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Research Paper

Perceptions of Emotional Health among Urban Male and Female Adolescents: A Qualitative Study

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ABSTRACT

Adolescence is a crucial stage of human development marked by significant emotional, psychological, and social changes that influence overall well-being. Understanding how adolescents perceive, experience, and manage their emotions is important for promoting healthy emotional development. The present study aimed to explore adolescents' understanding of health and emotional health, their predominant emotional state, help-seeking behaviour during times of stress, and the way they express their emotions. An exploratory qualitative research design was employed, and data were collected through a semi-structured interview schedule from 110 adolescents, both boys (55) and girls (55). The interview schedule responses were analysed using content analysis to identify key themes that reflected adolescents' perceptions their emotional experiences. The findings revealed that female adolescents have a good understanding of health and emotional well-being than males. Most adolescents described positive emotions as a regular part of their life, although they also acknowledged experiencing negative emotions during difficult situations. When faced with stress, males were more likely to seek support from friends, while females preferred to share their emotions and feelings with their mother and siblings. Overall, these findings highlight the importance of fostering emotional awareness and creating supportive family and school environments they learn to express their emotions.

Keywords: *Adolescent, Emotions, Gender, Emotional health, Coping Strategies*

As per the office of the Registrar General and Census Commissioner, India (2011), the total population of India is 1, 210, 854, 977 (121.08 Crore). The census data (2011) shows that males constitute approximately 51.54% of the total population, while females account for 48.46%, reflecting a sex ratio of 943 females per 1000 males in the country. Among this population, adolescents aged 10-19 years comprise a substantial demographic group. The adolescent population in India is estimated to be approximately 253 million (25.3 crore) accounting for 20.9% of the country's total population. This indicates that nearly one fifth of India's population is in the adolescent age group. Of the total adolescent population, around 133 million are boys and about 120 million are girls. According to the findings of a research done by Pandey et.al (2019), approximately one in

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seven adolescents in India experience mental health disorders, with depression, anxiety, and emotional distress being the most prevalent conditions.

Uttar Pradesh, the most Populous state in India, accounts for a substantial share of the country's Adolescent population. According to the Census of India (2011), nearly 21% of the state's population consists of Adolescents aged 10-19 years, amounting to approximately 42 million individuals. The large adolescent population highlights the importance of addressing their developmental, emotional and mental health needs, as their well-being is vital for the future social and economic development of both the state and the country.

Various studies conducted in Uttar Pradesh showed that adolescents experience a wide range of mental and emotional health problems. Depression and anxiety are among the most common concerns, with depressive symptoms reported in about 20-30% of adolescents and anxiety symptoms in 15-25% of adolescents. Emotional and behavioural difficulties are particularly prevalent among school-going adolescents, affecting their academic performance and interpersonal relationships and overall quality of life. Research further suggests that adolescent girls are more vulnerable to emotional problems and depressive symptoms than boys. Common emotional and mental health issues experienced by adolescents in Uttar Pradesh include low self-esteem, academic stress, depression, anxiety, emotional dysregulation, and feelings of social isolation (Gupta et.al, 2023; Jaiswal et.al, 2019; Lamba et.al, 2016; Patel et.al, 2021; Shukla et.al, 2016). These challenges highlight the need for timely interventions and supportive environments to promote positive emotional health and psychological well-being among adolescents in the state of Uttar Pradesh. This highlights the need to understand adolescents' emotional experiences within their everyday social and developmental contexts and to create supportive conditions that promote their Emotional Health.

Emotional Health is a fundamental dimension of adolescent well-being, shaping how young people understand themselves, relate to others, and navigate everyday challenges. Adolescence, defined by the World Health Organization (2025) as the age range of 10-19 years, is a period of rapid biological maturation, cognitive development, and heightened emotional sensitivity. During this stage, adolescents experience intense emotions while simultaneously learning to regulate them within expanding social, academic, and familial contexts. In India, these developmental processes are deeply embedded within sociocultural norms that emphasize academic achievement, family expectations, social conformity, and gendered roles, all of which significantly influence adolescents' emotional experiences (Bansal et.al, 2021; Podiya et.al, 2025).

