIAL_SUPPORT,_COPING

- Luzzo, D. A., & McWhirter, E. H. (2001). Sex and ethnic differences in the perception of educational and career-related barriers and levels of coping self-efficacy. *Journal of Counseling and Development, 79*(1), 61-67. doi: 10.1002/j.1556-6676.2001.tb01944.x
- MacNeil, L., Esposito-Smythers, C., Mehlenbeck, R., & Weismore, J. (2012). The effects of avoidance coping and coping self-efficacy on eating disorder attitudes and behaviors: A stress-diathesis model. *Eating Behaviors, 13*, 293-296. doi: 10.1016/j.eatbeh.2012.06.005
- Marcia, J. (1966). Development and validation of ego-identity status. *Journal of Personality and Social Psychology, 3*, 551-558. doi: 10.1037/h0023281
- Maree, K., & Pietersen, J. (2007a). *The quantitative research process*. In K. Maree (Ed.), *First steps in research* (pp. 145-155). Pretoria, South Africa: Van Schaik.
- Maree, K., & Pietersen, J. (2007b). *Sampling*. In K. Maree (Ed.), *First steps in research* (pp. 172-183). Pretoria, South Africa: Van Schaik.
- Marques, L., Weingarden, H. M., LeBlanc, N. J., Siev, J. & Wilhelm, S. (2011). The relationship between perceived social support and severity of body dysmorphic disorder symptoms: The role of gender. *Revista Brasileira de Psiquiatria, 33*(3), 238-244. doi: 10.1590/S1516-44462011000300006
- Matud, M. P., Ibañez, I., Bethencourt, J. M., Marrero, R., & Carballeira, M. (2003). Structural gender differences in perceived social support. *Personality and Individual Differences 35*(8), 1919-1929. doi: 10.1016/S0191-8869(03)00041-2
- McColl, M. A., Charlifue, S., Glass, C., Savic, G., & Meehan, M. (2002). International differences in ageing and spinal cord injury. *Spinal Cord, 40*(3), 128-136. doi: 10.1038/sj.sc.3101264

- McDowell, T. L., & Serovich, J. M. (2007). The effect of perceived and actual social support in the mental health of HIV-positive persons. *AIDS Care, 19*(1), 1223-1229. doi: 10.1080/09540120701402830
- McNulty, J. K., & Fincham, F. D. (2012). Beyond positive psychology: Towards a contextual view of psychological processes and well-being. *American Psychologist, 67*(2), 101-110. doi: 10.1037/a0024572
- Meehan, S., Peirson, A., & Fridjhon, P. (2007). Suicide ideation in adolescent South Africans: The role of gender and coping strategies. *South African Journal of Psychology, 37*(3), 552-575. doi: 10.1177/008124630703700311
- Nandy, K. (2012). *Understanding and quantifying effect sizes*. [Lecture notes], University of California, Los Angeles
- Neville, H. A., Heppner, P. P., Ji, P. & Thye, R. (2004). The relations among general and race-related stressors and psychoeducational adjustment in black students attending predominantly white institutions. *Journal of Black Studies, 34*, 599-618. doi: 10.1177/0021934703259168
- Newman, T. (2012). Relationships between coping self-efficacy and burnout in nurse practitioners and physician assistants. (Unpublished doctoral dissertation). Alliant International University, San Diego, California
- Nicholls, A. R., Polman, R., & Levy, A. R. (2010). Coping self-efficacy, pre-competitive anxiety, and subjective performance among athletes. *European Journal of Sport Science, 10*, 97-102. doi: 10.1080/17461390903271592
- Pallant, J. (2007). *SPSS: Survival Manual* (3rd ed.). Berkshire: McGraw-Hill Education: Open University Press.
- Parkinson, J. (2007). Establishing a core set of national, sustainable mental health indicators in Scotland: Final report. *NHS Health Scotland*.

