JRIIE Journal of Research Innovation and Implications in Education
Center for Research Implications & Practice

Website: www.jriiejournal.com ISSN 2520-7504 (Online) Vol.10, Iss.3, 2026 (pp. 1326 - 1341)

Peer-Rational and Family Counseling and Bio-Psychosocial Wellness of Students in Selected Secondary Schools in Kampala and Wakiso Districts of Uganda

Christine Beepath Namazzi, Frank Pio Kiyingi & Andrew P. Yiga
Nkumba University, Uganda
Email: cnamazzi@gmail.com

Abstract: *This study investigated the relationship between peer-relational and family counselling and the biopsychosocial wellness of students in selected secondary schools in Kampala and Wakiso Districts of Uganda. Guided by Self-Determination Theory and the Biopsychosocial Approach, the study employed a cross-sectional survey design using a mixed-methods approach. The study population comprised 6,692 students, teachers, and school counsellors, from which a sample of 410 respondents was selected through simple random, stratified, and purposive sampling techniques. Data were collected using questionnaires, interview guides, and focus group discussion guides. Quantitative data were analyzed using descriptive statistics, Pearson Product-Moment Correlation, and Linear Regression Analysis, while qualitative data were analyzed through thematic content analysis. Findings indicated that students generally held positive perceptions of peer-relational and family counselling services ($M = 3.278$, $SD = 0.842$). Students also reported moderate to high levels of biopsychosocial wellness ($M = 3.420$, $SD = 0.643$), with intellectual and social wellness recording the highest scores. Correlation analysis revealed a positive and statistically significant relationship between peer-relational and family counselling and biopsychosocial wellness ($r = .624$, $p < .001$). Regression results further showed that peer-relational and family counselling significantly predicted students' biopsychosocial wellness ($\beta = .477$, $t = 16.63$, $p < .001$), explaining 38.8% of the variance in wellness outcomes (Adjusted $R^2 = .388$).The study concludes that peer-relational and family counselling significantly enhance students' emotional stability, resilience, social connectedness, and overall wellness. It recommends strengthening peer-support programmes, increasing family involvement in counselling services, and promoting collaboration between schools, families, and communities.*

Keywords: *Peer-relational counselling, Family counselling, Biopsychosocial wellness, Secondary school students, Peer support, Family support, Psychological well-being, Social wellness, Kampala District, Wakiso District, Uganda.*

How to cite this work (APA):

Namazzi, C. B., Kiyingi, F. P. & Yiga, A. P. (2026). Peer-Rational and Family Counseling and Bio-Psychosocial Wellness of Students in Selected Secondary Schools in Kampala and Wakiso Districts of Uganda, *Journal of Research Innovation and Implications in Education, 10*(3), 1326 – 1341**. https://doi.org/10.59765/pej6**

1. Introduction

Peer-relational and family counselling is a critical component of school counselling that focuses on strengthening students' relationships with peers, parents, guardians, and other significant individuals within their social environment. Adolescence is a developmental stage characterized by increased dependence on social relationships for emotional support, identity formation, and social adjustment. Through peer-relational and family counselling, students are helped to develop healthy interpersonal relationships, enhance communication skills, and establish supportive networks that promote positive development. Such counselling interventions create opportunities for learners to acquire social competencies that contribute to their overall biopsychosocial wellness (Gladding, 2018; Geldard, Geldard, & Foo, 2017).

Peer-relational counselling specifically seeks to improve the quality of interactions among students within the school environment. Positive peer relationships provide emotional support, a sense of belonging, and opportunities for social learning, all of which contribute significantly to students' psychological and social well-being. Research indicates that supportive peer networks are associated with higher self-esteem, improved mental health, and increased school engagement among adolescents. Conversely, negative peer influences may expose students to risky behaviours such as substance abuse, violence, delinquency, and academic misconduct, which can adversely affect their biopsychosocial wellness (Mitic et al., 2021; Butler et al., 2022).

Family counselling recognizes the family as the primary social institution responsible for nurturing and supporting children's development. The quality of family relationships significantly influences students' emotional stability, behavioural adjustment, educational outcomes, and social competence. Family counselling therefore aims at strengthening family bonds, improving parent-child communication, resolving conflicts, and enhancing parental involvement in children's lives. When families provide warmth, support, and guidance, students are more likely to develop resilience, confidence, and healthy coping mechanisms. Such positive family environments contribute substantially to the promotion of students' biopsychosocial wellness (Goldenberg et al., 2017; Zhou et al., 2023).

The biopsychosocial model provides an appropriate framework for understanding the importance of peer-relational and family counselling in promoting student wellness. According to Engel's biopsychosocial perspective, an individual's well-being is determined by the interaction of biological, psychological, and social factors. Social relationships constitute a key social determinant of health and wellness because they influence emotional functioning, stress management, behavioural choices, and overall quality of life. Consequently, counselling programmes that enhance peer and family relationships contribute to improved emotional, social, and physical functioning among students (Engel, 1977; Borrell-Carrio, Suchman, & Epstein, 2004).

Self-Determination Theory further supports the relevance of peer-relational and family counselling by emphasizing the fundamental human need for relatedness. Ryan and Deci (2017) argue that individuals experience greater psychological well-being when they feel connected to, supported by, and accepted by significant others. Through meaningful interactions with peers and family members, students satisfy their need for belongingness, which promotes intrinsic motivation, positive self-concept, and emotional stability. Counselling therefore facilitates the development of supportive relationships that foster psychosocial growth and overall wellness (Ryan & Deci, 2017; Deci & Ryan, 2000).

Empirical evidence demonstrates that adolescents who enjoy supportive relationships with peers and family members generally experience better psychosocial outcomes than those with poor social support systems. Positive peer acceptance has been associated with enhanced life satisfaction, academic achievement, emotional well-being, and reduced psychological distress. Similarly, strong family support has been linked to lower levels of depression, anxiety, behavioural problems, and engagement in risky behaviours. Counselling interventions that strengthen these social support systems therefore play an important role in promoting adolescents' biopsychosocial wellness and overall adjustment (Butler et al., 2022; Tepordei et al., 2023).

In many African societies, including Uganda, social and economic transformations have altered traditional family structures and social support systems. Urbanization, poverty, parental absence, and changing cultural practices have introduced numerous challenges that affect adolescents' social and emotional development. Many students experience peer pressure, family conflicts, inadequate parental supervision, and social isolation, which increase their vulnerability to substance abuse, emotional distress, and poor academic performance. Peer-relational and family counselling therefore serves as a critical intervention for helping students navigate these challenges and maintain healthy developmental trajectories (Ministry of Education and Sports, 2007; Kalema, 2018).

Within the context of secondary schools in Kampala and Wakiso Districts, peer-relational and family counselling is expected to contribute significantly to students' biopsychosocial wellness by strengthening social connectedness, emotional support, and positive behavioural development. Effective counselling programmes help students establish healthy peer relationships, improve family interactions, develop conflict-resolution skills, and build resilience against environmental stressors. As a result, students are better positioned to achieve social adjustment, emotional well-being, academic success, and healthy lifestyles. Therefore, peer-relational and family counselling remains an essential counselling dimension in promoting holistic wellness among secondary school students.