Recognizing the importance of this developmental period adolescent emotional health has emerged as a growing global public health concern. According to the World Health Organization (2025), one in seven adolescents (approximately 14.3%) experiences a mental health condition, with depression, anxiety, and behavioural disorders among the leading contributors to disability in this age group. Suicide is the third leading cause of death among those aged 15–29 years, underscoring the serious consequences of unaddressed emotional distress (WHO, 2025). Furthermore, evidence indicates that 50% of all mental disorders begin by age 14 and nearly 75% by young adulthood, highlighting adolescence as a critical period for the development of emotional health and the implementation of timely preventive and intervention strategies (Imphal Review of Arts and Politics, 2024). These concerns highlight the need to look beyond mental health conditions and understand the broader

emotional experiences of adolescents. Therefore, distinguishing between mental and emotional health is important for establishing the specific focus of the present study.

According to the World Health Organization, Mental Health is a state of well-being in which individuals are able to realise their abilities, cope with the normal stresses of life, work productively, and contribute to their communities (WHO Mental Health Report, 2022). While this definition adopts a positive and functional view of mental health, some researchers argue that its emphasis on productivity and social contribution reflects broader socio-economic values, particularly those associated with capitalist societies (Zeira, 2022). In contrast, Emotional Health refers to an individual's awareness, understanding, and effective management of their emotions, which influence overall well-being, interpersonal relationships, and personal growth. Emotional Health is shaped not only by personal experiences but also by social and environmental contexts, highlighting the dynamic interaction between individual and collective factors (Avedissian & Alayan, 2021; Greenspoon & Saklofske, 2001).

Emotional Well-being refers to how people think and feel about themselves and their lives, including the ability to manage emotions, adapt to challenges, maintain meaningful relationships, and experience a sense of purpose and fulfilment (Park et.al, 2023). It extends beyond the absence of mental illness and encompasses adolescents' capacity to recognize emotions, articulate inner experiences, regulate emotional responses, and maintain meaningful relationships. It also involves resilience, self-worth, and the ability to cope with stressors in adaptive ways (Keyes, 2006). Qualitative studies consistently show that adolescents conceptualize emotional well-being in relational and experiential terms, often describing it as feeling understood, emotionally safe, and supported by parents, peers, and teachers (Tagat et al., 2025).

National reports and service mapping studies indicate that stigma, limited emotional literacy, and fear of judgment continue to act as major barriers to help-seeking among adolescents (UNICEF India, 2025). Academic stress, parental expectations, peer comparison, and concerns about future opportunities are frequently identified by adolescents as sources of emotional strain, yet these experiences are often normalized within families and schools, reducing opportunities for emotional dialogue and support (Podiya et al., 2025).

School environments and socio-emotional learning contexts play a significant role in shaping adolescents' Emotional Health. Evidence from Indian studies suggests that supportive teacher–student relationships, positive school climate, and life skills education contribute to better emotional regulation, reduced stress, and improved well-being among adolescents (Tagat et al., 2025). Adolescents' narratives further emphasize that emotional health is closely linked to feeling listened to and respected within institutional settings, reinforcing the value of approaches that allow young people to express their perspectives in their own words. Local epidemiological surveys have similarly documented substantial psychiatric conditions among children and adolescents, though awareness and service use remain limited. For example, India's first community-based study in Uttarakhand reported thousands of young people living with conditions including anxiety and depression, alongside developmental disorders (Times of India, 2025).

Despite the rising prevalence of emotional and mental health challenges among Indian adolescents, access to mental health care remains limited, with a substantial proportion of affected youths not receiving timely support due to stigma, resource gaps, and low mental

health literacy (UNICEF & Gallup survey, 2025). Cultural factors, academic pressures, and uneven access to services further compound experiences of emotional distress in Indian contexts, making an in-depth, context-sensitive exploration essential.

Given these global and Indian trends, qualitative research becomes particularly crucial for understanding how adolescents interpret, experience, and navigate emotional health within their socio-cultural environments. Emotional health during adolescence has long-term implications for mental health, academic engagement, social functioning, and overall life outcomes (Patton et al., 2016).

