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Research Paper

A Study on the Wellbeing of Adolescents from Disadvantaged Backgrounds

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ABSTRACT

Wellbeing is central to the healthy development of adolescents. The wellbeing of an individual during childhood predicts his future wellbeing. The aim of the present study is to examine psychological wellbeing of adolescents from disadvantaged backgrounds. The study further examined the psychological wellbeing with respect to gender, age and dimensions. The current study used a cross-sectional survey design with a sample size of 152 students from three low-resource schools in Bangalore. A self-assessed, standardised scale was used to measure the psychological wellbeing of adolescents. The study employed descriptive statistics and an independent t-test for the statistical analysis. The results revealed that the majority of the students from disadvantaged backgrounds exhibited a moderate to low level of wellbeing. The analysis showed significant differences in the psychological wellbeing of male and female students and in two dimensions of wellbeing. The findings of the study indicated the need to foster the wellbeing of adolescents from disadvantaged backgrounds.

Keywords: *Adolescents, Psychological wellbeing, Wellbeing, Disadvantaged Backgrounds, School-based interventions*

Wellbeing is the experience of positive emotions, the development of one's potential and having control over life. It is a combination of feeling good and functioning well (Huppert. F.A, 2009). Wellbeing is critical to an individual's healthy development and is linked to several positive outcomes, such as good health, satisfaction and better national and economic performance (Ruggeri et al., 2020). The wellbeing patterns established during early adolescence continue through adulthood and affect mental and physical health (Currie et al., 2009; Patton et al., 2011). Therefore, wellbeing demands crucial attention and importance among adolescents.

Adolescence is a period of increased activity, turmoil and stress, often marked by competing ambitions and demands for autonomy. According to estimates, India is home to 253.2 million adolescents (census, 2011). About 1.82 billion people in the world are between the ages of 10 and 24 (UNPFA, 2014). Although adolescence is a period of strength, independence and maturity, it is also a time when aggression, abuse, irresponsible behaviour, accidents and suicide are on the rise. (Dahl, 2014). According to the National Mental Health Survey (NMHS), about 7.3% of the children in the age group of 13–17 years

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suffered from mental health disorders. 10,159 students died by suicide in 2018, as reported by the National Crime Records Bureau (NCRB). These statistics highlight the need to safeguard the health and wellbeing of adolescents.

The concept of wellbeing has grown and been extended to many areas. There were a lot of discussions on the essence of wellbeing, or a well-lived life. There is no clear-cut definition of wellbeing. The terms "happiness," "satisfaction," etc. have been interchangeably used as wellbeing. Studies have shown that much of the early research on wellbeing focused on illness rather than wellness of mind and body. A holistic approach to wellbeing that included both distress and eustress was adopted by researchers recently, thereby making it possible to study the positive and negative aspects of wellbeing (Nelson & Simmons, 2003). A review of the literature by Pollard and Lee (2003) showed that wellbeing was not consistently defined and that the most commonly used dimensions of wellbeing were physical, psychological, cognitive, social and economic wellbeing. The theoretical framework of the Programme for International Student Assessment (PISA) describes wellbeing as a state where students develop their capacity to fulfil personal and social goals. According to PISA, the multiple dimensions of wellbeing are social, physical, material, and psychological (Borgonovi and Pál, 2016). The World Health Organisation (WHO) has extended its concept of health to include a state of physical, mental and social wellbeing along with the absence of disease or infirmity.

In recent times, with the emergence and growth of positive psychology, there has been an increase in wellbeing research, which is mainly based on two theoretical approaches: hedonic and eudemonic (Ryan and Deci, 2001). The hedonic view of wellbeing is defined as experiencing high levels of positive affect, low levels of negative emotions and a high degree of satisfaction in life. In this approach, wellbeing is considered an outcome. It is an internal state of happiness or pleasure that focuses on subjective wellbeing. At the same time, the eudaimonic approach to wellbeing is more than just happiness. Here, wellbeing is not considered an outcome as in the hedonic approach but is a final state or a process of fulfilling human potential and developing capacities. virtues and positive functioning (Ryan and Deci, 2001; Ryan et al., 2008). Ryff's multidimensional model of wellbeing is based on this approach and is central to empirical research. It is derived from a diverse section of theories and research on wellbeing, from Aristotle to John Stuart Mill, from Abraham Maslow to Carl Jung. The recurrence and convergence across these diverse theories were identified and these intersections led Ryff to come up with her new model of wellbeing. According to Ryff, Psychological wellbeing(PWB) is a state where a person is healthy, functions optimally and succeeds in life's existential challenges (Huta & Waterman, 2014). It comprises six dimensions.