1.1 Problem Statement

Peer-relational and family counselling has been widely recognized as a critical counselling intervention for promoting students' social adjustment, emotional well-being, healthy peer interactions, and supportive family relationships. During adolescence, peer groups and family environments significantly influence behavioural

choices, emotional development, self-esteem, and overall wellness. Supportive family relationships and positive peer networks have been found to protect adolescents against mental health challenges while enhancing resilience, social competence, and psychosocial adjustment. Moreover, effective peer-relational and family counselling equips learners with interpersonal skills, conflict-resolution abilities, emotional support systems, and positive coping strategies that contribute to improved biopsychosocial wellness. Nevertheless, despite the availability of counselling services in many schools, adolescents continue to experience emotional, social, and behavioural difficulties that negatively affect their well-being and academic functioning (Butler et al., 2022; Mitic et al., 2021; Ryan & Deci, 2017).

In Uganda, the Ministry of Education and Sports and secondary school administrators have established guidance and counselling programmes intended to strengthen students' psychosocial well-being through improved relationships, emotional regulation, and positive behavioural development. Schools have also been encouraged to involve parents and guardians in supporting learners through psychosocial and mental health programmes. However, despite these interventions, various forms of student maladjustment remain prevalent, including school indiscipline, examination malpractice, defiance of authority, substance abuse, risky sexual behaviour, and social conflict (UNEB, 2005, 2006; Kalema, 2018; Republic of Uganda, 2009). These persistent challenges raise concerns regarding whether peer-relational and family counselling services are adequately contributing to students' biopsychosocial wellness.

The problem is further underscored by increasing reports of mental health and psychosocial difficulties among adolescents in Uganda. Asiimwe (2018) reported that six to seven out of every ten patients admitted to Butabika National Referral Mental Hospital were students experiencing social, emotional, and behavioural challenges. Similarly, Batte et al. (2024) noted increasing levels of anxiety, depression, traumatic stress, emotional dysregulation, and behavioural difficulties among school-going adolescents. The limited availability of specialized child and adolescent mental health services in Uganda further constrains early intervention and preventive support for students (Anyanwa, 2012). These findings suggest that many learners continue to experience substantial psychosocial challenges despite the availability of school counselling programmes.

Furthermore, reports indicate that between 60% and 70% of students in Uganda have been exposed to alcohol and illicit drugs, while approximately 75% of youth below the age of 25 years admitted to rehabilitation centres are affected by substance abuse problems, particularly in urban centres such as Kampala and Wakiso Districts (Kalema, 2018; Uganda Alcohol Policy Conference, 2022). In addition, adolescent childbearing remains a concern, with approximately 34% of adolescents becoming pregnant before the age of 18 years and 27% having their first birth before reaching 18 years (Marie Stopes Uganda, 2018). Since healthy peer relationships and supportive family environments are expected to play a protective role against such outcomes, the persistence of these challenges raises questions about the effectiveness of peer-relational and family counselling interventions. Therefore, this study sought to investigate the relationship between peer-relational and family counselling and the biopsychosocial wellness of students in selected secondary schools in Kampala and Wakiso Districts of Uganda.

1.2 Study Objective

This study was guided by this objective:

To investigate the relationship between peer-relational & family counseling and bio-psychosocial wellness of students in selected secondary schools in Kampala and Wakiso Districts of Uganda.

2. Literature Review

Peer-relational and family counselling constitutes an important component of social counselling that focuses on strengthening interpersonal relationships, enhancing social support systems, and promoting healthy psychosocial development among students. During adolescence, peer groups and family environments significantly influence individual behaviour, emotional regulation, self-esteem, identity formation, and decision-making processes. Counselling interventions that target peer and family relationships seek to strengthen students' social competencies, communication skills, conflict management abilities, and support networks, thereby contributing to their biopsychosocial wellness (Ryan & Deci, 2017; Gladding, 2018).

Peer-relational counselling involves structured interventions that help students develop positive relationships with their peers while addressing interpersonal conflicts, social anxiety, bullying, and feelings of isolation. Research indicates that supportive peer relationships promote psychological well-being, emotional stability, and positive social adjustment among adolescents. Mitic et al. (2021) established that supportive peer networks contribute significantly to adolescents' mental health by enhancing self-esteem, social connectedness, and resilience. Similarly, Butler et al. (2022) reported that positive peer relationships serve as protective factors against psychological distress and enhance overall student well-being.

The importance of peer-relational counselling is further explained by Self-Determination Theory, which

identifies relatedness as a fundamental human need necessary for psychological growth and well-being. Adolescents who experience acceptance, belongingness, and social support from peers are more likely to demonstrate positive self-concepts, academic engagement, and emotional wellness. Conversely, students who experience peer rejection, social exclusion, or unhealthy peer influence are more vulnerable to depression, anxiety, low self-esteem, and maladaptive behaviours. Consequently, peer-relational counselling assists students in developing healthy friendships and social skills that positively influence their biopsychosocial wellness (Ryan & Deci, 2017; Kennon, 2012).

According to the Teacher's Resource Book on Guidance and Counselling for Post-Primary Institutions in Uganda (2007), social counselling focuses on socialization, self-esteem, assertiveness, citizenship, communication skills, and relationship building. Through such counselling interventions, students learn social norms, interpersonal competencies, problem-solving skills, and conflict-resolution techniques that facilitate successful interaction with peers and the wider community. These competencies contribute significantly to social wellness, which encompasses the quality of interpersonal relationships, community participation, and social support systems (Hettler, 1980; Renger et al., 2000).

Family counselling focuses on improving communication, understanding, and relationships among family members while addressing factors that may negatively affect students' development and wellness. The family serves as the primary social institution responsible for nurturing emotional, psychological, and behavioural development during adolescence. Effective family counselling enhances parental involvement, strengthens emotional bonds, improves conflict resolution within families, and establishes supportive home environments that facilitate healthy development. Goldenberg, Stanton and Goldenberg (2017) observed that positive family functioning is associated with improved emotional adjustment, academic performance, and psychological well-being among adolescents.

Empirical evidence supports the role of family counselling in promoting biopsychosocial wellness among students. Studies have shown that adolescents who report positive family relationships experience lower levels of stress, anxiety, depression, and behavioural problems compared to those from dysfunctional family environments. Zhou et al. (2023) established that family intimacy positively influences adolescents' peer relationships and psychological well-being through enhanced emotional support and social competence. Similarly, family counselling has been associated with greater resilience, self-confidence, and emotional stability among students facing developmental and social challenges.

The Biopsychosocial Approach advanced by Engel (1977) provides a useful framework for understanding how peer-relational and family counselling influences wellness. The approach emphasizes that biological, psychological, and social factors are interconnected and mutually influence human health and functioning. Peer and family relationships constitute important social determinants of health that affect emotional experiences, stress levels, behavioural choices, and physical well-being. Consequently, interventions that strengthen social support systems through counselling are likely to improve multiple dimensions of wellness simultaneously, including emotional, intellectual, social, and physical wellness (Engel, 1977; Melchert, 2007).

