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Adolescent psychological well-being & sociodemographic profile in Kerala, India

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***Abstract*---**Summary: There is clear indication that a person's innate level of psychological well-being is significantly influenced by their social environment and developmental history. The study was conceptualized in the context of research on the passage of teenagers into adulthood. The investigation of adolescents' psychological wellbeing was the study's main objective. 100 school-aged youths from Kerala's Kozhikode District, ranging in age from 15 to 17, made up the sample. The mean, standard deviation, and T-test were used to investigate the relationship between adolescents' psychological wellbeing and their sociodemographic profile. Findings: According to the mean score, 44% of schoolchildren reported great psychological well-being, compared to 56% who reported low psychological well-being. In terms of the manifestation of psychological well-being and sociodemographic profiles, respondents from different age groups demonstrated considerable disparities. The study's conclusions can be applied to people who have mild, moderate, or high degrees of psychological well-being. This analysis makes it possible to examine the relationship between and impact on teenage psychological well-being.

***Keywords*---**Psychological well-being, Socio-Demographic Profile, Adolescents.

Introduction

Mental health is a level of psychological well-being or the absence of a mental ailment; it is the "psychological state of a person who is functioning at an adequate level of emotional and behavioural equilibrium." From the standpoint of positive psychology or holism, mental health may encompass a person's capacity to enjoy life and strike a balance between life activities and efforts to acquire psychological resilience (Dadhania 2015). Well-being, welfare, or emotional health refers to a person or group's social, economic, psychological, spiritual, or medical status. A high level of well-being suggests the individual or group's experience is good, while low well-being is related with bad experiences.

About 10–20% of children and teens globally have mental health concerns (Kieling Christain et al 2011). Depression and anxiety cause 40.5% of life years modified for impairment (Whiteford et al 2013). The WHO defines mental health as "a state of well-being in which an individual acknowledges his or her own strengths, can deal with life's typical challenges, and can work productively and fruitfully" (WHO 2005). Given that the prevalence of mental issues in children and adolescents has risen (Collishaw, 2015), it's important to improve their mental health. 70% of these young people live in developing nations with complex economic, social, political, and environmental conditions that hinder adolescent development. Many underprivileged teens have inadequate personal resources and societal assistance to overcome poverty, injustice, and gender discrimination. Over half of the world's youth are poor (UNFPA2007) (Keyes Corey 2013).One in five young people under 18 has a developmental, emotional, or behavioural disorder, and one in eight has a mental condition, according to the WHO (Currie C et al., 2009/2010).

Adolescent psychological well-being is defined as being satisfied with life and experience an abundance of positive emotions, which, when blended with the absence of psychopathology, is related to the highest academic function, social skills and support, and physical health. It is also a stage that lays a solid foundation for future personality, as well as a critical period in human development in which life goals, values, direction, and purpose are created. Children and adolescents from different socioeconomic and demographic groups are "susceptible" to health and well-being disparities (USDHHS) (2013). According to longitudinal study, longevity, physical health, quality of life, criminality, drug and alcohol use, employment, earnings, and pro-social activity (e.g. volunteering) predict well-being ratings (WHO,2009). Given the complicated character of teenage development difficulties, research on factors affecting psychological well-being has always been difficult. Exploring demographic correlates and determinants of psychological well-being by identifying environmental, physiological, or neurological underpinnings is not enough for any genuine community mental health approach (Helen R et al 2012).

The goal of this study is to provide a wide picture of school teenagers' psychological well-being and how it relates to socio-demographic characteristics. The study examined the degree to which demographic characteristics coexisted, as well as any gender, age, grade, or psychological wellness variations among school teenagers in Kozhikode, Kerala.

Psychological Well-Being

"Psychological well-being" is one's mental condition when life is going well. It's feeling fine and functioning well. Painful emotions (such as disappointment, failure, and despair) are a normal part of life, and managing them is a key to long-term enjoyment. Negative emotions that interfere with daily functioning threaten psychological health. Personality affects how we feel and how we think. Ryff's measurements of Psychological Well-Being include autonomy, environmental mastery, personal growth, personal relations with others, life purpose, and self-acceptance (Ryff, 1989).