LITERATURE SURVEY

Emotional health is increasingly recognised as a multidimensional aspect of Adolescents' well-being, encompassing emotional regulation, resilience, self-esteem, positive affect and healthy relationships and adaptive coping. Rather than merely reflecting the absence of emotional distress, emotional health enables adolescents to understand, express, and manage their emotions effectively while maintaining positive social relationships and psychological well-being. Research further suggests that supportive family and peer relationships, emotionally secure environments, and positive social experiences are important antecedents of emotional health, whereas positive emotional well-being is associated with resilience, adaptive behaviour, and lower engagement in risk-taking behaviours (Avedissian et.al, 2021; Courtwright et.al, 2020; Sabri & Clark, 2018).

Globally, there is growing concern regarding adolescents' emotional health. Studies consistently report increasing levels of depression, anxiety, stress and emotional distress among adolescents, largely influenced by academic demands, peer relationships, family expectations, and rapidly changing social environments. Evidence also indicates that emotional difficulties experienced during adolescence may persist into adulthood, increasing the risk of impaired psychosocial functioning and mental health disorders (Armitage et al., 2024; Shorey et al., 2022; Thapar et al., 2012). However research also emphasizes that emotional health is shaped by socio-cultural contexts, and adolescents' emotional experiences, and coping strategies vary across cultures and social settings.

Indian literature similarly highlights emotional health as an emerging concern among adolescents. Depression, anxiety, stress, emotional difficulties, and behavioural problems have been identified as common challenges, although their prevalence differs across regions and populations (Balamurugan et al., 2024). Research consistently demonstrates that Adolescents' emotional health is influenced by the interaction of family relationships, school experiences, peer support, academic expectations, socio-economic conditions, and cultural norms (Podiya et al., 2025; Rajkumar et al., 2022). Supportive family environments, positive teacher student relationships, healthy peer interactions and a sense of school belonging are associated with better emotional well-being, whereas family conflict, emotional abuse, academic pressure, and unsupportive school environments contribute to emotional distress (Podiya et al., 2025; Rajkumar et al., 2022; Waseem & Firdous, 2025).

Studies further indicate that cultural beliefs and stigma surrounding emotional expression significantly influence adolescents' help-seeking behaviour. Many adolescents hesitate to discuss emotional difficulties because of fear of judgement, social expectations, and concerns regarding confidentiality, leading them to prefer informal or anonymous sources of emotional support. These findings underscore the importance of culturally sensitive

approaches that encourage emotional expression and improve access to appropriate mental health resources (Sehgal et al., 2025; Waseem & Firdous, 2025).

Across both Indian and International literature, resilience has consistently emerged as an important protective factor for emotional health. Although the existing literature provides valuable insights into adolescents' emotional health, several gaps remain. Most studies have focused on mental health problems and have predominantly employed quantitative methods. Comparatively limited research has explored emotional health as a positive construct from adolescents' own perspectives, particularly within the Indian context. Furthermore, relatively few qualitative studies have specifically examined the adolescents despite the unique emotional demands associated with urbanization, academic competition, digital media exposure, changing family structures, and evolving social relationships. These gaps highlight the need for qualitative research that explores how adolescents perceive, experience and manage emotional health within their everyday life.

Despite growing global recognition of adolescent mental health concerns, many adolescents, particularly in low and middle income countries such as India, remain underserved due to stigma, limited resources, and lack of culturally responsive interventions (UNICEF, 2021; WHO, 2023). In India, the need for qualitative research is particularly pressing due to the country's large adolescent population and persistent gaps in mental health service access. Therefore, by adopting a qualitative approach, the study deepens theoretical understanding of Emotional Health as a socially and culturally embedded experience rather than merely a clinical condition. It contributes to interpretive and phenomenological perspectives in adolescent mental health research. Since, qualitative inquiry allows adolescents' voices to be heard directly, offering nuanced insights often overlooked in survey-based research (Palinkas et al., 2015). Such insights are critical for designing interventions that are meaningful and acceptable to adolescents themselves.