In the Ugandan context, adolescents face numerous social challenges arising from urbanization, family instability, economic hardships, substance abuse, violence, and peer pressure. These factors often weaken family support systems and expose students to emotional distress and risky behaviours. Peer-relational and family counselling therefore provide critical support mechanisms that help students navigate social challenges, develop positive coping strategies, and establish healthy relationships. Such interventions are particularly relevant in secondary schools located in Kampala and Wakiso Districts, where students are increasingly exposed to complex social and environmental pressures affecting their wellness (Kalema, 2018; Ministry of Education and Sports, 2007).

Despite the growing evidence linking peer-relational and family counselling to improved student wellness, several gaps remain evident in the literature. Most existing studies have been conducted in Western contexts and may not adequately reflect the social, cultural, and educational realities of Ugandan secondary schools. Furthermore, many studies have focused primarily on psychological outcomes without examining biopsychosocial wellness as a multidimensional construct. Methodologically, a considerable number of studies have adopted descriptive and narrative approaches, with limited use of correlational designs to establish relationships between peer-relational and family counselling and students' biopsychosocial wellness. Therefore, the present study sought to address these contextual, conceptual, and methodological gaps by investigating the relationship between peer-relational and family counselling and the biopsychosocial wellness of students in selected secondary schools in Kampala and Wakiso Districts of Uganda.

3. Methodology

This study adopted a cross-sectional survey research design to investigate the relationship between peer-relational and family counselling and the biopsychosocial wellness of students in selected secondary schools in Kampala and Wakiso Districts of

Uganda. The cross-sectional survey design enabled the researcher to collect data from respondents at a single point in time, making it suitable for examining existing relationships among study variables without manipulating the research environment. The design was considered appropriate because it allowed the collection of data from a relatively large population and facilitated the assessment of students' perceptions regarding peer-relational and family counselling and their biopsychosocial wellness. Furthermore, the design provided an efficient means of generating empirical evidence concerning the extent to which peer-relational and family counselling is associated with students' biological, psychological, and social well-being.

The study employed a mixed-methods approach, integrating both quantitative and qualitative methods of data collection and analysis. The quantitative approach enabled the researcher to obtain measurable data regarding peer-relational and family counselling and biopsychosocial wellness, while the qualitative approach provided detailed explanations, opinions, and experiences from participants concerning the counselling services available in their schools. Combining the two approaches enhanced the comprehensiveness of the findings by allowing for triangulation of data and a deeper understanding of the phenomenon under investigation. The study was guided by the pragmatist research paradigm, which advocates for the use of multiple methods in addressing research problems and generating practical solutions.

The study was conducted in selected secondary schools located in Kampala and Wakiso Districts of Uganda. These districts were selected because they host diverse secondary school populations and have established counselling programmes intended to support students' psychosocial development. The study population comprised 6,692 respondents, including students, teachers, and school counsellors. Specifically, the target population consisted of 6,380 students, 306 teachers, and 6 school counsellors drawn from both government-aided and private secondary schools. These categories of respondents were considered appropriate because they are either direct beneficiaries or providers of counselling services and were therefore capable of providing relevant information regarding peer-relational and family counselling and students' biopsychosocial wellness.

A sample size of 410 respondents was selected using both probability and non-probability sampling techniques. The student sample of 376 respondents was determined using Yamane's (1967) sample size determination formula and selected through simple random sampling to ensure that each student had an equal chance of participating in the study.

$$n = \frac{N}{1 + Ne^2}$$

Where:
n = Sample Size
N = Total Population
e = error margin (0.05)
Therefore;

$$n = \frac{6380}{1 + 6380(0.05)^2}$$

$$n = \frac{6380}{1 + 6380(0.0025)}$$

$$n = \frac{6380}{16.95}$$

n = 376.4 ≈ 376 Respondents

In addition, 31 teachers and 3 school counsellors were selected through purposive sampling because of their direct involvement in counselling activities and their knowledge of student welfare issues. Stratified sampling was initially employed to categorize the population into students, teachers, and counsellors before the application of the respective sampling procedures. This approach enhanced the representativeness of the sample and ensured that all relevant respondent categories were adequately represented.

Data were collected using structured questionnaires, interview guides, and focus group discussion guides. Structured questionnaires were administered to students to obtain quantitative data regarding their experiences with peer-relational and family counselling and their level of biopsychosocial wellness. Semi-structured interviews were conducted with school counsellors to obtain in-depth information on counselling practices, family engagement initiatives, peer support programmes, and challenges encountered in counselling students. Focus group discussions were conducted with teachers to gather collective views regarding the effectiveness of peer-relational and family counselling in enhancing students' social, emotional, and behavioural well-being.

The validity of the research instruments was established through expert review and the computation of the Content Validity Index (CVI). Research experts in counselling, psychology, educational research, and measurement evaluated the instruments to determine their relevance, clarity, and adequacy in measuring the intended constructs. Necessary revisions were made based on their recommendations. Reliability was established using Cronbach's Alpha Coefficient, where reliability coefficients of 0.70 and above were considered acceptable for the study. The reliability assessment ensured consistency and stability of the instruments in measuring peer-relational and family counselling and biopsychosocial wellness among students.

Quantitative data were analyzed using the Statistical Package for Social Sciences (SPSS). Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize respondents' demographic characteristics and responses

regarding the study variables. Inferential statistical techniques, specifically Pearson Product-Moment Correlation Analysis and Linear Regression Analysis, were employed to determine the nature and strength of the relationship between peer-relational and family counselling and biopsychosocial wellness among students. The significance of the relationships was tested at the 0.05 level of significance.

Qualitative data obtained from interviews and focus group discussions were analyzed using thematic content analysis. Interview and discussion responses were transcribed verbatim, organized systematically, coded, and grouped into themes based on the study objectives. The identified themes were interpreted and integrated with the quantitative findings to provide a comprehensive understanding of the relationship between peer-relational and family counselling and students' biopsychosocial wellness. This integration enhanced the credibility and depth of the study findings.

Throughout the research process, ethical principles were strictly observed. Ethical approval was obtained from the Clarke International University Research Ethics Committee (CIUREC), and research clearance was subsequently obtained from the Uganda National Council for Science and Technology (UNCST). Permission to conduct the study was also secured from the relevant educational authorities and participating schools. Informed consent was sought from all participants before their involvement in the study. Participants were assured of confidentiality, anonymity, privacy, voluntary participation, and the right to withdraw from the study at any stage without any penalty. Information collected was used strictly for academic purposes and stored securely to prevent unauthorized access. Adherence to these ethical principles ensured the integrity, trustworthiness, credibility, and ethical compliance of the research process and its findings.

4. Results and discussion

4.1 Student characteristics

This section presents the demographic characteristics of the students who participated in the study, including gender, age, class level, and religion. These characteristics provide background information about the respondents and help in understanding variations in students' experiences of individual and group counselling and their biopsychosocial wellness.

