



# Family Structure and Adolescent Wellbeing: A Comparative Study of Polygamous and Monogamous Households in Chulungoma Village, Zambia

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#### **ABSTRACT**

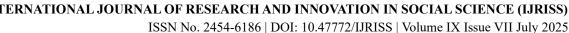
This study investigated the relationship between family structure and the psychosocial wellbeing of adolescents in Chulungoma village of Mbala District, Northern Province of Zambia. Using a cross-sectional quantitative design, data were collected from 281 adolescents through structured questionnaires. The study explored adolescents' perceptions of emotional support, parental involvement, autonomy, and communication within monogamous and polygamous family settings. The results revealed statistically significant associations between family structure and key indicators of psychosocial wellbeing. Adolescents from monogamous families reported higher levels of emotional support (p < .001), greater autonomy (p < .001), and more frequent parental engagement and responsiveness (p < .001). Additionally, most adolescents expressed a stronger emotional connection with their mothers than with their fathers. The study underscores the role of family composition in shaping adolescent development and highlights the need for supportive parenting practices across different household structures. Findings have practical implications for family-centered interventions, child welfare policies, and psychosocial support programs aimed at enhancing adolescent wellbeing in both monogamous and polygamous settings.

**Keywords:** family structure, adolescents, psychosocial wellbeing, polygamous families, monogamous families, Zambia.

#### INTRODUCTION

Adolescence, typically spanning ages 10 to 19, is a critical stage marked by rapid physical, cognitive, emotional, and social changes (World Health Organization [WHO], 2018; Viner et al., 2012). It is a formative period of identity construction, growing autonomy, and preparation for adult roles. Central to this development is psychosocial wellbeing, which encompasses emotional stability, social connectedness, and adaptive coping strategies (Ryff & Keyes, 1995). The family remains the primary context for emotional support, value transmission, and behavioral modeling. In rural Zambia—particularly in communities such as Chulungoma Village in Mbala District—adolescents grow up within a variety of family structures, most notably monogamous and polygamous households. While both forms are culturally embedded and widely accepted, they differ markedly in parenting dynamics, caregiving roles, emotional availability, and household stability—factors that likely influence adolescent psychosocial outcomes. Despite this, there is limited empirical research examining how these family forms affect adolescents' psychological wellbeing in rural Zambian settings.

Family structure serves as a blueprint for relational organization, authority, and emotional exchange within the home. Adolescents in polygamous families often face diluted parental attention, intensified sibling rivalry, and complex household hierarchies that may compromise emotional bonding and caregiving consistency (Alean Al-Krenawi & Slonim-Nevo, 2008). In contrast, monogamous families are generally characterized by clearer parent–child interactions, greater emotional availability, and more stable support systems, which enhance psychosocial adjustment and secure attachment (Steinberg, 2001; Barber & Olsen, 2004). Structural Family Theory, developed by Salvador Minuchin (1974), provides a useful lens to interpret these relational dynamics. The theory posits that individual wellbeing must be understood within the organization and functioning of the family system. Well-structured families promote identity formation and emotional regulation through defined



roles and consistent communication, while disorganized families—often observed in polygamous, single-parent, or blended households—can expose adolescents to role confusion, inconsistent discipline, and emotional neglect.

This theoretical perspective is particularly relevant in the Zambian context, where family systems are being reshaped by socio-economic changes, migration, and evolving cultural norms. In Chulungoma, diverse household forms—including polygamous unions, single-parent, and kinship-based families—create complex psychosocial environments. Parental emotional unavailability, often observed in polygamous households due to divided attention among multiple spouses and children, may hinder the development of secure attachments and key life skills such as emotional regulation, decision-making, and interpersonal communication. Structural Family Theory emphasizes the need for functional relational boundaries and consistent caregiving to foster adolescent psychosocial health. International and regional literature supports the critical influence of family structure on adolescent psychosocial wellbeing. In South Africa, Amato and Cheadle (2008) observed that adolescents from single-parent households displayed distinctive value orientations compared to those from twoparent homes. Among polygamous family contexts, Alean Al-Krenawi and Slonim-Nevo (2008) highlighted increased risks for emotional distress, while elder family support served as a buffering mechanism. In Zambia, Ipsen and Koczwara (2013) reported a strong correlation between low self-esteem and mental health challenges among rural adolescents. These findings align with work by Yamamoto, Egeland, and Sroufe (2009), which underscored the protective influence of emotionally supportive caregivers—whether in single-parent or twoparent households.