Adolescent

Adolescents confront many developmental challenges. We usually think of bodily changes, like puberty, and social ones, like peer connections. To truly grasp puberty, it's important to understand beyond biological and social changes that include evolving sexuality, acquiring interpersonal skills for interacting with opposite-sex members and intimate relationships, education and other experiences needed for adult employment positions, resolving identity and value concerns, applying increased complicated reasoning skills (Dworkin 2005). It has been discovered that teenagers' growth, psychological well-being, self-esteem, and social adjustment are affected by the interactions and experiences they have in their community (Murray and Greenberg 2000; Barth et al. 2004).

Demographic Factors

Demographics influence health differently. Women have higher anxiety and depression rates than men, although the difference is less noticeable (Ryff, 1989). Polls rarely find gender inequalities (e.g. Donovan & Halpern, 2002; Helliwell, 2003). Some research found men had higher scores (Stephens, Dulberg, & Joubert, 1999), while others found women did (e.g. Huppert, Walters, Day, & Elliott, 1989; Ryff & Singer, 1998b). Also reported are age and gender interactions. According to the British Health and Lifestyle Survey, older men had the fewest psychological distress symptoms but the lowest psychological well-being scores. Older women had the most psychological distress symptoms and the least positive well-being (Huppert & Whittington, 2003).

Socioeconomic Factors

The impacts of major socioeconomic factors on mental well-being and mental ill-health are often similar. In general, higher levels of income and socioeconomic position are linked to higher levels of happiness and lower rates of disorder, albeit this effect declines as income rises (e.g., Dolan et al., 2008; Ryff & Singer, 1998b). Dolan et al. (2008) and Fagg et al. (2008) found an inverse association between education and mental health (see Dolan et al., 2008; Fagg et al., 2008). Chevalier and Feinstein (2006) found that educated men are more prone to depression. Inequality affects mental health and well-being. Wealth inequality is linked to mental illness and lower well-being (Pickett, James, & Wilkinson, 2006). Most unequal countries have materialistic and individualistic (rather than communitarian) mindsets, which are linked to worse psychological well-being

(Kasser, 2002; MacCulloch, 2004). Unemployment causes mental health problems and lower life satisfaction (Evans & Repper, 2000). Winkelmann & Winkelmann (1998) in places with significant unemployment, the impacts look lower (e.g. Clark, 2003; Shields & Wheatley Price, 2005), but the social impact may be severe.

Psychological Well-Being & Adolescents

According to adult-focused studies, psychological well-being predicts health and long-term positive adjustment (Ryff, 2017). Well-being reduces sickness, increases life expectancy, and improves conduct (for a review, see Ryff, 2017). Personal growth and life purpose tend to decline with age, according to longitudinal studies (Clarke et al., 2000; Springer et al., 2011). Although research on adolescence is limited, longitudinal studies give light on its well-being. Teenagers of both sexes reported declining well-being with age, and guys reported higher life satisfaction than girls (Inchley et al., 2016). Ottova-Jordan et al. (2015) analyzed HBSC data and found country-specific trends. In Spain, Croatia, and Greece, well-being (life satisfaction) declined gradually; in Denmark, Finland, and Norway, it increased linearly; and in Austria, Canada, and Scotland, it U-shaped (Ottova-Jordan et al., 2015). The authors explain these findings to future fears, high expectations established by family, school, and peers, school pressure, or country-specific features (e.g., economic position, unemployment rates, and social insecurity).
In this situation, it is especially important to comprehend the psychological health of adolescents living in underprivileged areas. They are a group that is greatly impacted by the tremendous deprivation they experience. Previous research has mostly concentrated on issues relating to teenagers' behavioural traits and physical health in underprivileged settings. Only a few studies on the psychological health of children and adolescents have been published in the Indian context. This research aims to close this gap.