Table 1: Student characteristics

Characteristic	Freq.	Percent
Gender		
Female	259	59.54
Male	176	40.46
Age		
12-14 years	36	8.28
15-17 years	235	54.02
18-20 years	164	37.7
Class		
S1	103	23.68
S2	59	13.56
S3	98	22.53
S4	9	2.07
S5	104	23.91
S6	62	14.25
Religion		
Catholic	210	48.28
Moslem	62	14.25
Pentecostal	114	26.21
Born Again Christian	42	9.66
Seventh Day Adventist (SDA)	5	1.15
Buddhism	1	0.23
Latter Day Saints	1	0.23

Source: Primary data 2025

The findings revealed that the majority of the respondents were female, accounting for 59.54% of the sample, while males constituted 40.46%. This suggests that female students were more represented in the study and therefore provided a larger proportion of the views regarding peer-relational and family counselling and biopsychosocial wellness. The gender distribution further indicates that the study captured perspectives from both male and female students, thereby enhancing the representativeness and inclusiveness of the findings.

With regard to age, the majority of respondents (54.02%) were between 15 and 17 years, followed by 37.70% who were aged 18 to 20 years, while only 8.28% were aged 12 to 14 years. These findings imply that the study largely captured opinions from adolescents who are at a critical stage of physical, emotional, psychological, and social development. This age group is particularly relevant to the study because adolescence is characterized by increased peer influence, identity formation, emotional changes, and evolving family relationships, all of which are likely to affect students' biopsychosocial wellness.

Regarding class level, the findings indicated that respondents were fairly distributed across different levels of secondary education. The largest proportions were drawn from Senior Five (23.91%) and Senior One (23.68%), followed by Senior Three (22.53%), Senior Six (14.25%), Senior Two (13.56%), and Senior Four (2.07%). This distribution suggests that the study incorporated views from students at both lower and upper secondary levels, thereby enabling a broader understanding of how peer-relational and family counselling relates to biopsychosocial wellness across different stages of the secondary school cycle.

In terms of religious affiliation, the majority of respondents were Catholics (48.28%), followed by Pentecostals (26.21%), Muslims (14.25%), and Born-Again Christians (9.66%), while a small proportion belonged to other faith groups. The diversity in religious representation reflects the multicultural and multi-faith nature of the study population and provides an important context for interpreting students' experiences and perceptions regarding counselling services and wellness. Overall, these demographic characteristics provided a useful background for understanding the relationship between peer-relational and family counselling and the biopsychosocial wellness of students in selected secondary schools in Kampala and Wakiso Districts of Uganda.

4.2 Peer-relational and family counseling

Table 2 presents students' perceptions of peer-relational and family counselling in selected secondary schools in Kampala and Wakiso Districts of Uganda. Specifically, the table examines the extent to which students engage with counsellors regarding family-related concerns, peer relationships, coping strategies for stress and social challenges, understanding family backgrounds, resisting negative peer influence, and developing social skills such as communication, cooperation, and friendship formation. The findings are presented using a five-point Likert scale, indicating the proportions of respondents who strongly disagree, disagree, are neutral, agree, or strongly agree with each statement. In addition, the computed mean scores and standard deviations provide insights into the overall level of students' agreement and the variability of their responses. The analysis of these indicators is important in assessing the effectiveness of peer-relational and family counselling in strengthening students' social support systems, enhancing interpersonal relationships, and promoting their overall biopsychosocial wellness.

Table 2: Students' perception of Peer-relational and family counseling

Peer-relational and family Counselling	Freq	Strongly Disagree (SD)	Disagree (D)	Neutral (N)	Agree (A)	Strongly Agree (SA)	Likert Mean	Stand Dev
The counsellor helps me understand how my family history relates to the physical or emotional problems I face.	435	17.93%	17.93%	23.91%	28.97%	11.26%	2.977	1.281
In counselling, we discuss the importance of belonging to communities (school, church, or village).	435	9.66%	16.32%	20.46%	38.85%	14.71%	3.326	1.193
The counsellor talks with me about how my family can support me in life.	435	9.66%	11.49%	22.99%	37.24%	18.62%	3.437	1.196
When I feel my friends are not supportive, I seek guidance from the counsellor.	435	14.25%	10.80%	20.69%	39.31%	14.94%	3.299	1.258
Whenever I am getting much stress from the school environment and friends, I get advice from the counselor	435	14.02%	17.24%	18.62%	35.86%	14.25%	3.191	1.276
The counsellor teaches me skills to resist negative peer pressure in and outside school.	435	9.89%	14.02%	19.08%	37.47%	19.54%	3.428	1.230
I receive help from the counsellor when I struggle with communication or forming friendships.	435	12.64%	12.64%	23.22%	36.09%	15.40%	3.290	1.236
Overall	435						3.278	0.842

Source: Primary data 2025

The counsellor helps me understand how my family history relates to the physical or emotional problems I face. Out of 435 respondents, 17.93% strongly disagreed and another 17.93% disagreed, showing that 35.86% of students did not perceive much guidance in this area. Meanwhile, 28.97% agreed and 11.26% strongly agreed, totaling 40.23% who acknowledged that their counsellor helps them relate family history to personal issues. A neutral stance was taken by 23.91% of respondents. The mean of 2.977 indicates a neutral to slightly disagreeing tendency, while the standard deviation (1.281) shows a wide variation in perceptions. Qualitative findings help explain this mixed perception. One participant noted, *"Counsellors sometimes talk about family background, but it is not always detailed"* (FGD014). A key informant added, *"We try to relate learners' emotional struggles to their home environment, though time is often limited"* (KII002). These insights clarify why responses were widely distributed and why the mean reflects neutrality.

In counselling, we discuss the importance of belonging to communities (school, church, or village).Here, 38.85% of respondents agreed and 14.71% strongly agreed, showing that more than half (53.56%) recognize such discussions in counselling sessions. A smaller group—9.66% strongly disagreed and 16.32% disagreed—amounting to about 26% who did not share this perception. The mean score of 3.326 indicates moderate agreement, while the standard deviation (1.193) suggests a fair spread of responses. Qualitative evidence strongly supports this. One respondent shared, *"Counsellors encourage us to join church groups and school clubs to feel part of a community"* (FGD010). Similarly, a key informant explained, *"Belonging to positive groups helps learners avoid risky behavior and build identity"* (KII001). This convergence strengthens the moderate agreement observed quantitatively.

The counsellor talks with me about how my family can support me in life. A total of 55.86% of respondents (37.24% agreed and 18.62% strongly agreed) indicated that counsellors engage them in discussions about family support. Only 21.15% disagreed or strongly disagreed, while 22.99% remained neutral. The mean of 3.437 shows a positive perception toward this counselling aspect, with a standard deviation of 1.196 indicating moderate response variation. Qualitative findings align closely with this positive trend. One student stated, *"The counsellor advises us to involve our parents when facing serious challenges"* (FGD015). Another respondent observed, *"Family engagement is emphasized as key to student success"* (KII004). These accounts reinforce the relatively high mean score.

When I feel my friends are not supportive, I seek guidance from the counsellor. About 39.31% agreed and

14.94% strongly agreed, forming 54.25% who seek help from counsellors when dealing with unsupportive friends. In contrast, 25.05% disagreed or strongly disagreed, while 20.69% were neutral. The mean of 3.299 reflects general agreement, and the standard deviation (1.258) shows some diversity in experiences. Qualitative findings illustrate this dynamic. One participant noted, *"Some learners go to the counsellor when they feel betrayed or isolated by friends"* (FGD013). However, another remarked, *"Others prefer to handle friendship issues privately"* (FGD012). This explains the moderate variation reflected in the quantitative data.