# **Influence of Family Structure**

The structure of a family and the prevailing parenting style within it are critical determinants of adolescents' psychosocial wellbeing. A growing body of empirical evidence underscores how different family settings particularly polygamous versus monogamous households—shape emotional, behavioral, and developmental outcomes among adolescents across various cultural contexts. Adolescents from polygamous families have consistently been shown to experience more psychosocial difficulties than their peers from monogamous households. For instance, Hatibie, Piryani, and Singh (2020) found that adolescents in polygamous households reported significantly higher levels of anxiety, depression, and school disengagement. Similarly, Al-Krenawi, Graham, and Al-Krenawi (2018) observed increased behavioral problems and weaker parent-child relationships in polygamous Bedouin families. In Saudi Arabia, Alharbi and Alseekh (2022) reported elevated bullying, victimization, and low self-esteem among adolescents from polygamous homes, exacerbated by limited paternal involvement.

These patterns are mirrored in African contexts. Oluwole and Adebayo (2019) discovered that Nigerian adolescents from polygamous families had significantly lower self-esteem than their peers. In South Africa, Mokoena and Moeketsi (2021) found that adolescents in polygamous homes showed decreased academic performance and emotional adjustment, attributing these issues to fragmented parental support and complex household hierarchies. Despite these findings, existing literature seldom addresses how polygamous family settings affect adolescents' access to education, healthcare, social inclusion, and substance-related risk behaviors, especially in underrepresented regions like Northern Zambia.

In contrast, monogamous family structures often foster more stable and supportive environments conducive to adolescent psychological development. Nguyen et al. (2023) found that adolescents in monogamous households experience higher emotional warmth and parental support, leading to reduced depression and anxiety. This nurturing environment enhances resilience, self-esteem, and social competence (Keller et al., 2021). Further, Aunola, Tolvanen, and Nurmi (2016) and Seiffge-Krenke et al. (2019) demonstrated that monogamous families are more likely to support adolescents' goals and interests, thereby promoting academic success and identity development. Parents in such households often maintain balanced discipline and autonomy, which fosters selfregulation and informed decision-making (Costello & Swanston, 2020). Beyond family structure, parenting style plays a vital role in adolescent wellbeing. Authoritative parenting—marked by warmth, responsiveness, and clear boundaries—has been linked to stronger self-esteem and self-efficacy (Calear et al., 2021; Terranova et al., 2022). However, these effects can vary cross-culturally: studies in Europe and Latin America suggest that indulgent parenting may yield equally positive outcomes in certain settings (Rodríguez-Gómez et al., 2020; Garcia & Gracia, 2019). African research offers a nuanced perspective: while some findings suggest children in



single-parent or blended families are not disproportionately distressed (Mwaba & Sitali, 2020), others (e.g., Al-Krenawi & Slonim-Nevo, 2019) indicate decreased wellbeing in fragmented households due to inconsistent parenting and household complexity.

Self-esteem emerges as a key mediator. In Zambia, Mwangi et al. (2022) found that adolescents with low selfesteem are significantly more likely to experience depression and engage in substance use. While collective caregiving in African cultures—by aunts, uncles, or older siblings—can be protective, reliance on extended family may limit direct parental bonding, which is crucial for identity formation and resilience (Chileshe & Musonda, 2021). Taken together, the evidence supports the conclusion that monogamous families with authoritative parenting tend to foster stronger emotional bonds, autonomy, and positive psychosocial outcomes for adolescents. In contrast, polygamous or fragmented family structures often present risks to adolescent wellbeing, particularly when caregiving is inconsistent or limited. Nevertheless, cultural context and socioeconomic conditions play decisive roles, underscoring the need for interventions that are sensitive to local family dynamics and resources.