Material and Methods

A descriptive study was executed and the samples were taken from the adolescents of age group 15 to 17 years, who were studying in the Government Aided- Schools, located at Kozhikode Co-operation limit at Kerala, India. The district is divided into rural and urban zones. The urban zone was selected on the basis of it being urban and high density of students compared to rural area. The survey was performed from late October2018- to early January 2019.

Participants

As many as 330 schools within the two zones (urban &rural) in the Kozhikode Co-operation limit were identified based on the database collected from District Education Office (Kozhikode). According to the database, Kozhikode Co-operation Limit is divided into two main zones such as Kozhikode Rural and Kozhikode Urban. The geographical area is selected using probability method; cluster technique. The researcher used non-probability method; purposive sampling technique to select the institutions from the urban zone. In this zone, there are 15 Government Aided schools and out of this 5 schools were selected. A systematic random sampling technique was used to collect samples from the cluster. The

sample of 100 was collected from the adolescents and out of these 50 boys and 50 girls were equally distributed. Standardized questionnaire was used for collecting the data. Informed consent was sought from the adolescents as well as from the authority of the schools.

Specific Objectives

The research was conducted in the urban area of Kozhikode at Kerala, India as part of a wider study on Psychological wellbeing of adolescents. The main objectives of the study were,

- To analyze the socio-demographic profile of adolescents.
- To investigate the psychological well- being dimension of adolescents.
- To examine the relationship between socio-demographic profile and psychological well- being dimension of adolescents.
  According to the nature of this descriptive study, and some practical reasons, a Quantitative methodology was used.

Hypotheses

1. There is a significant association between gender and the psychological well-being of adolescents.
2. There is a significant association between gender and the psychological well-being dimension of self-acceptance of adolescents.
3. There is a significant association between gender and the psychological well-being dimension of the Personal Growth of adolescents.
4. There is no significant association between the residential area and the psychological well-being of adolescents.
5. There is no significant association between family type and the psychological well-being of adolescents.

Tools Used

This study employed two standardized Inventories to collect data. Ryff's Psychological Well-being Scale was employed. Psychological Well-Being scale is a multidimensional scale that assesses well-being elements. It comprises 42 Likert-type items with 1 (strongly disagree) to 6 (strongly agree) responses, with six categories similar to Ryff's positive psychological wellbeing traits (1989). First is self-acceptance or a positive self-attitude. Six items (a = 0.83) measure self-esteem and awareness of strengths and limitations. Second dimension is the positive relationships with others. This dimension's six items (a =0.81) measure trust, sturdiness, and intimacy. Autonomy is the third dimension, with eight components (a = 0.73) that calculate a person's ability to maintain their identity in varied contexts and obligations with determination, independence, and personal sovereignty. Environmental mastery comprises six items (a =0.17) that measure a person's ability to manage and handle daily duties. This dimension is related to locus of control, self-efficacy, and the ability to create favorable environments to meet needs and desires. Personal growth is the fifth dimension (a=0.68) and examines a person's potential to develop and progress through positive learning. The purpose in life is the sixth dimension (a=0.83) that assesses

a man's positive psychological well-being by analyzing his ability to make goals, achieve them, and give meaning to his existence.

Procedure and Data Analysis

The exertion of the models was systematic and information was collected using a pen and paper format mostly during the school hours. An endorsement and consent were attained from the schools as well as from the participants. Once the findings had been collected, the responses were coded, systematized and recorded in a computer database for later statistical processing. The socio-demographic profile of the participants was calculated using descriptive statistics method. The variables' relationship was estimated using mean, standard deviation, and T-test.

Results

Table.1

Particulars	No. of respondents	Percentage
Gender		
Male	50	50.0
Female	50	50.0
Age		
14 to 16years	59	59.0
17 to 19years	41	41.0
Education status		
Secondary School	39	39.0
Higher Secondary School	61	61.0
Respondents Area		
Urban	77	77.0
Rural	23	23.0
Family Type		
Nuclear Family	54	54.0
Joint Family	46	46.0
Family Income		
Below Rs.1.5 Lakhs	90	90.0
1.5 to 3 Lakhs	7	7.0
Above 3 Lakhs	3	3.0
8. Educational Qualification (Father)		
Illiterate	19	19.0
Upto SSLC	68	68.0
HSC	9	9.0
UG	2	2.0
PG	2	2.0
9. Educational Qualification (Mother)		
Illiterate	28	28.0
Upto SSLC	63	63.0
HSC	5	5.0
UG	2	2.0
PG	2	2.0