Retrieved from:

[www.healthscotland.com/uploads/documents/5798Adult%20mental%20health%20in
dicators%20-%2](http://www.healthscotland.com/uploads/documents/5798Adult%20mental%20health%20in%20indicators%20-%20)

- Pavot, W., & Diener, E. (1993). Review of the satisfaction with life scale. *Psychological Assessment, 5*, 164-172. doi: 10.1037/1040-3590.5.2.164
- Pietersen, J., & Maree, K. (2007). *Overview of statistical techniques*. In K. Maree (Ed.), *First steps in research* (pp. 225-256). Pretoria, South Africa: Van Schaik.
- Pisanti, R. (2012). Coping self-efficacy and psychological distress: Results from an Italian study on nurses. *The European Health Psychologist, 14*(1), 11-14. doi: 10.1037/e544762013-003
- Procidano, M.E. & Heller, K. (1983). Measures of perceived social support from friends and from family: Three validation studies. *American Journal of Community Psychology, 11*, 1-24. doi:10.1007/BF00898416
- Putzke, J. D., Richards, J. S., Hicken, B. L., & DeVivo, M. J. (2002). Interference due to pain following spinal cord injury: Important predictors and impact on quality of life. *Pain, 100*(3), 231-242. doi: 10.1016/S0304-3959(02)00069-6
- Ratelle, C., Simard, K., & Guay, F. (2013). University students' subjective well-being: The role of autonomy support from parents, friends, and the romantic partner. *Journal of Happiness Studies, 14*(3), 893-910. doi: 10.1007/s10902-012-9360-4
- Reason, R. D., Terenzini, P. T., & Domingo, R. J. (2006). First things first: Developing academic competence in the first year of college. *Research in Higher Education, 47*, 149-175. doi: 10.1007/s11162-005-8884-4
- Renshaw, T. S., & Cohen, A. S. (2014). Erratum to: Life satisfaction as a distinguishing indicator of college student functioning: Further validation of the two-continua model

- of mental health. *Social Indicators Research*, 117, 319-334. doi: 10.1007/s11205-013-0509-2
- Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, 52, 141-166. doi: 0066-4308/01/0201-0141
- Sampat, S., Kirschenbaum, D. S., Gierut, K. J., Germann, J. N., & Krawczyk, R. (2014). Ya gotta have friends: Social support and self-efficacy predict success following immersion treatment. *Obesity*, 22(12), 2579-2585. doi: 10.1002/oby.20863.
- Sarason, I. G., Levine, H. M., Basham, R. B., Sarason, B. R. (1983). Assessing social support: The Social Support Questionnaire. *Journal of Personality and Social Psychology*, 44(1), 127-139. doi: 10.1037//0022-3514.44.1.127
- Scheurer, D., Choudhry, N., Swanton, K. A., Matlin, O., & Shank, W. (2012). Association between different types of social support and medication adherence. *American Journal of Management Care*, 18(12), 461-467. Retrieved from <http://0-web.a.ebscohost.com/wagtail.ufs.ac.za/ehost/pdfviewer/pdfviewer?sid=c6df97ef-5b0c-4e77-9f87-9e58af449115%40sessionmgr4001&vid=0&hid=4106>
- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55(1), 5-14. doi: 10.1037//0003-066X.55.1.5
- Serovich, J. M. (2001). A test of two HIV disclosure theories. *AIDS Education and Prevention*, 13(4), 355-364. doi: 10.1521/aeap.13.4.355.21424
- Shaikh, B. T., Kahloon, A., Kazmi, M., Khalid, H., Nawaz, K., Khan, N. A., & Khan, S. (2004). Students, stress, coping strategies: A case of Pakistani medical school. *Education for Health*, 17, 346-353. doi:10.1080/13576280400002585
- Shankland, R., Genolini, C., França, L.R. Guelfi, J.D., Ionescu, S. (2010). Student adjustment to higher education: the role of alternative educational pathways in coping