#### **Contested Views on the Role of Structure**

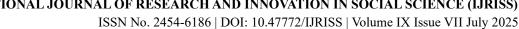
Despite this strong evidence, not all researchers agree that family structure alone determines adolescent wellbeing. For example, van Wyk et al. (2021) in a South African study found that family type was not the primary predictor of adolescent adjustment-instead, individual traits like emotional intelligence and the presence of supportive peer networks played a larger role. Nevertheless, many scholars assert that the absence of structured parenting—such as consistent communication and supervision—typical in fragmented households can compromise adolescent development. For instance, Juvonen and Graham (2014) argue that environments with low parental involvement and poor caregiver consistency contribute to emotional withdrawal, behavioral issues, and declining mental health. Supporting this, Zambia's national family surveys (Zambia Statistics Agency, 2020) indicate that only 38% of adolescents live with both biological parents, while over 40% reside in single-parent homes—highlighting widespread family fragmentation and its potential developmental implications.

While scholarly opinions vary, the prevailing evidence underscores the importance of family structure in shaping adolescent psychosocial wellbeing, especially in terms of emotional support and consistency. In communities like rural Chulungoma—characterized by polygamous and single-parent households—understanding how these family forms affect adolescent mental health remains essential. This study seeks to bridge global research and local realities by examining monogamous versus polygamous households in Chulungoma Village, Northern Zambia, to generate culturally resonant insights for family-based interventions and policy measures. There is a pressing need to explore how different family structures influence adolescent psychosocial outcomes in underresearched rural contexts like Chulungoma. While existing literature has primarily focused on Western or urban African settings, rural Zambian communities—where polygamy remains culturally embedded—have been largely neglected. This research fills that gap by comparing monogamous and polygamous households, assessing their effects on adolescents' emotional, psychological, and social adjustment. Amid rising concerns about adolescent depression, self-harm, and substance use, the findings can guide educational, healthcare, and social services. Furthermore, by analyzing how family systems operate in real-world rural settings, the study refines global assumptions on familial norms and youth wellbeing, particularly where cultural cohesion within polygamous households may mitigate expected risks.

#### **METHODS**

#### **Study Design**

This study employed a quantitative cross-sectional design to explore the relationship between family structure and the psychosocial wellbeing of adolescents. A cross-sectional approach allowed for the collection of data at a single point in time, enabling comparison across adolescents living in different household types, specifically monogamous and polygamous families. The quantitative design was particularly appropriate as it facilitated objective measurement of psychosocial variables using standardized tools and permitted statistical examination



of differences and associations between groups. By using this design, the researcher aimed to capture a snapshot of adolescent wellbeing in relation to their family environments in a real-world rural setting.

## **Study Location**

The research was conducted in Chulungoma Village, located in the Mbala District of Zambia's Northern Province. This village was purposefully selected due to its demographic richness, with a high concentration of adolescents living in diverse family structures—namely monogamous, polygamous, and single-parent households. Prior studies and community reports have highlighted this area as one experiencing a surge in adolescent mental health issues, including substance abuse and emotional instability, which are suspected to be closely linked to family dynamics (Mboya, 2013). The variety of household compositions and the vulnerability of adolescents in this setting made Chulungoma Village a relevant and significant location for this study.

# **Participants and Sampling**

The study targeted a population of 926 adolescents aged 14 to 18 years residing in Chulungoma Village. A stratified random sampling technique was used to ensure that all age categories were adequately represented. The adolescents were grouped into three age strata: 14-15 years, 16-17 years, and 18 years. From this population, a total of 281 participants were selected using the Taro Yamane formula, assuming a 95% confidence level (e = 0.05). Within each stratum, participants were randomly chosen to minimize selection bias and enhance the representativeness of the sample. This stratification allowed the study to capture developmental variations in psychosocial wellbeing across different adolescent age groups, providing a nuanced understanding of how family structure might impact their experiences.

Table 1 Sample Size Selection Matrix for Adolescents in Chulungoma Village

Age Group	Population	Sample Size	Sampling Method
14–15 years	380	115	Stratified random
16–17 years	360	109	Stratified random
18 years	186	57	Stratified random
Total	926	281	

## **Instruments**

Data were collected using a structured questionnaire developed to assess the adolescents' psychosocial wellbeing and to capture information about their family structure. The questionnaire included closed-ended items measuring various dimensions such as emotional stability, self-esteem, social connectedness, and behavioral tendencies. Items were reviewed by experts in adolescent psychology and family studies to ensure content relevance and cultural appropriateness. This helped to enhance the validity of the instrument and ensured that the questions were both understandable to adolescents and capable of eliciting accurate responses related to their lived experiences.