Rapid urbanization has transformed Adolescents' social and emotional environments. Adolescents are increasingly exposed to academic competition, digital technology, social media, changing family structures, peer pressure, and fast-paced lifestyles, all of which influence their Emotional experiences and well-being. In the Indian context, these challenges are further shaped by cultural expectations that value emotional restraint and performance, often limiting open emotional expression and leading many adolescents to internalize distress rather than communicate it openly (Tagat et al., 2025). At the same time, emotional and mental health concerns among adolescents are increasing globally, with recent estimates indicating that approximately one in seven adolescents experiences a mental health condition, most commonly anxiety or depression (WHO, 2025). Importantly, qualitative evidence suggests that adolescents do not view emotional health solely as the presence or absence of symptoms. Instead, they describe it as a continuum shaped by daily experiences, interpersonal relationships, perceived pressures, and personal coping resources (Rasing et al., 2025). These findings highlight the importance of moving beyond standardized assessments to explore how adolescents themselves make sense of emotional well-being and distress.

Thus, the present study tries to explore the following research questions that intrigued the researcher's mind-

- How do adolescents understand and make sense of emotional health?
- What factors shape adolescents' emotional health?
- How do adolescents experience emotional health in their daily lives?

- How do social and cultural contexts shape adolescents' emotional health and well-being?

METHODOLOGY

A qualitative semi-structured interview schedule is used to illuminate the complexities, including offering insights that can inform responsive practices and meaningful support for adolescents' emotional well-being.

The present study aims to explore Emotional Health among adolescents in Indian contexts. The specific **objectives** of the study are-

- To explore adolescents' experiences in terms of expressing emotions in their daily lives.
- To identify the coping strategies used by adolescents to manage their emotional challenges.
- To explore the overall understanding of Emotional Health of adolescents.

Research design

The study adopted an Exploratory Qualitative Research Design to explore adolescents' understanding and experiences of emotional health.

Population & Sample selection

The present study employed a Non-probability Convenience (Incidental) sampling technique to select the participants. The participants were chosen based on their availability, accessibility, and willingness to participate in the study. This study was conducted on a sample of 110 school-going adolescents aged between 15 and 18 years. The sample consisted of both boys and girls belonging to urban areas.

Data collection

A Semi-Structured Interview Schedule was used as the primary tool for collecting data in the present study. It comprised a set of open-ended questions aimed at understanding adolescents' perceptions and experiences of emotional health, the emotional challenges they face, and the coping strategies and sources of support they rely on to deal with these challenges. The semi-structured nature of the interview provided participants with the freedom to express their thoughts, feelings, and experiences, while also allowing the researcher to explore important issues in greater depth through additional probing questions. This approach helped in obtaining rich and comprehensive information, offering deeper insights into the emotional experiences and perspectives of adolescents.

Data analysis

The data obtained through the semi-structured interviews were analysed using Content Analysis. The interview transcripts were read repeatedly to gain a thorough understanding of the participants' responses and experiences. Meaningful statements and ideas emerging from the data were identified, coded, and grouped into categories according to their common features and patterns. These categories were then carefully interpreted to develop broader themes that captured adolescents' views on emotional health, their emotional experiences, the challenges they face, and the coping strategies and sources of support they use in their daily lives. This method of analysis provided a systematic way to organize and interpret the data, allowing for a deeper understanding of adolescents' emotional health and the factors influencing it.

RESULTS

The semi-structured interview schedule questions centred on to knowing how the participants understand, experience, and deal with their emotions in their day-to-day life. The emergent themes from the analysis are summarized and listed below-

Table 1: Semantic of Health

S. No.	Category	Male		Female	
		f	(%)	f	(%)
1.	Absence of Physical Illness	9	15%	1	1.48%
2.	Importance of Health	7	11.66%	1	1.48%
3.	Physical Health	7	11.66%	5	7.35%
4.	Mental Health	4	6.66%	13	19.11%
5.	Physical & Mental Health	14	15%	28	41.17%
6.	Types of Health	8	13.33%	19	27.94%
7.	Basics of Life	5	8.33%	1	1.47%
8.	Working Efficiently	8	13.33%	0	0
9.	Presence of Illness	2	3.33%	0	0

Table 1 which is "**Semantic of Health**," indicates that adolescents possess a multidimensional understanding of health, although the emphasis placed on different aspects varies according to gender. Among adolescents, female respondents exhibited a relatively broader and more holistic perception of health.