They are:

1. Positive relations with others: the ability to maintain warm and caring relationships with others, show concern for the wellbeing of others, develop empathy and intimacy with others.
2. Autonomy: the ability to make decisions independently; to evaluate oneself based on one's own beliefs rather than those of others. It is the ability to resist social pressures, control our behaviours and stick to our convictions even when they go against general opinion.
3. Self-acceptance: the ability to see oneself realistically, to have a positive attitude and to accept ourselves and our positive and negative qualities.

4. Environmental mastery: the ability to choose the environment, manage the environment and mould those environments to align with one's requirements and values.
5. Purpose in life: the ability to set objectives and clear goals that may give a clear sense of purpose and direction in life.
6. Personal growth: consistently improving oneself as a person and striving to reach one's full potential. It is the ability to be open to new experiences and feelings of improvement over time.

These six dimensions explain the different challenges people face in their efforts to achieve optimal positive functioning. Firstly, young people need to have a realistic view of themselves and be aware of their limitations and strengths (self-acceptance). This can help them maintain satisfactory relationships (positive relations) with others, manage their environment and meet their needs (environmental mastery). Along with this, the adolescents need to develop a sense of personal authority and determination (autonomy) and thus make a consistent effort to improve themselves (personal growth) (Keyes et al., 2002).

PWB is an outcome of meaningful activities and healthy relationships. It is crucial to achieving promising outcomes in school, work, and life. (Conley, 2015). PWB promotes healthy development in adolescents (Lopez et al., 2022). The community in which the adolescents reside, the characteristics of the neighbourhood (Sawyer et al., 2012), and social contacts (Shah et al., 2005) all play a significant role in influencing the wellbeing of adolescents. The experiences and relationships developed in the community have a significant impact on their development, self-esteem, social adjustment, and PWB (Murray and Greenberg, 2000) . The socioeconomic status and the environment in which they live also play important roles in their health and wellbeing. Children coming from disadvantaged (lower socioeconomic) backgrounds have few personal resources and do not enjoy the same benefits as children from upper or middle-class backgrounds. They are at higher risk of developing mental health problems due to poor living conditions, exclusions, and a lack of access to quality support and services (WHO, 2018). The term "disadvantaged young person" is defined as one whose potential is limited by the challenges in the environment (Helms et al., 2021). Disadvantaged children have a higher chance of facing stress and challenges at home, in their communities, and at school and are more susceptible to health and wellbeing disparities (Fraizer et al., 2015). Literature does not always show a consistent relationship between social status and mental health in children and adolescents. Some studies have found little or no difference in the wellbeing of adolescents from difficult backgrounds (West, 1997), while other studies have reported more psychosomatic complaints in adolescents from lower socioeconomic groups and thus affected their wellbeing (Halldo'rsson et al., 2000).

The wellbeing of adolescents may differ based on their biological and physical differences. Therefore, it is crucial to comprehend how gender and age affect PWB in adolescents. Some research studies have shown significant differences in wellbeing, while others have found little to no difference (González et al., 2014). Female participants scored lower than male participants on psychological dimensions of wellbeing (Carmel & Nagavekar, 2007). Studies on private education institutions found that boys achieved a mean higher PWB than girls (Ezdianie, 2010). A significant difference was found between male and female students in two dimensions of wellbeing: autonomy and relationships with others (Ferlis et al., 2014). The HSBC study conducted in children 11–15 years of age showed that wellbeing decreased as age progressed in both sexes. In general, boys exhibited higher levels of satisfaction with

life than girls (Inchley et al., 2016). The Wellbeing of adolescents in the age group of 11–14 years was highly unstable. Girls were likely to experience a decline in wellbeing over time (Paralay and Fitzsimons, 2018). An evaluation of the wellbeing of adolescents showed that gender and age adversely correlated with PWB, while sociodemographic variables had no influence on it (Rosario, 2018).

Based on this, the present study focuses on two main objectives:

1. To examine the wellbeing status of adolescents from disadvantaged backgrounds.
2. To examine the wellbeing of adolescents with respect to gender, age and dimensions of wellbeing.

This study is part of a larger research study to execute social and emotional wellbeing interventions for adolescents from disadvantaged backgrounds. Many studies were conducted to assess adolescent wellbeing and the psychological component of wellbeing. But there are very few studies assessing the PWB of adolescents from disadvantaged backgrounds with respect to gender, age, and dimensions. This study's findings will aid in assessing the PWB of adolescents from disadvantaged backgrounds.

METHODOLOGY

Research design

The method of research is descriptive in nature. A cross-sectional survey design was used to assess the wellbeing of adolescents.