# **Pretesting and Reliability**

A pilot study was conducted in a neighboring community involving 70 adolescents, whose demographic profile closely resembled that of the main study population. This pretest allowed the researcher to assess the clarity, coherence, and reliability of the instrument. Based on the pilot results, adjustments were made to improve wording and sequencing of questions. Cronbach's alpha was computed to test internal consistency, yielding 0.87 for the family structure scale and 0.83 for the psychosocial wellbeing scale—both indicating strong reliability. Additionally, test-retest reliability was assessed over a two-week period with a subsample of participants, producing Pearson correlations of r = 0.80 and r = 0.85, respectively. These findings confirmed the stability and dependability of the instrument across time.



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# **Data Collection Procedure**

The questionnaire was administered through face-to-face interactions with the participants by trained research assistants. The interviews were conducted in a private and comfortable setting within the community to encourage honesty and reduce the risk of social desirability bias. Prior to data collection, informed consent was obtained from parents or guardians, and assent was sought from the adolescent participants. The procedure was designed to ensure both ethical rigor and respondent comfort, allowing participants to freely express themselves while safeguarding their rights and well-being.

#### **Data Analysis Approach**

Quantitative data were analyzed using the Statistical Package for the Social Sciences (SPSS). Analysis proceeded in three phases. Descriptive statistics such as frequencies, percentages, and means were used to summarize demographic characteristics and key psychosocial variables. Chi-square tests were conducted to determine associations between family structure (monogamous vs. polygamous) and psychosocial wellbeing indicators. To further examine these relationships while controlling for potential confounders, multivariate analysis was performed, enabling a deeper exploration of how different family environments impact adolescent development. Tables and figures were generated in Excel and reported in Word to aid visual interpretation of the findings.

#### **Ethical Considerations**

The study adhered to stringent ethical standards. Participants were informed about the purpose, procedures, and voluntary nature of the study. Adolescents were assured of confidentiality and anonymity, with no personal identifiers collected. Informed consent was obtained from parents or guardians, and participation was entirely voluntary, with the option to withdraw at any time. Care was taken to ensure that no emotionally sensitive or inappropriate language was used in any data collection tools. The study also accounted for researcher bias by emphasizing reflexivity throughout the research process and maintaining a clear distinction between professional experience and empirical observation.

#### RESULTS

#### **Demographic and Social Characteristics of Respondents**

A total of 281 adolescents participated in the study. Among them, 63.8% were male (n = 180), while 36.2% were female (n = 101). Regarding their parents' age groups, the highest proportion (28.4%) fell within the 36–40 years category, followed by 26–30 years (25.5%), above 41 years (22.3%), 31–35 years (18.1%), and the lowest in the 20–25 years group (5.3%). In terms of parental education, 41.8% had completed secondary school, 31.6% had tertiary education, 18.4% had only primary education, 7.1% held a PhD, and 0.7% had a certificate.

On emotional support, 78% of adolescents reported that their parents provided emotional support, 5.7% said no, and 16.3% were neutral. When asked if their parents supported their goals and interests, 86.9% responded positively, 4.3% said no, 8.5% were neutral, and 0.4% did not respond. Regarding freedom and independence, 83.3% of the adolescents felt their parents did not restrict their freedom, 4.3% disagreed, 12.1% were neutral, and 0.4% did not respond. Similarly, when asked if their parents listened to them, 75.9% answered yes, 10.6% said no, 13.1% were neutral, and 0.4% did not respond. The study also assessed adolescents' perceptions of parental restriction on their freedom. A majority (55.5%) agreed that their parents do not restrict their freedom or independence, while 29.5% strongly agreed. A small proportion were neutral (7.1%), disagreed (5.7%), or strongly disagreed (2.1%).