A large proportion of females (41.17%) defined health as a combination of physical and mental well-being, where the a large proportion of the participants responded that- "हमारा शारीरिक और मानसिक दोनों तरह से स्वस्थ रहना ही स्वास्थ्य कहलाता है", indicating their awareness that good health extends beyond the absence of disease and includes psychological wellness. In addition to that, 27.94% referred to different types of health while 19.11% specially emphasized on mental health further reflecting their multidimensional understanding of the concept where the responses of the participants were that- "स्वास्थ्य वह अवस्था है जहां हम अपने आपको मानसिक, भावनात्मक और सामाजिक रूप से अच्छा महसूस करते हैं". Male adolescents also demonstrated an understanding of health that went beyond a purely physical perspective where the participants reported that "जब कोई व्यक्ति खुद को मानसिक व शारीरिक तौर पर सुचारू ढंग से व्यवस्थित व कार्य करने में सक्षम महसूस करता है, स्वास्थ्य कहलाता है". Equal number of respondents (15% both) described health as a state encompassing both physical and mental health. Some participants view health in terms of its different dimensions (13.33%) or associated it with the ability to work efficiently (13.33%). A comparatively small number referred specifically to mental health (6.66%) or merely the absence of illness (3.33%). This reflects that adolescents did not define health only in physical term of being physically fit. Instead, they describe it as a combination of both emotional and mental well-being, highlighting the importance of mental health in everyday life. This suggests that adolescents have a broader and more holistic understanding of health, recognising that feeling mentally and emotionally well is as important as being physically healthy.

Overall, these responses suggest that males possess a blend of traditional and holistic views regarding health. A small number of participants associated health with working efficiently, fulfilling basic necessities of life, or simply the absence of illness. In terms of emotional health, some adolescents still viewed health mainly as functioning well or being free from illness, while others showed a broader understanding that included emotional health.

Overall, these findings suggest that adolescents are gradually moving beyond the narrow view of health as merely being free from disease.

Table 2: Semantic of Emotional Health

S. No.	Category	Male		Female	
		f	%	f	%
1.	Emotional	11	18.65%	11	17.18%
2.	Types of emotions	8	13.56%	14	21.88%
3.	Experiencing emotions	17	28.81%	18	28.13%
4.	Emerging emotions	9	15.25%	0	0
5.	Controlling emotions	4	6.78%	5	7.81%
6.	Thoughts	4	6.78%	14	21.88%
7.	Did not tell	6	10.17%	2	3.12%

Table 2 which is "**Semantic of Emotional Health,**" shows how adolescents conceptualize emotional health and highlights variations in their understanding across gender. Overall, adolescents associated emotional health with experiencing emotions, emotions themselves, understanding different types of emotions, emotional regulation, and thoughts, indicating that they possess diverse perspectives regarding the meaning of emotional health.

Among adolescents, the most common understanding of emotional health among both males (28.81%) and females (28.13%) was related to experiencing emotions and one of the participants reported that "जब हमारे अंदर सुख या दुख का भाव आता है, तो उन भावों को महसूस करना ही भावनात्मक स्वास्थ्य है". This suggests that adolescents primarily perceive emotional health as the ability to experience and express a range of feelings in everyday life where some of the participants said that "भावनात्मक स्वास्थ्य वह स्वास्थ्य है जिसमें अपने भावों को प्रकट किया जाता है". Female adolescents also demonstrated a comparatively broader understanding of emotional heath, with substantial proportions referring to types of emotions (21.88%) and thoughts (21.88%). This finding suggests that female adolescents tend to view emotional health as encompassing both emotional experiences and cognitive processes rather than focusing on emotions alone. These results can be corroborated with the research that adolescent girls generally exhibit greater emotional awareness and are more likely to reflect on and articulate inner their emotions and thoughts than boys, contributing to a more comprehensive understanding of emotional well-being (Brody & Hall, 2010; Chaplin, 2015).