Participants

The population for the study involved students studying in the 9th grade from low-resource schools under the state board in Bangalore South. The participants in the study were between 13 and 16 years old. A list of low-resource schools willing to participate in the study was identified. There were 10 such schools, of which three were selected at random and formed the sample of the study. The study sample consisted of 152 students.

Instruments

The Psychological Wellbeing Scale by Ryff was used to assess the wellbeing of adolescents. The scale measured six dimensions of wellbeing. The statements are rated on a 7-point Likert scale, with responses ranging from strongly agree to strongly disagree. The scale consisted of positive and negative-phrased items. The six dimensions measured are: self-acceptance, environmental mastery, personal growth, autonomy, positive relationships with others and purpose in life.

Procedure

The data collection began after obtaining the consent of the school authorities. The students' participation was purely voluntary and confidentiality was assured. The students were asked to fill out the sociodemographic sheet (which consists of the profiles of the participants) and the psychological component of the wellbeing scale, which did not take more than 30 minutes. Any doubts with respect to the filling of the questionnaire were clarified by the researcher. The questionnaire was filled out during school hours.

Statistical Analysis

Statistical analysis was computed using the SPSS software. Descriptive statistics, which include the mean and standard deviation of the total sample and dimensions of wellbeing,

were computed. An independent t test was used to do the group comparisons and significance analysis of the data.

RESULTS

Table-1 Demographic Profile of the Participants of the Study

Gender	**Noss**	**Wellbeing Score**	
Female	78	Overall wellbeing score	79.5
Male	74	Standard deviation	8.13
Age	**Nos**	**Family Income**	**Nos**
13-14	108	Below 2 lakhs (per annum)	91
15-16	44	Above 2-3 lakhs (per annum)	61

As shown in Table 1, the present study consists of 51.3% female and 48.7% male participants. Most participants (71.05%) were between the ages of 13 and 14, with only 28.9% between the ages of 15 and 16. The mean age of the participants in the study was 14.2 years. The results of the study showed that 67.8% of the participants displayed a low or moderate wellbeing score, while high psychological wellbeing was reported by just 32.2%. The participants of the study came from a very low socio-economic background, as the majority (60%) of their parents had an annual income of less than 2 lakhs.

Table-2 PWB of the Participants

SN	**Dimensions**	**Mean**	**Standard deviation**
1	Self-acceptance	14.34	2.36
2	Purpose in life	12.64	3.69
3	Positive relations	12.35	2.93
4	Personal growth	12.19	2.41
5	Autonomy	14.67	2.29
6	Environmental mastery	13.72	2.78

Table 2 provides the dimension-wise wellbeing scores of adolescents. Of all dimensions of wellbeing, the adolescents had high scores in self-acceptance and autonomy. The mean score for self-acceptance was 14.34 with a standard deviation of 2.36, while the mean score for autonomy was 14.67 with a standard deviation of 2.29. The adolescents had low scores in dimensions such as personal growth and positive relationships. The mean score for personal growth was 12.19, with a standard deviation of 2.41. Similarly, the mean score for positive relations was 12.35, with a standard deviation of 2.93. Though the analysis showed low or moderate scores in all dimensions of wellbeing among adolescents, the dimension-wise scores showed that they exhibited better self-acceptance and autonomy when compared to personal growth, relationships with others and having purpose or direction in life.

Table-3 Mean Differences in the Psychological Wellbeing of the Students Based on Gender.

Gender	**N**	**Mean**	**Standard deviation**	**t-value**	**Remarks**
Male	74	77.56	7.62		Significant at
Female	78	82.51	8.33	3.81	0.05 level

Table 3 indicates the wellbeing scores of male and female students. The female students have a higher overall average wellbeing score than the male students. The calculated t-value of 3.81 is significant at the 0.05 level of significance. This means there is a significant

difference in the mean wellbeing scores of male and female respondents from disadvantaged backgrounds.

Table-4 Mean Differences in the Psychological Wellbeing with Respect to Age:

Age	N	Mean	Standard deviation	t stat/t value	Remarks
15-16	44	79.61	7.51		Not significant at
13-14	108	79.36	8.60	- 0.22	.05

Table 4 shows the wellbeing scores of the students with respect to their age. The respondents in the age groups of 13–14 and 15–16 years have wellbeing scores of 79.36 and 79.61, respectively. The respondents in the lower age group (13–14 years) have a slightly higher wellbeing score compared to the respondents in the higher age group (15–16 years). The calculated t value is -0.22 and is not significant at the 0.05 level of significance. This means there is no significant difference in the wellbeing scores of the respondents with respect to their age.