# **Adolescents' Perceptions of Playing with Their Parents**

The study investigated the extent of relational engagement between adolescents and their parents through shared activities, specifically playing together. As shown in Table 3, a significant proportion of adolescents reported positive engagement. A total of 82.6% stated they either *agreed* (61.6%) or *strongly agreed* (21.0%) with the statement "I play together with my parents." Neutral responses accounted for 8.9%, while 7.1% *disagreed* and



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1.4% strongly disagreed. These findings suggest that the majority of adolescents in the study enjoy active interaction with their parents, which may contribute positively to their psychosocial wellbeing.

Table 2 Adolescents' Perceived Relationship with Parents and Psychosocial Wellbeing

Response Category	Frequency	Percent (%)
Strongly Disagree	4	1.4
Disagree	20	7.1
Neutral	25	8.9
Agree	173	61.6
Strongly Agree	59	21.0
Total	281	100.0

#### **Preference in Parent-Child Relationship**

The study also examined adolescents' preferences in parent-child dynamics, particularly comparing comfort levels between mother-child and father-child relationships. Results revealed a significant preference for mothers. Specifically, 24.9% of respondents *strongly agreed* and 59.8% *agreed* with the statement that their mothers are better than their fathers. A neutral stance was held by 11.7%, while only 2.1% *disagreed* and 1.4% *strongly disagreed*.

Table4 Adolescents' Perceptions of Mother-Child vs. Father-Child Comfort

Response Category	Frequency	Percent (%)
Strongly Disagree	4	1.4
Disagree	6	2.1
Neutral	33	11.7
Agree	168	59.8
Strongly Agree	70	24.9
Total	281	100.0

# **Adolescent Wellbeing in Polygamous Families**

The findings revealed several statistically significant patterns across demographic and psychosocial variables. There was a notable gender difference in adolescents living in polygamous families. Among female adolescents, 37.6% reported living in polygamous families, while 62.4% did not. Similarly, 35.6% of male adolescents reported being in polygamous households, with 64.4% not living in such arrangements. The association between gender and family structure was statistically significant (p < 0.001). Age of parents was also found to be significantly associated with the likelihood of adolescents residing in polygamous households. Among adolescents whose parents were aged 20–25 years, only 13.3% lived in polygamous families, while 86.7% did not. In the age category of 26–30 years, 37.5% of adolescents lived in polygamous families compared to 62.5% who did not. For those aged 31–35 years, 35.3% lived in polygamous families, while 64.7% did not. In the 36–40 year age group, 50% lived in polygamous families, and the remaining 50% did not. Among adolescents with parents above 41 years, 23.8% lived in polygamous households, while 76.2% did not. The variation across parental age groups was statistically significant (p < 0.001).

In terms of parental education, none of the adolescents whose parents had certificates lived in polygamous families. Among those whose parents held PhDs, 20% were from polygamous families, while 80% were not.



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Adolescents whose parents had primary education showed a higher proportion (38.5%) in polygamous families, while 61.5% were not. Similarly, 32.2% of adolescents with parents who had completed secondary school lived in polygamous families, compared to 67.8% who did not. Of those whose parents had tertiary education, 44.9% lived in polygamous families and 55.1% did not. The differences based on educational levels were also statistically significant (p < 0.001). When analyzing emotional support from parents, 46.7% of adolescents who were neutral about receiving emotional support lived in polygamous families, while 53.3% did not. Among those who reported not receiving emotional support, 37.5% were from polygamous families, and 62.5% were not. Of those who affirmed receiving emotional support, 34.1% lived in polygamous families compared to 65.9% who did not. This association was statistically significant (p < 0.001).

The study further explored adolescents' perceptions of parental support for their goals and interests. Among those who were neutral, 29.2% lived in polygamous families, while 70.8% did not. Only 16.7% of those who felt unsupported lived in polygamous families, while the majority (83.3%) did not. Among those who felt supported, 38% lived in polygamous families, while 62% did not. These findings indicate a significant association between family structure and support for adolescents' aspirations (p < 0.001). Regarding adolescents' sense of freedom and independence, 38.2% of those who were neutral about parental restrictions lived in polygamous families, while 61.8% did not. Of those who reported no restrictions, only 16.7% lived in polygamous families, compared to 83.3% who did not. Among those who felt restricted, 37% lived in polygamous families, while 63% did not. This relationship was also significant (p < 0.001).