Furthermore, 17.18% directly associated emotional health with emotions themselves, while a smaller proportion (7.81%) emphasized the importance of controlling emotions. These findings showed that females view emotional health as a multidimensional concept involving feelings, thoughts, and emotional awareness. Males showed a similar pattern with 18.65% associating emotional health directly with emotions and 15.25% relating to emerging emotions "जब हम किसी समस्या में पड़ जाते हैं तो जो भाव उत्पन्न होने लगते हैं, भावनात्मक स्वास्थ्य कहते हैं" experienced during adolescence. Some participants also linked it with emotional control (6.78%) and thoughts (6.78%). Interestingly, 10.17% of males chose to elaborate on the concept, which may reflect hesitation or difficulty in articulating emotional experiences. A noteworthy observation is that female adolescents showed a relatively more comprehensive understanding of emotional health by integrating emotions, thoughts, and different emotional experiences. This may reflect differences in exposure to emotional awareness, mental health education, and opportunities for discussing emotional issues.

Table 3: Predominant emotional state

S. No.	Category	Male		Female	
		f	%	f	%
1.	Positive emotions	31	56.36%	35	63.64%
2.	Negative emotions	11	20%	8	14.55%
3.	Satisfactory	2	3.64%	6	10.91%
4.	Future-oriented	6	10.91%	3	5.45%
5.	Irrelevant	3	5.45%	1	1.82%
6.	Do not know	2	3.64%	2	3.63%

Table 3 which presents the "**Predominant Emotional States,**" experienced by adolescents. The findings indicate that positive emotions were the most commonly reported emotional state across gender, suggesting that the majority of adolescents generally perceive their emotional experiences in a positive light.

Among adolescents, positive emotions emerged as the dominant emotional state, reported by 56.36% of males and 63.64% of females. This indicates that most adolescents experience feelings such as happiness, satisfaction, hopefulness, and optimism in their daily lives. Females reported positive emotions more frequently where most of the participants reported that "ज़्यादातर समय मेरा मूड अच्छा रहता है मैं अपने जिंदगी के प्रत्येक पल का आनंद लेने का प्रयास करती हूं" than their male counterparts. This shows a relatively more positive emotional outlook towards their daily life related experiences. Negative emotions "ज़्यादातर हमारा मूड ख़राब रहता है" were reported by 20% of males and 14.55% of females, indicating that a notable proportion of adolescents also experience emotions such as sadness, stress, anger, or frustration. A small percentage of adolescents described their emotional state as satisfactory, with this response being more common among females (10.91%) than males (3.64%). Some participants expressed a future-oriented emotional state, characterized by hopes, aspirations, and concerns about future goals, reported by 10.91% of males and 5.45% of females. On a positive note, very few respondents provided irrelevant responses or reported not knowing how to describe their emotional state. The predominance of positive emotions suggests that adolescents generally experience a positive emotional state. However, the relatively greater presence of negative emotions among males may reflect differences in how they experience and cope with everyday challenges. This suggests that emotional health is not just about feeling positive, but also about being able to understand and manage negative emotions effectively.

Overall, the findings indicate that adolescents predominantly experience positive emotional states and possess an optimistic outlook toward life. At the same time, the presence of negative emotions and future-oriented concerns highlights the complex and dynamic nature of adolescent emotional experiences. The results underscore the importance of supporting adolescents in developing healthy emotional awareness and coping strategies to effectively manage both positive and negative emotions.

Table 4: Sharing with any person when in tension

S. No.	Category	Male		Female	
		f	%	f	%
1.	Family	13	21.31%	8	13.11%
2.	Mother	10	16.39%	14	22.95%
3.	Father	4	6.56%	1	1.64%
4.	Sibling	4	6.56%	14	22.95%

S. No.	Category	Male		Female	
		f	%	f	%
5.	Friends	18	29.51%	10	16.39%
6.	Self	3	4.92%	7	11.48%
7.	Nobody	9	14.75%	7	11.48%

Table 4 shows the responses of adolescents regarding the "**Sharing with any person when in tension**". The findings provide valuable into adolescents' preferred sources of emotional support and reveal differences based on gender.