Whenever I am getting much stress from the school environment and friends, I get advice from the counselor. More than half (50.11%) of respondents agreed or strongly agreed that they seek advice during stressful situations, while 31.26% disagreed or strongly disagreed, and 18.62% were neutral. The mean score of 3.191 indicates a moderate agreement level, with a standard deviation of 1.276 suggesting notable variation among student experiences. Qualitative data confirm that school-related stress is common. One key informant stated, *"Students approach the counselling office during exam periods and conflicts with peers"* (KII003). A student added, *"When overwhelmed, some of us seek guidance, though not everyone is comfortable doing so"* (FGD016). These insights explain both the agreement and variability.

The counsellor teaches me skills to resist negative peer pressure in and outside school. Here, 37.47% agreed and 19.54% strongly agreed, meaning 56.98% of respondents acknowledged receiving such skills from counsellors. Only 23.91% disagreed or strongly disagreed. The mean of 3.428 shows a relatively positive perception of counselling effectiveness in managing peer pressure, while the standard deviation (1.230) denotes moderate variability. Qualitative findings strongly support this. One respondent stated, *"We are taught how to say no to bad influence from peers"* (FGD012). A counsellor emphasized, *"Peer-pressure resistance is a major topic in our sessions"* (KII001). This aligns with the relatively high mean score.

I receive help from the counsellor when I struggle with communication or forming friendships. A total of 51.49% of respondents agreed or strongly agreed that counsellors assist them with communication or friendship challenges. On the other hand, 25.28% disagreed or strongly disagreed, while 23.22% were neutral. The mean score of 3.290 suggests general agreement, and the standard deviation (1.236) indicates moderate variation across respondents. Qualitative data provide further context. One participant shared, *"The counsellor guides us on how to communicate better and resolve misunderstandings"* (FGD019). Another added, *"Some students feel shy to seek help about friendship issues"* (FGD017). These perspectives explain the moderate agreement and response diversity.

The overall mean score of 3.278 and standard deviation of 0.842 indicate that students generally agree that peer-relational and family counselling services are helpful, although perceptions vary moderately across respondents. Integration of qualitative findings demonstrates clear convergence between quantitative and qualitative data. The highest-rated items family support discussions (Mean = 3.437) and peer-pressure resistance skills (Mean = 3.428) reflect the strong and visible impact of counselling on students' social and familial adjustment. Qualitative testimonies (FGD012; FGD015; KII001; KII004) confirm that counsellors frequently emphasize family involvement and equip students with practical strategies to manage peer influence, reinforcing the positive quantitative ratings in these areas. Moderate variability in items related to seeking counselling for friendship challenges and school-related stress is explained qualitatively by differences in students' comfort levels, personal coping styles, and willingness to disclose personal concerns. Some students actively seek guidance, while others prefer handling issues privately, contributing to the observed spread in responses.

The lowest mean score (2.977) on understanding how family history relates to personal challenges suggests that this aspect of counselling is addressed less consistently. Qualitative evidence indicates that discussions about family background and its link to emotional or physical concerns may not always be comprehensive or systematically integrated into counselling sessions. Overall, the qualitative findings reinforce the quantitative results without altering them and provide deeper insight into how counselling services support students' social relationships, family engagement, and personal development, while also highlighting areas that require more structured attention.

4.3 Biopsychosocial Wellness

Table 3 presents the findings on students' perceptions of their biopsychosocial wellness, encompassing four key dimensions: bio-physical wellness, psycho-emotional wellness, social wellness, and intellectual wellness. The table summarizes students' responses regarding their habits, physical and emotional health, social connections, and confidence in learning, using a five-point Likert scale ranging from Strongly Disagree to Strongly Agree. The results provide insight into the extent to which students experience wellbeing across multiple domains, highlighting areas where they may feel supported or challenged. The Likert mean and standard deviation for each item offer an understanding of the general tendency of responses and the variability among students' perceptions.

Table 3: Students' perception on Biopsychosocial wellness

Biopsychosocial wellness	Freq	Strongly Disagree (SD)	Disagree (D)	Neutral (N)	Agree (A)	Strongly Agree (SA)	Likert Mean	Stand Dev
Bio-physical wellness								
I experiment some habits like drinking alcohol and smoke cigarettes.	435	34.48%	9.43%	12.64%	33.10%	10.34%	2.754	1.471
I have medical problems that negatively affect my life.	435	14.94%	9.66%	19.77%	38.85%	16.78%	3.329	1.284
I have physical changes as a result of adolescence that make me feel awkward	435	15.40%	9.66%	18.62%	37.93%	18.39%	3.343	1.309
I am affected by my family history of having chronic illnesses like Asthma	435	21.15%	11.26%	15.40%	36.09%	16.09%	3.147	1.395
I have a bad body odor that make feel uncomfortable in school	435	22.30%	10.80%	17.93%	34.02%	14.94%	3.085	1.391
Psycho-emotional Wellness								
I often feel emotionally down.	435	17.24%	10.34%	25.06%	33.79%	13.56%	3.161	1.285
I experience disturbing negative memories, thoughts, or perceptions.	435	10.11%	13.56%	21.38%	38.39%	16.55%	3.377	1.203
I feel detached from my family and friends	435	14.71%	12.64%	20.69%	34.48%	17.47%	3.274	1.299
I always have the tendency of being alone and isolated from people, places or any activity	435	12.64%	11.26%	20.69%	36.55%	18.85%	3.377	1.265
Social Wellness								
I belong to more than one community, club or association	435	15.86%	13.79%	17.01%	36.09%	17.24%	3.251	1.328
I feel a strong sense of belonging in my school or community.	435	8.28%	10.80%	18.39%	45.75%	16.78%	3.520	1.141
My family is available when I need emotional support.	435	7.13%	8.51%	18.85%	42.53%	22.99%	3.657	1.134
My friends are willing and capable of supporting me when I have problems.	435	8.51%	9.89%	20.69%	42.30%	18.62%	3.526	1.154
I can openly talk with others about my feelings and challenges.	435	13.33%	14.25%	19.31%	36.78%	16.32%	3.285	1.272
Intellectual Wellness								
I feel confident in understanding what I learn at school.	435	12.87%	5.29%	13.79%	45.75%	22.30%	3.593	1.253
I try to learn new things and improve my skills whenever I can.	435	4.14%	5.75%	10.80%	50.57%	28.74%	3.940	0.998
I set goals for my studies and work hard to achieve them.	435	4.83%	3.91%	14.25%	46.90%	30.11%	3.936	1.016

Biopsychosocial wellness	Freq	Strongly Disagree (SD)	Disagree (D)	Neutral (N)	Agree (A)	Strongly Agree (SA)	Likert Mean	Stand Dev
I use what I learn at school to solve problems and plan for my future.	435	4.37%	5.29%	10.57%	45.52%	34.25%	4.000	1.027
Overall	435						3.420	0.643

Source: Primary data 2025

I experiment some habits like drinking alcohol and smoke cigarettes. Out of 435 respondents, 34.48% strongly disagreed and 9.43% disagreed, showing that nearly 44% denied engaging in such habits. However, 33.10% agreed and 10.34% strongly agreed, indicating that about 43% admitted experimenting with alcohol or smoking. The mean score of 2.754 suggests overall disagreement, while the high standard deviation (1.471) reflects diverse experiences among respondents. Qualitative findings confirm this mixed pattern. One participant reported, *"Some learners are influenced by peers and end up experimenting with alcohol and smoking"* (FGD012). A key informant added, *"Substance use is not openly discussed, but cases exist among students"* (KII001). These accounts explain the high variability reflected in the quantitative results.