Table-5 Mean Differences in the Dimensions of Psychological Wellbeing with respect to Gender:

Dimensions of PWB	N	Mean	Standard deviation	t value	Remarks	p-value
Self-acceptance						
Male	74	13.67	2.36	3.57	Significant at 0.05 level	0
Female	78	15.01	2.36			
Purpose in life						
Male	74	11.51	3.67	3.71	Significant at 0.05 level	0
Female	78	13.77	3.71			
Positive relations						
Male	74	12.08	2.86	-1.1	Not Significant at 0.05 level	0.14
Female	78	12.61	2.99			
Personal growth						
Male	74	12.36	2.03	0.75	Not Significant at 0.05 level	0.23
Female	78	12.03	2.8			
Autonomy						
Male	74	14.64	2.29	-0.15	Not Significant at 0.05 level	0.44
Female	78	14.7	2.29			
Environmental mastery						
Male	74	13.6	2.71	-0.5	Not Significant at 0.05 level	0.31
Female	78	13.83	2.85			

Table 5 displays the dimension wise wellbeing scores of participants with respect to gender. Female participants had higher scores on all dimensions except personal growth. The analysis showed a significant difference in the wellbeing scores of male and female participants in two dimensions. The calculated t value for self-acceptance is 3.57 and for purpose in life is 3.7. In both dimensions (self-acceptance and purpose in life), t-values are higher than the critical table value of 1.96 and are therefore significant at the 0.05 level of significance. The results of the analysis show that both male and female participants had low or moderate well-being scores. But female participants had a more realistic perception of

themselves, maintained positive relationships with others, had a sense of purpose and had clear goals in life compared to male participants.

DISCUSSION

The present study aimed at examining the psychological wellbeing of adolescents. The study results showed that 67.8% of adolescents exhibited low or moderate PWB. Only 32.2% of adolescents displayed a high wellbeing score. The findings of the study aligned with a study on adolescent psychological wellbeing (Arjun et al., 2022), which showed that adolescents from disadvantaged backgrounds exhibited moderate or low wellbeing. The study results further revealed that there is a significant difference in the mean wellbeing scores of male and female respondents, but no significant difference with respect to the respondents' age. The results further indicated a significant difference in the mean wellbeing scores with respect to self-acceptance and the purpose of life compared to all other dimensions of wellbeing. Female participants had slightly higher scores in all dimensions of wellbeing except personal growth. Similar results were found in the research study on the wellbeing of adolescents from disadvantaged backgrounds, where female students reported having higher wellbeing compared to male students. (Treesa, 2020).

As the majority of the students from disadvantaged backgrounds had moderate or low wellbeing, the current study suggests a need to improve the wellbeing of adolescents. School-based interventions play an important role in the wellbeing of adolescents. Research studies showed that school based social emotional learning (based on mindfulness and yoga) had a positive impact on the PWB of adolescents from a socioeconomically disadvantaged area (Courbet et al., 2022). School-based wellbeing interventions promoted day-to-day functioning and thus prevented the emergence of mental health problems and enhanced wellbeing (Van Loon, A. et al., 2019). There was a significant decrease in general distress, anxiety and depression among adolescents who attended the school-based skills training, which significantly strengthened their optimism, self-efficacy and self-esteem (Anat Shoshani et al). Besides these studies, meta-analyses highlighted the importance of school-based SEL interventions in improving social and emotional wellbeing, along with other outcomes such as attitude towards others, conduct problems, prosocial behaviour and academic performance. (Durlak et al.,2011, Taylor et al., 2017). All this research evidence and the results of the present study demonstrate the immediate need for promoting the social, emotional and mental health of adolescents and thus point to a crucial need for context-based wellbeing interventions as an integral part of the school curriculum. The study results further stress the need for the formulation of guidelines and policies that foster the wellbeing of school going adolescents. This can help adolescents navigate risks and challenges, enhance their wellbeing and thrive.

CONCLUSION

The present study examined the wellbeing of adolescents from disadvantaged backgrounds. The study involved 152 secondary school going students studying in three low-resourced schools in south Bangalore. The study findings indicate that adolescents from vulnerable backgrounds exhibited low or moderate psychological wellbeing, which highlights the need for implementing wellbeing initiatives in educational settings.

The female students exhibited higher scores in all dimensions of wellbeing. There was a significant difference in dimensions of wellbeing, such as purpose in life and self-acceptance, between male and female participants, which also provides scope for an in-depth study. The study has its limitations in terms of sample size, but it sheds light on the need for

enhancing the wellbeing of adolescents, by including school-based wellbeing interventions as a part of the curriculum so that adolescents can thrive in this fast-paced world.

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Conflict of Interest

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