Among males, friends emerged as the most preferred source of support "जब हम किसी तकलीफ़ में होते हैं तो हम अपने दोस्तों से बात करते हैं", with 29.51% reporting that they share their tensions with friends. This was followed by family members (21.31%) and mothers (16.39%). A notable proportion of males (14.75%) reported that they do not share their problems with anyone "किसी से नहीं, जब हम तकलीफ़ में होते हैं तो अपने आप से बात करते हैं". Smaller percentages preferred to talk to their father (6.56%), siblings (6.56%), or deal with their problems independently (4.92%). These findings suggest that peer relationships play a particularly significant role in the emotional lives of male adolescents. In contrast, females showed a greater tendency to seek support from close family relationships. Mothers (22.95%) and siblings (22.95%) emerged as the most frequently reported sources of emotional support "जब मैं किसी परेशानी में होती हूं तो मैं अपनी माता और बहन से बात करती हूं", followed by friends (16.39) and family members in general (13.11%). A smaller proportion relied on themselves (11.48%) or chose not to share their tensions with anyone (11.48%). Very few females reported sharing their concerns with their fathers (1.64%). These findings indicate that females are more likely to seek emotional comfort within their immediate family circle particularly from mothers and siblings. Females displayed a strong preference for mothers and siblings, highlighting the importance of close interpersonal relationships within the family. Across gender, mothers emerged as more frequently approached than fathers, underscoring their central role in providing emotional support during times of stress. Another important observation is that a considerable minority of adolescents reported not sharing their problems with anyone. Interestingly, a small proportion of adolescents also reported sharing their feelings with themselves. Although this percentage was low, it may reflect a certain level of emotional awareness and self-reflection. Recognizing one's own emotions is an important first step towards emotional regulation (Gross, 2015). This finding suggests that interventions aimed at enhancing emotional awareness, emotional expression, and healthy copies skills could further strengthen adolescents' emotional well-being. However, this tendency of not sharing problems with others was particularly noticeable among males, suggesting that some adolescents may internalize their emotional struggles rather than seeking external support. Such findings highlight the need to encourage open communication and create supportive environments where adolescents feel comfortable expression of their emotions and seeking help whenever needed.

Overall, the findings suggest that adolescents mostly depend on friends and family for emotional support during the period of stress. On a positive note, a small percentage of adolescents preferred to share their problems with themselves which can be further strengthened through interventions that help them develop healthy coping skills, emotional awareness, and the confidence to seek support when needed.

Table 5: Expression of emotions

S. No.	Category	Male		Female	
		f	%	f	%
1.	Speaking/talking	26	47.27%	28	50.91%
2.	Positive actions	11	20%	15	27.27%
3.	Staying quiet	2	3.64%	8	14.55%
4.	Holding back their emotions (Don't express)	10	18.18%	4	7.27%
5.	According to the circumstances	2	3.64%	0	0
6.	Irrelevant	2	3.64%	0	0
7.	Did not tell	2	3.64%	0	0

Table 5 indicates the different ways adolescents "**express their emotions**" in everyday life. The findings indicate that talking or speaking about their feelings was the most common mode of emotional expression among adolescents, reported by 47.27% of males and 50.91% of females "हम अपनी भावनाओं को लोगों से बोलकर, बातचीत करके व्यक्त करते हैं". This highlights that many adolescents feel comfortable communicating their feelings and view conversation as an important way of coping with their emotions. Another common pattern was expressing emotions through positive actions, reported by 20% of males "अपनी भावनाओं को लिख कर व्यक्त करते हैं" and 27.27% of females "हम अपनी भावनाएं नाच कर व्यक्त करते हैं". This suggests that some adolescents prefer to deal with their emotions by engaging in constructive behaviours rather than expressing them directly. A notable proportion of males (18.18%) and some females (7.27%) reported holding back their emotions, suggesting a tendency among certain adolescents to suppress or internalize their feelings. Additionally, females were more likely than males to remain quiet "हम शांत रहकर अपनी भावनाओं को व्यक्त करते हैं" when experiencing strong emotions (14.55% and 3.64%), respectively), indicating that silence may be another way of managing emotional experiences. Very less number of participants stated that they expressed their emotions depending on the situation, while very few gave irrelevant responses or chose not to answer the question. These findings indicate that most adolescents were able to describe how they express their emotions.