Finally, the study assessed whether adolescents felt heard by their parents. Among those who were neutral on this matter, 27% lived in polygamous families, compared to 73% who did not. For adolescents who reported that their parents do not listen, 33.3% lived in polygamous households, while 66.7% did not. Of those who affirmed that their parents listen to them, 38.3% lived in polygamous families, while 61.7% did not. This association between perceived parental attentiveness and family structure was statistically significant (p < 0.001).

## **Adolescent Wellbeing in Monogamous Families**

The findings revealed statistically significant trends across various demographic and psychosocial variables. A higher proportion of male adolescents were found to live in monogamous families compared to their female counterparts. Specifically, 40.6% of male adolescents reported living in monogamous families, while 59.4% did not. Among female adolescents, 30.7% lived in monogamous families and 69.3% did not, indicating a significant gender-based difference (p < 0.001). Parental age also showed a significant relationship with the likelihood of adolescents living in monogamous families. None of the adolescents whose parents were aged 20-25 years lived in monogamous families. In the 26-30 age group, 11.1% of adolescents lived in monogamous families. This proportion increased with parental age: 39.2% for ages 31-35, 41.2% for ages 36-40, and the highest—68.3%—for those above 41 years. These results suggest that the probability of adolescents residing in monogamous households increases with the age of the parent (p < 0.001).

Parental education level was also significantly associated with family structure. None of the adolescents whose parents held certificates lived in monogamous families. However, 80% of those whose parents held PhDs were from monogamous families. Among adolescents whose parents had primary-level education, 25% lived in monogamous families, while 28% of those whose parents had completed secondary school did so. The proportion rose to 47% for adolescents whose parents had tertiary-level education. These variations indicate a strong correlation between higher parental education and the likelihood of monogamous family structures (p < 0.001). The study further assessed parental emotional support. Among adolescents who reported receiving emotional support, 43.6% lived in monogamous families. None of the adolescents who indicated a lack of emotional support lived in monogamous families, while only 17.8% of those who were neutral on the matter lived in such families. These results demonstrate a significant relationship between monogamous family structures and perceived emotional support from parents (p < 0.001).

Similarly, parental support for adolescents' personal goals and interests showed a significant relationship with family structure. Among those who reported receiving such support, 39.6% resided in monogamous families, while none of those who did not receive support were from monogamous households. For those who were neutral, 29.2% lived in monogamous families. This reinforces the role of monogamous family environments in



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supporting adolescents' aspirations (p < 0.001). In terms of autonomy, 38.7% of adolescents who reported restrictions on their independence lived in monogamous families, as did 16.7% of those who felt free from such restrictions. Among those who were neutral, 32.4% lived in monogamous families. These findings point to a statistically significant relationship between monogamous family settings and adolescents perceived autonomy (p < 0.001). Finally, the study evaluated whether adolescents felt heard by their parents. Among those who believed their parents listened to them, 40.7% lived in monogamous families. For those who reported their parents did not listen, 20% lived in such families, and among neutral respondents, 29.7% were from monogamous households. This reflects a significant correlation between monogamous family structures and the perception of being listened to by parents (p < 0.001).

#### DISCUSSION

This study explored adolescent psychosocial wellbeing in relation to parent–adolescent interactions and family structure (monogamous vs. polygamous) in Chulungoma village of Mbala District, Zambia. The results revealed significant associations between parental engagement—including play, emotional support, autonomy, and communication—and adolescents' psychological adjustment, moderated by the nature of family structure. Most adolescents (82.6%) reported engaging in play with their parents, highlighting the importance of shared activities in strengthening familial bonds. This supports existing evidence that play fosters emotional development and secure attachments (Yogman et al., 2018; Ginsburg, 2007). Importantly, this form of interaction emerged across both family types, suggesting that even within varied household structures, opportunities for meaningful engagement remain crucial.

A notable finding was the adolescents' strong preference for maternal emotional support. Over 84% agreed or strongly agreed that they feel more comfortable with their mothers than with their fathers. This perception held true across both monogamous and polygamous households, suggesting that mothers are viewed as the primary emotional anchors for adolescents. This aligns with research underscoring mothers' roles as emotionally available caregivers (Cabrera et al., 2000; Paquette, 2004), and reflects the culturally embedded gendered parenting roles common in African contexts. Family structure emerged as a significant factor influencing adolescent wellbeing. Adolescents from monogamous families consistently reported more positive outcomes. For example, 43.6% of those who felt emotionally supported and 40.7% of those who felt listened to resided in monogamous families. These patterns indicate that monogamous households may offer more cohesive emotional environments, characterized by focused parental attention and clearer communication dynamics.