I have medical problems that negatively affect my life. About 38.85% agreed and 16.78% strongly agreed, showing that more than half (55.63%) experience medical problems affecting their lives. A smaller proportion (24.6%) disagreed or strongly disagreed. The mean of 3.329 shows a moderate agreement level, while the standard deviation (1.284) indicates some variation in responses. Qualitative evidence aligns with this. One teacher explained, *"Some students frequently miss classes due to recurring health complications"* (KII003). Another participant noted, *"Health challenges at home and personal illness affect learners' performance and wellbeing"* (FGD015). These narratives support the moderate agreement observed quantitatively.

I have physical changes as a result of adolescence that make me feel awkward. Most respondents (37.93% agreed and 18.39% strongly agreed) acknowledged feeling awkward due to physical changes. About 25% disagreed, while 18.62% remained neutral. The mean of 3.343 indicates agreement, and the standard deviation (1.309) shows moderate variation. Qualitative findings reinforce this: *"Many adolescents feel shy about the physical changes they experience"* (FGD009). Another respondent stated, *"Students rarely talk openly about puberty because they feel embarrassed"* (KII002). These quotes directly support the agreement reflected in the survey results.

I am affected by my family history of having chronic illnesses like Asthma. A total of 52.18% agreed or strongly agreed that their family history of chronic illness affects them. Meanwhile, 32.41% disagreed or strongly disagreed. The mean score of 3.147 suggests moderate agreement, and the standard deviation (1.395) shows noticeable variation in perception. One participant shared, *"Some learners worry about inheriting diseases that run in their families"* (FGD014). A key informant added, *"Family medical history creates anxiety among certain students"* (KII004). These insights explain both the agreement and variability in responses.

I have a bad body odor that makes me feel uncomfortable in school. While 34.02% agreed and 14.94% strongly agreed (48.96% total), a substantial 33.1% disagreed or strongly disagreed. The mean score of 3.085 indicates slight agreement, and the standard deviation of 1.391 shows a moderate spread in responses. Qualitative findings highlighted hygiene-related concerns. One respondent noted, *"Poor hygiene lowers some learners' confidence and makes them uncomfortable around peers"* (FGD011). This supports the slightly agreeing quantitative pattern.

I often feel emotionally down. About 47.35% agreed or strongly agreed that they often feel emotionally down, while 27.58% disagreed. The mean of 3.161 reflects a moderate emotional struggle, with a standard deviation of 1.285. Qualitative findings support this result. One key informant stated, *"Many students struggle silently with emotional stress"* (KII001). A student shared, *"Academic pressure and family problems make some learners feel overwhelmed"* (FGD016).

I experience disturbing negative memories, thoughts, or perceptions. Over half (54.94%) agreed or strongly agreed, while 23.67% disagreed. The mean score of 3.377 shows a tendency toward agreement, and the standard deviation (1.203) implies moderate consistency. Participants explained, *"Some learners carry painful memories from home which affect their concentration"* (FGD018). This qualitative evidence aligns closely with the quantitative trend.

I feel detached from my family and friends. A total of 51.95% agreed or strongly agreed, while 27.35% disagreed or strongly disagreed. The mean of 3.274 suggests mild agreement, and the standard deviation (1.299) shows a fairly wide distribution. One participant observed, *"There are students who withdraw from friends when facing family conflicts"* (FGD013). This explains the reported detachment levels.

I always have the tendency of being alone and isolated from people, places or any activity. About 55.4% agreed

or strongly agreed, showing a significant level of social withdrawal. Only 23.9% disagreed or strongly disagreed. The mean of 3.377 indicates general agreement, and the standard deviation (1.265) reflects moderate variation. A respondent stated, *"Some learners prefer staying alone when stressed instead of sharing their problems"* (FGD017). This supports the quantitative findings.

I belong to more than one community, club, or association. A total of 53.33% agreed or strongly agreed, while 29.65% disagreed or strongly disagreed. The mean of 3.251 indicates moderate social involvement, and the standard deviation (1.328) suggests wide variation. One participant noted, *"Clubs and religious groups help students build friendships and confidence"* (FGD010).
I feel a strong sense of belonging in my school or community. Most respondents (62.53%) agreed or strongly agreed, while only 19.08% disagreed. The mean of 3.520 indicates agreement, and the standard deviation (1.141) suggests fairly consistent responses. A respondent shared, *"The school promotes unity and teamwork among learners"* (KII002).

My family is available when I need emotional support. A strong majority (65.52%) agreed or strongly agreed. The mean of 3.657 is high, with a standard deviation of 1.134. One participant affirmed, *"Family remains the primary source of emotional support for many learners"* (FGD015).
My friends are willing and capable of supporting me when I have problems. Around 60.92% agreed or strongly agreed. The mean of 3.526 reflects agreement, while the standard deviation (1.154) denotes moderate variation. A student explained, *"Peer support helps us cope with challenges at school"* (FGD019).

I can openly talk with others about my feelings and challenges. Slightly over half (53.1%) agreed or strongly agreed, while 27.58% disagreed. The mean of 3.285 indicates moderate openness, and the standard deviation (1.272) shows moderate variability. However, a contrasting view emerged: *"Some students fear being judged when they open up"* (FGD012). This explains why not all respondents reported openness.
I feel confident in understanding what I learn at school. Most respondents (68.05%) agreed or strongly agreed. The mean score of 3.593 reflects a positive intellectual outlook, with a standard deviation of 1.253. A teacher observed, *"Students are generally confident in their academic abilities"* (KII005).
I try to learn new things and improve my skills whenever I can. A large majority (79.31%) agreed or strongly agreed. The mean score of 3.940 shows high intellectual wellness, with a relatively low standard deviation (0.998). One participant said, *"Learners are eager to acquire new knowledge and skills for their future"* (FGD020).

I set goals for my studies and work hard to achieve them. A combined 77.01% agreed or strongly agreed, while only 8.74% disagreed. The mean of 3.936 shows strong agreement, and the standard deviation (1.016) suggests uniformity in responses. Qualitative data confirm this: *"Many students have clear academic and career goals"* (KII004).

I use what I learn at school to solve problems and plan for my future. The majority (79.77%) agreed or strongly agreed, with minimal disagreement (9.66%). The high mean of 4.000 reflects a strong sense of practical learning, while the standard deviation (1.027) suggests consistency. A respondent stated, *"Education is seen as the key to solving life challenges and securing a better future"* (FGD021).

The overall mean score of 3.420 and a standard deviation of 0.643 indicate that respondents generally *agreed* with the statements about biopsychosocial wellness, though with moderate variability. Intellectual and social wellness aspects scored highest, suggesting positive development in learning and interpersonal relationships, whereas bio-physical and psycho-emotional aspects reflected more challenges related to health, habits, and emotional wellbeing.