10. Occupation (Father)		
Government	8	8.0
Private	27	27.0
Self-employed	25	25.0
Unemployed	6	6.0
Daily labour	34	34.0
11. Occupation (Mother)		
Government	6	6.0
Private	12	12.0
Self-employed	17	17.0
Un-employed	37	37.0
Daily Labour	28	28.0

Table 2. Psychological Well-Being

Dimensions	Low		High	
	n	***%***	***n***	***%***
Autonomy	53	53.0	47	47.0
Environmental Mastery	50	50.0	50	50.0
Personal Growth	64	64.0	36	36.0
Positive Relations	46	46.0	54	54.0
Purpose in Life	52	52.0	48	48.0
Self Acceptance	46	46.0	54	54.0
Psychological Well-Being	56	56.0	44	44.0

Table 3-: Psychological wellbeing & Socio demographic profile

Gender	n	Mean	S.D	t	Statistical inference
1.1 Autonomy					
Male	50	24.48	7.415	1.232	0.221>0.05 Not Significant
Female	50	26.16	6.169		
1.2 Environmental Mastery					
Male	50	23.82	6.134	2.484	0.015<0.05 Significant
Female	50	26.92	6.347		
1.3 Personal Growth					
Male	50	23.82	6.314	1.310	0.193>0.05 Not Significant
Female	50	25.46	6.205		
1.4 Positive Relations					
Male	50	24.40	6.145	2.144	0.034<0.05 Significant
Female	50	27.20	6.893		
1.5 Purpose in Life					
Male	50	24.42	6.737	0.529	0.598>0.05 Not Significant
Female	50	25.06	5.262		
1.6 Self Acceptance					
Male	50	23.52	6.254	3.771	0.000<0.05 Significant
Female	50	28.24	6.262		
1. Psychological Well-Being					

Male	50	144.56	31.010	2.448	0.016<0.05
Female	50	159.06	28.157		Significant

T-Test

T-Test

Residential Area	n	Mean	S.D	t	Statistical inference
1.1 Autonomy					
Urban	77	25.45	6.910	0.358	0.721>0.05
Rural	23	24.87	6.724		Not Significant
1.2 Environmental Mastery					
Urban	77	24.87	6.604	1.436	0.154>0.05
Rural	23	27.04	5.473		Not Significant
1.3 Personal Growth					
Urban	77	25.10	6.534	1.357	0.178>0.05
Rural	23	23.09	5.178		Not Significant
1.4 Positive Relations					
Urban	77	25.99	7.091	0.513	0.609>0.05
Rural	23	25.17	4.960		Not Significant
1.5 Purpose in Life					
Urban	77	24.78	6.200	0.119	0.906>0.05
Rural	23	24.61	5.516		Not Significant
1.6 Self Acceptance					
Urban	77	25.43	6.518	1.243	0.217>0.05
Rural	23	27.39	7.063		Not Significant
1. Psychological Well-Being					
Urban	77	151.57	32.153	0.143	0.887>0.05
Rural	23	152.61	23.963		Not Significant

T-Test

Type of family	n	Mean	S.D	t	Statistical inference
1.1 Autonomy					
Nuclear Family	54	24.11	6.641	1.942	0.055>0.05
Joint Family	46	26.74	6.865		Not Significant
1.2 Environmental Mastery					
Nuclear Family	54	24.48	6.826	1.514	0.133>0.05
Joint Family	46	26.41	5.764		Not Significant
1.3 Personal Growth					
Nuclear Family	54	23.24	5.779	2.475	0.015<0.05
Joint Family	46	26.28	6.510		Significant
1.4 Positive Relations					
Nuclear Family	54	24.89	7.229	1.494	0.138>0.05
Joint Family	46	26.87	5.787		Not Significant
1.5 Purpose in Life					
Nuclear Family	54	24.52	6.607	0.397	0.692>0.05
Joint Family	46	25.00	5.317		Not Significant
1.6 Self Acceptance					