- with the demands of student life. *Higher Education*, 59, 353-366. doi 10.1007/s10734-009-9252-7
- Sharir, D., Tanasescu, M., Turbow, D., & Maman, Y. (2007). Social support and quality of life among psychiatric patients in residential homes. *International Journal of Psychosocial Rehabilitation*, 11(1), 85-90.
- Shin, D. C., & Johnson, D. M. (1978). Avowed happiness as an overall assessment of the quality of life. *Social Indicators Research*, 5, 475-492. doi: 10.1007/BF00352944
- Singh, P., & Bussey, K. (2009). The development of a peer aggression coping self-efficacy scale for adolescents. *The British Journal of Developmental Psychology*, 27, 971-992. doi: 10.1348/026151008X398930
- Singh, B., & Udainiya, R. (2009). Self-efficacy and well-being of adolescents. *Journal of Indian Academy of Applied Psychology*, 35(2), 277-232. Retrieved from <http://www.google.co.za/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0CCAQFjAA&url=http%3A%2F%2Fmedind.nic.in%2Fjak%2Ft09%2Fi2%2Fjakt09i2p227.pdf&ei=C4o-VL3WO6md7gb-kYAw&usg=AFQjCNGNx140RQtMstLd9Ns jog61T7YuBA&bvm=bv.77412846,d.ZWU>
- Snyder, C. R., & Lopez, S. J. (2002). *Handbook of positive psychology*. New York: Oxford University Press.
- Statistics South Africa (2011). Census 2011. Retrieved from www.statssa.gov.za/publications/p03014/p030142011.pdf
- Steinberg, L., & Morris, A. S. (2001). Adolescent development. *Annual Review of Psychology*, 52, 83-110. doi: 10.1146/annurev.psych.52.1.83
- Sumer, S., Poyrazli, S., & Grahame, K. (2008). Predictors of depression and anxiety among international students. *Journal of Counseling and Development*, 86, 429-437.

Retrieved from <http://0->

web.a.ebscohost.com/wagtail.ufs.ac.za/ehost/pdfviewer/pdfviewer?sid=92738658-

377c-4f58-adaf-1f1445d1e75d%40sessionmgr4005&vid=0&hid=4106

- Tamannaefar, M. R., & Motaghedifard, M. (2014). Subjective well-being and its sub-scales among students: The role of creativity and self-efficacy. *Thinking Skills and Creativity*, 12, 37-42. doi: 10.1016/j.tsc.2013.12.003
- Tang, D., & Wang, D. (2009). Reason or result? Subjective well-being of the elderly in urban Beijing: A cross-lagged panel regression analysis. *Ageing International*, 34, 189-202. doi: 10.1007/s12126-009-9038-3
- Unchino, B. N. (2004). *Social support and physical health: Understanding the health consequences of our relationship*. New Haven: Yale University Press.
- Unchino, B. N. (2009). Understanding the links between social support and physical health: A life-span perspective with emphasis on the separability of perceived and received support. *Perspectives on Psychological Science*, 4(3), 236-255. doi: 10.1111/j.1745-6924.2009.01122.x
- Valvano, A., de St. Aubin, E., deRoon-Cassini, T. A., & Hassings, J. (2009). *Coping self-efficacy predicts psychological and physical well-being*. Paper presented at the American Psychological Association Annual Convention, Toronto, Canada.
- Van Schalkwyk, S., Bitzer, E., & Van der Walt, C. (2009). Acquiring academic literacy: a case of first year extended degree programme students. *Southern African Linguistics and Applied Language Studies*, 27(2), 189-201. doi: 10.2989/SALALS.2009.27.2.6.869
- Van Wyk, M. (2010). Validation of a coping self-efficacy scale in an African context. (Unpublished master's thesis). North-West University, Potchefstroom, South Africa.