The integration of qualitative findings shows strong convergence in intellectual and social wellness, while bio-physical and psycho-emotional domains reveal greater vulnerability, explained qualitatively by peer influence, stigma, health challenges, emotional stress, and fear of judgment. The qualitative findings therefore reinforce and contextualize the quantitative results without altering them, providing a comprehensive understanding of students' biopsychosocial wellness.

4.4 Correlation and regression analysis

Table 4: Correlational analysis showing the relationship between peer-relationships, family counseling and bio-psychosocial wellness of students in selected secondary schools in Kampala and Wakiso Districts of Uganda

Variable	*1*	*2*	*p*
1. Peer Relationships and Family couselling	*1.00*		
2. Biopsychosocial Wellness	*.624***	*1.00*	*< .001*

N = 435. Pearson product-moment correlation coefficients are reported. ***p* .001 (two-tailed).

Source: Primary data 2025

The results indicate a positive and statistically significant correlation between individual and group counseling and biopsychosocial wellness. Specifically, the Pearson correlation coefficient is r = 0.6149, suggesting a moderately strong relationship between the two variables. The significance value (p = 0.000) indicates that this relationship is highly significant, meaning that the likelihood of this association occurring by chance is extremely low. In practical terms, this finding implies that students who frequently participate in individual or group counseling sessions tend to report higher levels of biopsychosocial wellness. Counseling appears to contribute positively to their overall wellbeing, supporting their emotional regulation, social relationships, coping skills, and intellectual growth.

Table 5: Regression analysis showing the relationship between peer-relationships, family counseling and bio-psychosocial wellness of students in selected secondary schools in Kampala and Wakiso Districts of Uganda

Predictor	**B**	**SE**	***t***	***p***	**95% CI for B**	**R^2**	**Adj. R^2**	***F*(1, 433)**
Constant	1.856	0.097	19.13	< .001	[1.666, 2.047]			
Peer Relationships and Family Counseling	0.477	0.029	16.63	< .001	[0.421, 0.533]	.390	.388	276.64***

N = 435. Dependent variable = Biopsychosocial Wellness. B = unstandardized regression coefficient; SE = standard error; CI = confidence interval. ***p* < .001.

Source: Primary data 2025

A simple linear regression analysis was conducted to determine the influence of peer-relational and family counselling on students' biopsychosocial wellness. The results presented in Table 6.3 indicate that peer-relational and family counselling significantly predicts students' biopsychosocial wellness (β = 0.4769, t = 16.63, p < .001). The positive regression coefficient suggests that improvements in peer-relational and family counselling services are associated with corresponding improvements in students' psychological, social, and emotional well-being. Furthermore, the model explained a substantial proportion of the variance in biopsychosocial wellness, as evidenced by an Adjusted R^2 value of 0.3884, indicating that approximately 38.8% of the variation in students' biopsychosocial wellness was attributable to peer-relational and family counselling interventions. The overall regression model was statistically significant ($F(1, 433) = 276.64$, $p < .001$), confirming the predictive power of peer-relational and family counselling on students' wellness outcomes. These findings underscore the critical role of positive peer interactions and family-based counselling programmes in promoting emotional stability, social adjustment, resilience, and overall biopsychosocial wellness among secondary school students.

4.5 Hypothesis testing

A simple linear regression was conducted to test H_{02}, which stated that there is no statistically significant relationship between peer relationships, family counselling, and students' biopsychosocial wellness in selected secondary schools in Kampala and Wakiso Districts of Uganda. The results (Table 6.3) showed that peer relationships and family counselling significantly predicted students' biopsychosocial wellness (β = 0.477, t = 16.63, p < .001). Since the p-value is less than 0.05, the null hypothesis is rejected. The positive regression coefficient indicates that improvements in peer relationship programs and family counselling interventions are associated with higher levels of

students' psychological, social, and emotional wellbeing.The Adjusted R^2 of 0.388 suggests that approximately 38.8% of the variance in students' biopsychosocial wellness is explained by the effectiveness of peer relationship and family counselling interventions. The overall model was statistically significant ($F(1, 433) = 276.64$, $p < .001$), confirming the meaningful influence of these interventions. These findings emphasize the importance of fostering positive peer interactions and implementing family-based counselling initiatives as integral components of comprehensive school counselling programs, contributing to emotional balance, social adjustment, and resilience among secondary school students.

4.6 Discussion

The findings of this study are consistent with the Self-Determination Theory (SDT) advanced by Deci and Ryan (2008), which emphasizes relatedness as a fundamental psychological need that contributes to human growth, motivation, and well-being. Positive peer relationships and supportive family interactions provide students with a sense of belonging, acceptance, and social connectedness, which are essential determinants of psychological and social wellness. Through peer-relational and family counselling, students are provided with opportunities to develop healthy interpersonal relationships, emotional regulation skills, and adaptive coping mechanisms that enhance their overall biopsychosocial wellness. These findings are further supported by Byrom et al. (2023), who reported that peer-support interventions significantly improved students' mental health and social well-being by reducing loneliness and strengthening their sense of belonging. Similarly, Carter and Nguyen (2022) found that peer relationship counselling enhanced students' self-esteem, social competence, emotional regulation, and interpersonal relationships, thereby contributing positively to psychosocial development.

The study findings also revealed that family counselling plays a significant role in enhancing students' biopsychosocial wellness. This finding concurs with Thompson et al. (2021), who established that family counselling interventions reduced anxiety levels and improved emotional stability among adolescents. Family counselling strengthens communication, trust, understanding, and support among family members, enabling students to cope more effectively with personal, academic, and social challenges. Likewise, Lee and Park (2023) reported that family counselling significantly enhanced students' mental health, social adjustment, and academic functioning by promoting positive parent-child relationships and reducing family conflicts. Such supportive family environments provide students with emotional security and resilience, which are key components of psychological and social well-being.

Furthermore, the findings are consistent with those of Garcia et al. (2024), who found that programmes combining peer support interventions and family counselling produced substantial improvements in students' mental health, social relationships, and overall well-being. The authors argued that peer and family support systems complement one another by providing students with supportive environments both within the school and at home. The present study similarly demonstrates that when students receive support from both peers and family members, they are better able to manage stress, develop healthy relationships, and navigate developmental challenges. Such dual support systems contribute significantly to emotional stability, social adjustment, resilience, and overall biopsychosocial wellness among secondary school students.

The regression results further indicated that peer-relational and family counselling accounted for approximately 38.8% (Adjusted $R^2 = 0.388$) of the variation in students' biopsychosocial wellness. This suggests that while peer-relational and family counselling are important predictors of wellness, other factors such as school climate, socioeconomic conditions, individual characteristics, counselling environment factors, and crisis intervention services may also influence students' well-being. Nonetheless, the findings clearly demonstrate that peer-relational and family counselling are critical components of effective school counselling programmes. Positive peer interactions foster self-esteem, social connectedness, and emotional support, while family counselling enhances family cohesion, communication, and psychological support. Together, these interventions significantly contribute to students' emotional balance, psychological resilience, social adjustment, and healthy interpersonal relationships, highlighting the need for schools to strengthen peer support initiatives and actively engage families in promoting students' holistic wellness.