In contrast, adolescents from polygamous households reported comparatively lower levels of perceived support and engagement. Although some felt emotionally supported or heard, the proportions were smaller. This may be attributable to divided parental resources, relational complexity, or intra-family competition, which may weaken individual child–parent relationships. These findings echo Al-Krenawi and Graham's (2006) work, which linked polygamous settings to emotional neglect, sibling rivalry, and reduced psychological wellbeing. The findings align with literature emphasizing the psychosocial advantages associated with monogamous families. Monogamous households are often more stable, with fewer interpersonal complexities and stronger parent—child communication (Muchabaiwa, 2010; Owuamanam & Owuamanam, 2012). By contrast, polygamous families, while culturally normative in many societies, have been shown to carry structural burdens that can affect children's emotional development and perceptions of parental availability (Al-Krenawi & Graham, 2006).

Furthermore, Makunda et al (2024) emphasized the value of household-level variables in understanding mental health outcomes. Their study on clustering techniques in international mental health assessments found that nuanced family structures significantly influence psychosocial trajectories. The current study reinforces this view, revealing how the structural organization of a family (monogamous vs. polygamous) interacts with parenting behaviors to shape adolescent experiences.

# **Theoretical and Practical Implications**

The findings can be interpreted through Bronfenbrenner's ecological systems theory (1979), which underscores the influence of the family microsystem on adolescent development. Monogamous households, with less structural complexity, may provide adolescents with more consistent emotional input, facilitating a stable





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environment for psychosocial growth. The results also complement the PERMA model of wellbeing (Seligman, 2011), particularly its dimensions of positive relationships and engagement. Adolescents in monogamous settings reported higher levels of parental involvement, which are vital pillars of flourishing mental health. From a practical standpoint, these findings suggest that community mental health programs and parenting interventions should encourage active and equitable parental involvement across all family types. In polygamous contexts, targeted strategies are needed to address the challenges of divided attention and complex relational ties. Promoting structured parent-child activities, improving communication, and fostering father involvement may mitigate some of the psychosocial challenges faced by adolescents in such households.

#### Limitations

Despite its contributions, this study has limitations. The use of self-reported data introduces potential for social desirability and recall biases. Moreover, the cross-sectional design restricts causal interpretations. Additionally, while the study highlights family structure, it does not account for intersecting variables such as socioeconomic status, parenting style, or family cohesion, all of which could influence adolescent wellbeing.

# **Suggestions for Future Research**

Future research should employ longitudinal designs to better capture the evolving nature of parent-adolescent relationships and their long-term impact on wellbeing. There is also a need to explore the role of paternal involvement in both family structures and how it uniquely contributes to adolescent emotional development. Qualitative studies could provide deeper insights into the lived experiences of adolescents in polygamous families, especially regarding sibling relationships, feelings of favoritism, or emotional neglect. Moreover, further investigation into the mediating effects of cultural expectations, gender norms, and economic conditions would enrich our understanding of adolescent psychosocial development within diverse familial frameworks.

# **CONCLUSION**

This study examined the relationship between family structure and the psychosocial wellbeing of adolescents in Chulungoma village of Mbala District, Zambia. The findings revealed that adolescents from monogamous families reported higher levels of emotional support, parental engagement, autonomy, and communication compared to those from polygamous households. Most adolescents also expressed a strong emotional preference for their mothers, regardless of family type. Playing with parents was found to be a common and meaningful form of engagement, positively associated with psychosocial wellbeing. Overall, the results underscore the critical role of family structure in shaping adolescent emotional experiences and development. Monogamous families appear to offer a more stable and supportive environment for adolescent wellbeing. However, the presence of parental support in some polygamous settings also suggests that positive outcomes are possible with intentional and equitable parenting. These insights highlight the need for parenting programs and psychosocial interventions that are sensitive to family dynamics and culturally appropriate.

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