- Van Zyl, L. E., & Rothmann, S. (2012). Flourishing of students in a tertiary education institution in South Africa. *Journal of Psychology in Africa*, 22(4), 593-604. Retrieved from <http://0-web.b.ebscohost.com.wagtail.ufs.ac.za/ehost/pdfviewer/pdfviewer?sid=0a2e3c05-5222-4d3e-a2f7-2c059b7c62de%40sessionmgr198&vid=0&hid=101>
- Visser, M., & Moleko, A. (2012). *Community Psychology in South Africa* (2nd ed.). Pretoria: Van Schaik.
- Vollrath, M. (2000). Personality and hassles among university students: A 3-year longitudinal study. *European Journal of Personality*, 14, 199-215. doi: 10.1002/1099-0984(200005/06)14:3<199::AIDPER372>3.0.CO;2-B.
- Wang, A., Chen, L. Zao, B. & Xu, Y. (2006). First-year psychological and behaviour adaptation to college: The role of coping strategies and social support. *US-China Education Review*, 5, 51-57. Retrieved from <http://www.google.co.za/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0CBwQFjAA&url=http%3A%2F%2Ffiles.eric.ed.gov%2Ffulltext%2FD497417.pdf&ei=YPZuVKv2K8vTaPCugPgD&usg=AFQjCNGQ5VzDPJa6DY-MEQHmkL34bguGhQ&bvm=bv.80185997,d.d2s>
- Windle, G. (2011). What is resilience? A review and concept analysis. *Reviews in Clinical Gerontology*, 21, 152-169. doi: 10.1017/S0959259810000420
- Wissing, M. P., Khumalo, I. P., Oosthuizen, T. M., Nienaber, A., Kruger, A., Potgieter, J. C., & Temane, Q. M. (2011). Coping self-efficacy as mediator in the dynamics of psychological well-being in various contexts. *Journal of Psychology in Africa*, 21, 165-172. Retrieved from <http://0web.ebscohost.com.wagtail.ufs.ac.za/ehost/pdfviewer/pdfviewer?sid=969b1a5c-0130499e83935854b38e038c%40sessionmgr115&vid=1&hid=112>

- Wissing, M., & Temane, Q. (2008). The structure of psychological well-being in cultural-context: Towards a hierarchical model of psychological health. *Journal of Psychology in Africa*, 18(1), 45-56. Retrieved from http://www.google.co.za/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0CBwQFjAA&url=http%3A%2F%2Fwww.researchgate.net%2Fprofile%2FMarie_Wissing%2Fpublication%2F235009433_The_structure_of_psychological_wellbeing_in_cultural_context_Towards_a_hierarchical_model_of_psychological_health%2Flinks%2F09e4151134af9f1f26000000%3Forigin%3Dpublication_detail&ei=bLY6VJWnHseV7AaTiIGABA&usg=AFQjCNH6ua7WSvdC1AYv9onR0qFsVZnm_aQ&sig2=1GIAMrXOyXF9fcWeBWsYJA&bvm=bv.77161500,d.ZGU
- Wissing, M. P., Thekiso, S., Stapelberg, R. S., Van Quickelberge, L., Chaobi, P., Moroeng, C., & Nienaber, A. (1999, July). *The psychometric properties of scales measuring psychological well-being in an African group*. Paper presented at the International Africa Psychology Congress, Durban, South Africa.
- Wissing, M. P., Thekiso, S., Stapelberg, R. S., Van Quickelberge, L., Chaobi, P., Moroeng, C., Nienaber, A. (2010). Validation of three Setswana measures for psychological wellbeing. *South African Journal of Industrial Psychology*, 36(2), 1-8. doi: 10.4102/sajip.v36i2.860
- Wissing, M. P., & Van Eeden, C. (2002). Empirical clarification of the nature of psychological well-being. *South African Journal of Psychology*, 32, 32-44. Retrieved from <http://0web.ebscohost.com.wagtail.ufs.ac.za/ehost/pdfviewer/pdfviewer?sid=361f9fc4-5f87-4f50-bbb2-e5cfbc7c4a11%40sessionmgr114&vid=1&hid=112>

- Wright, M. O., & Masten, A. S. (2006). *Resilience processes in development*. In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 17-37). New York, NY: Springer.
- Yeh, C. J., & Inose, M. (2003). International students' reported English fluency, social support satisfaction, and social connectedness as predictors of acculturative stress. *Counselling Psychology Quarterly*, *16*, 15-28. doi: 10.1080/0951507031000114058
- Yusoff, Y. M. (2012). Self-efficacy, perceived social support, and psychological adjustment in international undergraduate students in a public higher education institution in Malaysia. *Journal of Studies in International Education*, *16*(4), 353-371. doi: 10.1177/1028315311408914
- Zea, M. C., Jarama, S. L., & Bianchi, F. T. (1995). Social support and psychosocial competence: Explaining the adaptation to college of ethnically diverse students. *American Journal of Community Psychology*, *23*, 509-531. doi: 10.1007/BF02506966
- Zhang, B., Yan, X., Zhao, F., & Yuan, F. (2014). The relationship between perceived stress and adolescent depression: The roles of social support and gender. *Social Indicators Research*, *118*, 1-18. doi: 10.1007/s11205-014-0739-y

March 2014

Dear participant

The following questionnaire forms part of a research study investigating the well-being of first year students. All first time first year students between (and including) the ages of 18 to 25 years are invited to participate in the study. It is estimated that the questionnaire will take approximately 30-40 minutes to complete.