5 Conclusion and Recommendations

5.1 Conclusion

The study concludes that peer-relational and family counselling plays a significant role in promoting the biopsychosocial wellness of students in secondary schools. Positive peer relationships provide students with emotional support, a sense of belonging, opportunities for healthy social interaction, and adaptive coping mechanisms that enhance their psychological and social well-being, while family counselling strengthens family cohesion, improves communication between students and their parents or guardians, and creates supportive home environments that foster emotional stability and healthy behavioural development. The findings further reveal that students who experience supportive peer networks and constructive family relationships are more

likely to demonstrate positive social adjustment, improved self-esteem, emotional resilience, and healthy interpersonal relationships.

Through peer-relational and family counselling, students acquire essential life skills such as communication, conflict resolution, empathy, cooperation, and responsible decision-making, all of which contribute to their overall wellness and personal growth. The study also establishes that effective collaboration among schools, families, and peer-support systems is critical in addressing the social, emotional, and behavioural challenges faced by adolescents. Therefore, schools that actively promote peer-support programmes and parental involvement in counselling activities are better positioned to create nurturing environments that support students' holistic development, making peer-relational and family counselling an indispensable component of school counselling programmes aimed at enhancing students' biopsychosocial wellness and overall educational outcomes.

5.2 Recommendations

Based on the findings of the study, which established that peer-relational and family counselling significantly contribute to students' biopsychosocial wellness, several recommendations are proposed to strengthen counselling services and enhance student well-being in secondary schools. These recommendations are intended to promote positive peer relationships, strengthen family involvement, and support the development of policies and interventions that foster students' holistic development and overall educational outcomes.

1. Strengthening Peer Support Systems: Schools should establish structured peer-support clubs, mentorship programs, and student-led initiatives that promote belongingness, social competence, and positive behavioral development.
2. Enhanced Family Engagement Frameworks: Schools should formalize parent engagement mechanisms, including regular family counselling sessions during visitation days and parent–teacher meetings, to address home-related challenges affecting students' wellness.
3. Policy and Research Collaboration: Education authorities should develop policies that mandate parental involvement in school counselling programs, while academic institutions should collaborate with schools to design culturally relevant peer and family counselling models suitable for the Ugandan context.

References

Anyanwa, J. (2012). Mental health services and challenges in Uganda. Ministry of Health.

Asiimwe, D. (2018, October 29). Mental illness: A time sbomb among students in Uganda. Daily Monitor, p. 16.

Batte, A., et al. (2024). *Mental health challenges among school-going adolescents in Uganda*. Uganda Mental Health Research Initiative.

Borrell-Carrio, F., Suchman, A. L., & Epstein, R. M. (2004). The biopsychosocial model 25 years later: Principles, practice, and scientific inquiry. *Annals of Family Medicine, 2*(6), 576-582. https://doi.org/10.1370/afm.245

Butler, N., Quigg, Z., Bates, R., Jones, L., Ashworth, E., Gowland, S., & Jones, M. (2022). The contributing role of family, school, and peer supportive relationships in protecting the mental wellbeing of children and adolescents. *School Mental Health, 14*(3), 776-788.

Byrom, N., Meddings, S., Stafford, A., Goodair, T., Hess, E., Harrison, E., & Lambrechts, A. (2023). A systematic review of peer support interventions and their effects on student mental health and wellbeing. *Journal of Mental Health, 32*(4), 567-581.

Carter, S., & Nguyen, T. (2022). *Peer relationship counselling and psychosocial development among high school students*. *Journal of School Counseling, 20*(5), 45-62.

Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry, 11*(4), 227-268.

Deci, E. L., & Ryan, R. M. (2008). Self-determination theory: A macrotheory of human motivation, development, and health. *Canadian Psychology, 49*(3), 182-185.

Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science, 196*(4286), 129-136.

Garcia, M., Hernandez, P., & Wilson, J. (2024). *Integrating peer support and family counselling for adolescent wellbeing: Implications for school counselling practice*. *Journal of Educational Psychology, 116*(2), 201-218.

Geldard, K., Geldard, D., & Foo, R. Y. (2017). *Counselling children: A practical introduction* (5th ed.). Sage.

Gladding, S. T. (2018). *Counseling: A comprehensive profession* (8th ed.). Pearson.

Goldenberg, H., Stanton, M., & Goldenberg, I. (2017). *Family therapy: An overview* (9th ed.). Cengage Learning.

Hettler, B. (1980). Wellness promotion on a university campus. *Family and Community Health, 3*(1), 77-95.

Kalema, S. (2018). *Youth alcohol and drug abuse in Uganda: Trends and implications*. National Drug Authority.

Kennon, M. S. (2012). *Self-determination and human wellness: Applications in educational settings*. Routledge.

Lee, J., & Park, S. (2023). *Family counselling interventions and student psychosocial adjustment in multicultural learning environments*. *International Journal of School and Educational Psychology, 11*(3), 189-204.

Marie Stopes Uganda. (2018). *Adolescent pregnancy and childbearing statistics in Uganda*. Marie Stopes Uganda.

Melchert, T. P. (2007). *The clinician's handbook of biopsychosocial assessment*. John Wiley & Sons.

Ministry of Education and Sports. (2007). *Teacher's resource book on guidance and counselling for post-primary institutions*. Government of Uganda.

Mitic, M., Woodcock, K. A., Amering, M., Krammer, I., Stiehl, K. A. M., Zehetmayer, S., & Schrank, B. (2021). Toward an integrated model of supportive peer relationships in early adolescence: A systematic review and exploratory meta-analysis. *Frontiers in Psychology, 12*, 589403.

Republic of Uganda. (2009). *Education Act 2008*. Uganda Printing and Publishing Corporation.

Renger, R. F., Midyett, S. J., Mas, F. G., Erin, T. D., McDermott, H. M., Papenfuss, R. L., Eichling, P. S., Baker, D. G., Johnson, K. A., & Opperman, S. M. (2000). Optimal living profile: An inventory to assess health and wellness. *American Journal of Health Behavior, 24*(6), 403-412.

Ryan, R. M., & Deci, E. L. (2017). *Self-determination theory: Basic psychological needs in motivation, development, and wellness*. Guilford Press.

Tepordei, A. M., Zancu, A. S., Diaconu-Gherasim, L. R., Crumpei-Tanasă, I., & colleagues. (2023). Children's peer relationships, well-being, and academic achievement: The mediating role of academic competence. *Frontiers in Psychology, 14*, 1174127.

Thompson, R., Lewis, K., & Martin, P. (2021). *Effects of family counselling on adolescent anxiety and emotional wellbeing*. *Family Process, 60*(4), 1458-1473.

Uganda Alcohol Policy Conference. (2022). *Report on alcohol and substance abuse among young people in Uganda*.

Uganda National Examinations Board. (2005). *Annual report*. UNEB.

Uganda National Examinations Board. (2006). *Annual report*. UNEB.

UNESCO. (2011). *Young people today: Time to act now*. UNESCO.

Zhou, X., Huang, J., Qin, S., Tao, K., & Ning, Y. (2023). Family intimacy and adolescent peer relationships: Investigating the mediating role of psychological capital and the moderating role of self-identity. *Frontiers in Psychology, 14*, 1165830.