Overall, the findings suggest that adolescents generally prefer healthy and constructive ways of expressing their emotions, particularly through talking and positive actions. However, the tendency of some adolescents to suppress their emotion or remain silent highlights the importance of creating supportive environments where they feel safe, understood, and encouraged to express themselves openly.

DISCUSSION

The present study explored how adolescents understand health and emotional health, experience emotions, seek support during stressful situations, and express their emotions. Overall, the findings suggest that adolescents possess a good understanding of emotional well-being, although clear gender differences were evident.

Females demonstrated a more holistic understanding of health by emphasizing both physical and mental well-being whereas males were more likely to associate health with the absence of illness while also recognizing its physical and mental dimensions. This finding can be supported by the research indicating that adolescents increasingly develop a broader understanding of health that includes psychological and emotional well-being as they mature (Ahanonu & Jooste, 2016).

A similar pattern was observed in adolescents' understanding of emotional health. While both males and females associated emotional health with experiencing emotions, females showed a broader perspective by linking it with different emotions and thoughts. This may reflect gender differences in emotional awareness, some studies suggest that girls are generally encouraged to recognize and express emotions more openly than boys (Brody, 1985; Chaplin & Aldao, 2013). Positive emotions emerged as the predominant emotional state across gender, although some adolescents also reported experiencing negative emotions. This supports developmental research suggesting that adolescence is a period characterized by a balance of positive experiences and emotional challenges a individuals continue to develop emotion regulation skills (Silvers et al., 2012; Silvers, 2022).

The analysis also revealed differences in help-seeking behaviour. Males preferred to share their emotions with friends, whereas females relied more on their mother and siblings for emotional support. This is consistent with earlier researches showing that peers become increasingly important during adolescence, while close family relationships continue to play a significant role in promoting emotional well-being (Brown & Larson, 2009; Morris et al., 2017). These findings can also be supported by Bronfenbrenner's Ecological Systems Theory which suggests that Adolescents' emotional development and coping are strongly influenced by the people and environments they interact with every day, particularly their family and peers (Bronfenbrenner, 1979). The finding that Adolescents preferred to seek support from friends and family highlights the important role these relationships play in promoting emotional well-being and helping them cope with emotional challenges. Regarding emotional expression, talking about emotions was the most common strategy adopted by adolescents across gender. However, some males reported suppressing their emotions, while some females preferred to remain silent. These findings suggest that although many adolescents adopt healthy ways of expressing emotions, barriers to open emotional expressions still exist. Findings were supported by studies showing that open communication and supportive relationships contribute to better emotional adjustment, whereas emotional suppression may negatively affect psychological well-being (Gross & John, 2003; Morris et al., 2017; Silk et al., 2003).

Overall, the analysis indicates that adolescents have a reasonably good understanding of emotional health and generally rely on constructive coping strategies. However, the observed gender differences highlight the need to strengthen emotional literacy and create supportive environments in schools and families where adolescents feel comfortable expressing their emotions and seeking support.

CONCLUSION

The present research explored how adolescents understand, experience, and manage their emotions in their day-to-day lives. The findings revealed that most adolescents had a meaningful understanding of health and emotional health and recognize the importance of emotions in their overall well-being. Although positive emotions were more commonly experienced, adolescents also reported facing emotional challenges and adopted different ways of seeking support and expressing their feelings. Gender differences were evident in emotional awareness, help-seeking behaviour, and emotional expression, highlighting the influence of social and interpersonal factors on adolescents' emotional experiences.

Overall, the study emphasizes that emotional health is an essential aspect of adolescent development. Strengthening emotional literacy, encouraging open communication, and providing supportive family, school, and community environments can help adolescents

develop healthier coping strategies and enhance their emotional well-being. The findings of the study may contribute to the development of interventions and programmes aimed at promoting positive emotional health among adolescents.

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Conflict of Interest

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