Participation in this study is voluntary. You will receive no form of compensation for participating in the study, nor be advantaged if you participate in the study. You will also not be disadvantaged or penalised in any way should you choose not to participate in the study. You may withdraw from the study at any point.

The information that is gained through this study may be published in academic journals or presented at academic conferences. However, please note that all data that is gathered during the course of this study will be treated with the highest level of confidentiality. No personal information will be given to third parties.

By signing on the line below, you confirm that you have read and understood the information relating to participation in this research study and agree to participate in the study.

Signature of participant

Please note: if you do not sign this document, your questionnaire cannot be used.

Should you have any further questions regarding participation in this study, please contact the researcher, Miss Danene Wiggill, at danenewiggill09@gmail.com or 073 4270 428.

Your participation is greatly appreciated!

QUESTIONNAIRE 1: BIOGRAPHICAL INFORMATION

Instructions:

Please enter answer or place a cross (X) in the appropriate box.

1. **Gender**

Male

Female

2. **Age (in years)**

3. **Race**

Asian

Black

Coloured

White

Indian

Other

If "Other", please specify: _____

4. **Nationality**

South African

Other

If "Other", please specify: _____

5. Are you a first time first year student? (i.e. you have never been enrolled at any other tertiary institution before this year, part-time or full time).

Yes No

Please note: If you answered "no" to question number 5 you are requested to please discontinue completing the questionnaire as you are unfortunately not eligible to participate in this study.

Appendix A: Questionnaire booklet

6. Which city/town are you from? _____

7. Where do you currently reside?
- University residence
- Student house off campus
- Flat/apartment
- Family home in Bloemfontein
- Family home in another city/town
- Other

If "Other", please specify: _____

8. **If your home town is a city/town other than Bloemfontein**, how often do you visit home?
(if your home city is Bloemfontein please skip to question 9).

- Once a week
- Once a month
- Once a term
- Once a semester
- Other

If "Other", please specify: _____

9. **If your home town is Bloemfontein**, and you are not living in your family home, how often do you visit home? (If you live in your family home, please skip to next page).

- Once a week
- Once a month
- Once a term
- Once a semester
- Other

If "Other", please specify: _____

The remaining questions consist of numerous statements. There is no right or wrong answer. It is only requested that you give your honest opinion.

Read the instructions to all sections carefully before answering. Please ensure that you complete all sections of the questionnaire.

QUESTIONNAIRE 2: EMOTIONS

Instructions

This inventory consists of 20 sentence items. Read each sentence and describe how often this feeling was present over the past few weeks, according to the graded response scale.

You are to mark your answer next to each statement as it applies to you. Please answer every statement.

		Not at all	Occasionally	Some of the time	Often	All the time	For office use only
1.	My life is on the right track	1	2	3	4	5	
2.	I wish I could change some part of my life	1	2	3	4	5	
3.	My future looks good	1	2	3	4	5	
4.	I feel as though the best years of my life are over	1	2	3	4	5	
5.	I like myself	1	2	3	4	5	
6.	I feel there must be something wrong with me	1	2	3	4	5	
7.	I can handle any problems that come up	1	2	3	4	5	
8.	I feel like a failure	1	2	3	4	5	
9.	I feel loved and trusted	1	2	3	4	5	
10.	I seem to be left alone when I don't want to be	1	2	3	4	5	
11.	I feel close to people around me	1	2	3	4	5	
12.	I have lost interest in other people and don't care about them	1	2	3	4	5	
13.	I feel I can do whatever I want to	1	2	3	4	5	
14.	My life seems stuck in a rut	1	2	3	4	5	

Appendix A: Questionnaire booklet

Instructions

Read each sentence and describe how often this feeling was present over the past few weeks, according to the graded response scale.

You are to mark your answer next to each statement as it applies to you. Please answer every statement.