Nuclear Family	54	25.06	6.632	1.346	0.181>0.05 Not Significant
Joint Family	46	26.85	6.640		
2. Psychological Well-Being					
Nuclear Family	54	146.50	31.385	1.921	0.058>0.05 Not Significant
Joint Family	46	158.04	28.169		

Discussion

Table 1 has 50% female and 50% male respondents. 59% of responders were 14-16 years old, and 41% were 17-19. Most responders are in High School (69%) and Secondary School (39%). 77% of responders are urban, 23% are rural. 54% of respondents are from nuclear families and 46% from joint families. 90% of respondents' family income is below 1.5 lakh, and 3% are above 3 lakh. The respondent's father completed SSLC (64%) and Post-graduation (2%). Most (64%) of the respondent's mother completed SSLC, and just (2%) completed Postgraduate. 34% of the respondent's father are day laborers (Cooli), and 27% are private sector workers. 37% of the respondent's mother are unemployed and 28% are daily laborers (Cooli).

Table 2 illustrates that just 47% of respondents can handle their individuality in varied situations and obligations with determination, independence, and personal sovereignty, but 53% have limited autonomy. The second dimension (Environmental Mastery) demonstrates that (50%) of respondents were skilled at managing and regulating their day-to-day tasks, but (50%) lacked environmental mastery. The third dimension (Personal Growth) shows that just 36% of respondents were able to expand their skills and progress through positive learning, while 64% had low personal growth. The fourth component (Positive Relations) shows that (54%) of the respondents had strong trust, sturdiness, and intimate relationship competency, while (46%) had low positive relationship level. Only 48% of respondents were highly aware of life's meaning, while 52% were low. The sixth component (Self-Acceptance) shows that 54% of respondents had good self-esteem and knew their strengths and flaws, while 44% had low self-acceptance. Only 44% of respondents had good capability to make goals, set targets, sustain motivation to excel, and provide purpose to their life, while 56% had low psychological well-being.

Table 3: The value of T, 2.448, is statistically important at the 0.05 level. Male adolescents score 144.56 and have a standard deviation of 31.010; female adolescents score 159.06 and have a standard deviation of 28.157. A higher score indicated mental wellness, according to the scoring pattern. Thus, female teenagers have better mental health than males. All characteristics except autonomy and life purpose showed no relationships (table). Female adolescents scored higher than boys on environmental mastery, positive connections, and self-acceptance.

At the 0.05 level, T's value of 0.143 is not significantly positive. Mean urban score is 151.57 and standard deviation is 32.153; rural score is 152.61 and standard deviation is 23.963. According to the scoring pattern, there is no association between residential area and teenage mental health.

T's value of 1.921 is statistically insignificant at the 0.05 level, as indicated in the table above. A nuclear family's mean score is 146.50, with a standard deviation of 31.385, but a joint family's mean score is 158.04, with a standard deviation of 28.169. According to the grading scheme, there is no link between teenage mental health and where they live. Except for personal growth, none of the characteristics had any correlations with the different types of families, as seen in the table. On dimensions of personal growth, a nuclear family outperformed a joint family, demonstrating a strong positive correlation

Conclusion

External factors affect our well-being, but our actions and attitudes may matter more. Positive behaviour and attitude changes enhance wellness (Huppert 2009). Psychological well-being and socio-demographics suggest low. In schools, well-being policies can reach all children and decrease learning gaps. Teens can have more fun by recognizing and managing emotions. Mental wellness is key to a successful adulthood. Socioeconomic and housing status didn't matter for psychological wellbeing; however male children, adolescents, and those from poorer homes were linked to mental health issues (Ahamada N et al 2014). The findings may help all stakeholders improve self-management and psychosocial support for this age group, improving change acceptance, reducing psychological problems like feeling overwhelmed, and increasing opportunities for adolescent populations and health education and promotion programs in communities.

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