		Not at all	Occasionally	Some of the time	Often	All the time	For office use only
15.	I have energy to spare	1	2	3	4	5	
16.	I can't be bothered doing anything	1	2	3	4	5	
17.	I smile and laugh a lot	1	2	3	4	5	
18.	Nothing seems very much fun any more	1	2	3	4	5	
19.	I think clearly and creatively	1	2	3	4	5	
20.	My thoughts go around in useless circles	1	2	3	4	5	

QUESTIONNAIRE 3: LIFE

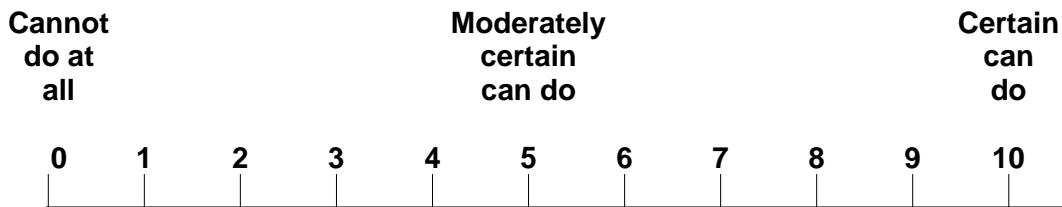
Below are five statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by crossing the appropriate number in line with that item.

		Strongly disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree	For office use only
1	In most ways, my life is close to my ideal	1	2	3	4	5	6	7	
2	The conditions of my life are excellent								
3	I am satisfied with my life								
4	So far I have gotten the important things I want in life								
5	If I could live my life over, I would change almost nothing								

QUESTIONNAIRE 4: COPING

Instructions

When things aren't going well for you, or when you're having problems, how confident or certain are you that you can do the following:



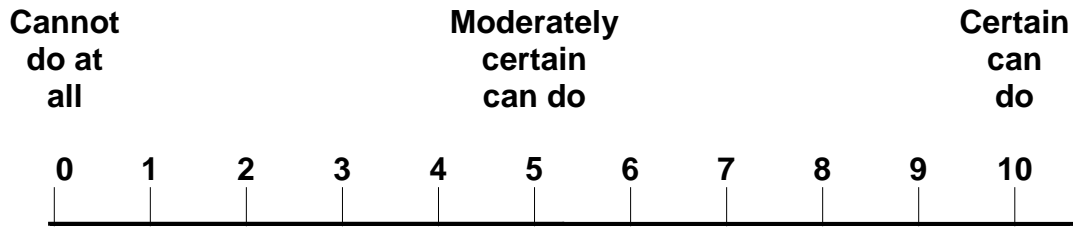
For each of the following items, write a number from 0 - 10, using the scale above.

When things aren't going well for you, how confident are you that you can:

1. Keep from getting down in the dumps. _____
2. Talk positively to yourself. _____
3. Sort out what can be changed, and what cannot be changed. _____
4. Get emotional support from friends and family. _____
5. Find solutions to your most difficult problems. _____
6. Break an upsetting problem down into smaller parts. _____
7. Leave options open when things get stressful. _____
8. Make a plan of action and follow it when confronted with a problem. _____
9. Develop new hobbies or recreations. _____
10. Take your mind off unpleasant thoughts. _____
11. Look for something good in a negative situation. _____
12. Keep from feeling sad. _____
13. See things from the other person's point of view during a heated argument. _____
14. Try other solutions to your problems if your first solutions don't work. _____
15. Stop yourself from being upset by unpleasant thoughts. _____

Instructions

When things aren't going well for you, or when you're having problems, how confident or certain are you that you can do the following:



For each of the following items, write a number from 0 - 10, using the scale above.

When things aren't going well for you, how confident are you that you can:

- 16. Make new friends. _____
- 17. Get friends to help you with the things you need. _____
- 18. Do something positive for yourself when you are feeling discouraged. _____
- 19. Make unpleasant thoughts go away. _____
- 20. Think about one part of the problem at a time. _____
- 21. Visualize a pleasant activity or place. _____
- 22. Keep yourself from feeling lonely. _____
- 23. Pray or meditate. _____
- 24. Get emotional support from community organizations or resources. _____
- 25. Stand your ground and fight for what you want. _____
- 26. Resist the impulse to act hastily when under pressure. _____

QUESTIONNAIRE 5: SOCIAL SUPPORT FROM FAMILY

Further instructions:

The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationship with **family**. For each statement there are three possible answers: Yes, No, Don't know. Please circle the answer you choose for each item.

		Yes	No	Don't know	For office use only
1.	My family gives me the moral support I need.	Yes	No	Don't know	
2.	I get good ideas about how to do things or make things from my family.	Yes	No	Don't know	
3.	Most other people are closer to their family than I am.	Yes	No	Don't know	
4.	When I confide in the members of my family who are closest to me, I get the idea that it makes them uncomfortable.	Yes	No	Don't know	
5.	My family enjoys hearing about what I think.	Yes	No	Don't know	
6.	Members of my family share many of my interests.	Yes	No	Don't know	
7.	Certain members of my family come to me when they have problems or need advice.	Yes	No	Don't know	
8.	I rely on my family for emotional support.	Yes	No	Don't know	
9.	There is a member of my family I could go to if I were just feeling down, without feeling funny about it later.	Yes	No	Don't know	
10.	My family and I are very open about what we think about things.	Yes	No	Don't know	
11.	My family is sensitive to my personal needs.	Yes	No	Don't know	
12.	Members of my family come to me for emotional support.	Yes	No	Don't know	
13.	Members of my family are good at helping me solve problems.	Yes	No	Don't know	
14.	I have a deep sharing relationship with a number of members of my family.	Yes	No	Don't know	
15.	Members of my family get good ideas about how to do things or make things from me.	Yes	No	Don't know	
16.	When I confide in members of my family, it makes me feel uncomfortable.	Yes	No	Don't know	
17.	Members of my family seek me out for companionship.	Yes	No	Don't know	
18.	I think that members of my family feel that I'm good at helping them solve problems.	Yes	No	Don't know	
19.	I don't have a relationship with a member of my family that is as intimate as other people's relationships with family members.	Yes	No	Don't know	
20.	I wish my family were much different.	Yes	No	Don't know	

QUESTIONNAIRE 6: SOCIAL SUPPORT FROM FRIENDS

Instructions:

The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationship with *friends*. For each statement there are three possible answers: Yes, No, Don't know. Please circle the answer you choose for each item.

		Yes	No	Don't know	For office use only
1.	My friends give me the moral support I need.	Yes	No	Don't know	
2.	Most other people are closer to their friends than I am.	Yes	No	Don't know	
3.	My friends enjoy hearing about what I think.	Yes	No	Don't know	
4.	When I confide in the friends who are closest to me, I get the idea that it makes them uncomfortable.	Yes	No	Don't know	
5.	I rely on my friends for emotional support.	Yes	No	Don't know	
6.	If I felt that one or more of my friends were upset with me, I'd just keep it to myself.	Yes	No	Don't know	
7.	I feel that I am on the fringe in my circle of friends.	Yes	No	Don't know	
8.	There is a friend I could go to if I were just feeling down, without feeling funny about it later.	Yes	No	Don't know	
9.	My friends and I are very open about what we think about things.	Yes	No	Don't know	
10.	My friends are sensitive to my personal needs.	Yes	No	Don't know	
11.	My friends come to me for emotional support.	Yes	No	Don't know	
12.	My friends are good at helping me solve problems.	Yes	No	Don't know	
13.	I have a deep sharing relationship with a number of friends.	Yes	No	Don't know	
14.	My friends get good ideas about how to do things or make things from me.	Yes	No	Don't know	
15.	When I confide in friends, it makes me feel uncomfortable.	Yes	No	Don't know	
16.	My friends seek me out for companionship.	Yes	No	Don't know	
17.	I think that my friends feel that I'm good at helping them solve problems.	Yes	No	Don't know	
18.	I don't have a relationship with a friend that is as intimate as other people's relationships with friends.	Yes	No	Don't know	
19.	I've recently gotten a good idea about how to do something from a friend.	Yes	No	Don't know	
20.	I wish my friends were much different.	Yes	No	Don't know	

Thank you!

Please return your questionnaire to the researcher.