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Assessment of the Status and the Factors Influencing Psychosocial Wellbeing among Adolescents

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Abstract

Background of the Study: Adolescence is a very critical and important phase in one's life. It is a stage with unique biological and social characteristics of its own. Most of the physiological, psychological, and social changes occur during this period. About one fifth (22.5%) of the total population in India is between the age group 10-19 years. As per the WHO report, it is found that 10–20% of the adolescents in India have one or more mental or behavioural problems. The Younger the children, the more vulnerable they are to risk factors leading to poor mental health and the longer they are exposed to the risk factors, the more likely they are subject to poor mental health. Assessment of status of psychosocial wellbeing and finding its influencing factors will help the adolescents at risk. Hence the investigator felt the need of assessing the status and factors influencing psychosocial wellbeing among adolescents in selected high school at Trivandrum. *Objectives:* The present study is aimed at assessing the status and factors influencing psychosocial wellbeing among adolescents in selected high school. *Methods*: The present study used a descriptive design to accomplish the objectives. 100 adolescents both boys and girls were selected using simple random sampling. They were assessed for psychosocial wellbeing and its influencing factors using self developed psychosocial wellbeing scale and response scale respectively. The reliability of the tool was tested by using Cronbach's alpha method. For the psychosocial wellbeing scale the reliability was ($r = 0.84$; $p<0.05$) and for the response scale it was ($r = 0.82$; $p< 0.05$). Data was collected from the students who were studying in 8-10th standard from a selected English medium school at Trivandrum. The collected data was analysed using descriptive and inferential statistics. *Results:* The findings revealed that majority (70%) of the samples had high level of psychosocial wellbeing, about 30% of them had moderate level of psychosocial wellbeing and zero percent had very poor level of psychosocial wellbeing. The overall mean percentage for psychosocial wellbeing was 75.58% with mean ±SD of 113.37±11.532. Findings pertaining to the factors influencing psychosocial wellbeing, about 94% influences positively and 6% negatively. Chi- square test was computed to find the association which showed a significant association between the status of psychosocial wellbeing and the religion. Karl Pearson's correlation coefficient was used to find the correlation which showed there was a positive correlation ($r = 0.574$) between the status and factors influencing psychosocial wellbeing. *Interpretation and Conclusion:* Overall the study observes that, the adolescents possess an optimal wellbeing, in spite of the positive and negative impact of the factors. It was also found that, the factors are positively related to the psychosocial wellbeing of the adolescent which suggest that an adolescent boy or girl can function optimally only when they are provided with necessary requirements for the physical and mental growth.
Keywords: Psychosocial Wellbeing; Adolescents; High School; Urban Area.

Introduction

Every creature in this universe has to go through the various life stages of growth and development; in particular, with the human creature there are defined phases of life and expected developmental milestones. Adolescence is one among those, which is a very critical and important phase in the development. It is a stage with unique biological and social characteristics of its own. Most physiological, psychological, and social changes occur during this period [1].

India is the second most populous country in the world with the total population of over 1081 million, of which one fifth is in the age group 10-19 years, i.e., about 22.5% of the total population [2].

Adolescence can be a specifically turbulent as well as a dynamic period of one's life, where they develop a clearer sense of psychological identity [3]. Good overall adjustments and a sense of psychosocial wellbeing are very crucial factors for the adolescents' positive contribution to the society [4].

Wellbeing is a contented state of being happy, healthy, and prosperous. It is a composite of physical, emotional, social, psychological, spiritual, and intellectual dimensions. Among these the psychosocial component plays an important role in overall development of an adolescent. Different people will achieve this development at different speeds depending on biological processes and environmental interactions [5].

Various factors affect adolescents' level of psychosocial wellbeing such as socioeconomic circumstances, his or her interpersonal relationship with the family, peer pressure, opportunities of education and employment [2].

This period can be looked upon as a time of more struggle and turmoil. 11 Problems and disorders occurring during this phase often represent exaggerations or unresolved versions of the normal development tasks of adolescent. The problems among adolescents may have detrimental effect on their mental health which needs special attention of the health professionals. Therefore, psychological issues among adolescents need immediate assessment and attention [6].

A study examined the relationship between quality of life, self-rated health, and wellbeing, and to establish the relationship between discontent with familial financial situation and health in adolescents living in the Tuzla Canton. The data was collected from a random sample of 356 high school students aged 16, coming from 15 different classes of 16 high schools in the Tuzla municipality. Result showed that 27% reported symptoms of depression and 33% reported sadness, 25% reported poor school marks and failure in school, 22% consumed tranquillisers or sedatives, 31% skipped classes, and 57% needed to use substantial effort in order to complete the required tasks. The study concluded that discontent with the financial situation significantly reduced the quality of mental health, leads to inappropriate patterns of behaviour, and endangered future perspectives and wellbeing of adolescents [7].

A study was conducted to assess the level of psychological wellbeing among adolescents in a selected high school at Tumkur. One hundred adolescents studying in 8th, 9th and 10th standards of 12-17 years were selected by convenient sampling method. Results revealed that 84% of respondents had adequate psychological wellbeing level, 11% of respondents had moderate psychological wellbeing, and 5% of the respondents had inadequate psychological wellbeing [8].

Psychosocial health issues among adolescents are very high and rising by the day. The prevailing condition in our country offer to avail this problem and it is necessary to plan out alternative strategies for promoting and maintaining their psychosocial wellbeing.

Statement of the Problem

"A descriptive study to assess the status and the factors influencing psychosocial wellbeing among adolescents in selected high school at Trivandrum."

Objectives

1. To assess the status of psychosocial wellbeing among adolescents measured by psychosocial wellbeing scale.
2. To determine the factors influencing psychosocial wellbeing among adolescents measured by response scale.
3. To find the correlation between status of psychosocial wellbeing and factors influencing psychosocial wellbeing among adolescent.
4. To find the association between status of psychosocial wellbeing with selected demographic variables.
5. Operational Definitions

Status

In this study, it refers to the level or degree of psychosocial wellbeing among adolescents.

Psychosocial Wellbeing

In this study, it refers to a contented state of being happy, healthy and prosperous and the dimensions includes control of self and events, happiness, self esteem, mental balance, social environment and sociability.

Factors Influencing Psychosocial Wellbeing

In this study, it refers to the factors which show both positive and negative aspects of psychosocial

wellbeing and they are personal, family interaction, parenting, peer group interaction, academic adjustments, and economic status.

Adolescent

In this study, it refers to boys and girls between the age group of 12 to 17 years, who are studying in 8th to 10th standards.

High School

In this study, it refers to urban public secondary school which provides education from 8th to 10th standard and comes under the Block Education Officer's jurisdiction, situated in Trivandrum..

Assumptions

The investigator assumed that,

1. Psychosocial wellbeing is moderate in adolescents.
2. Psychosocial wellbeing is a subjective phenomenon.
3. Psychosocial wellbeing varies among adolescents.
4. Factors affecting psychosocial wellbeing are unique to individual.
5. Adolescents will give free and frank responses.

Hypotheses

The hypotheses were tested at 0.05 level of significance

H_1: There will be a significant correlation between status of psychosocial wellbeing and factors influencing psychosocial wellbeing among adolescent.

H_2: There will be a significant association between status of psychosocial wellbeing and selected demographic variables.

Delimitations

1. The study is delimited to adolescents studying in the selected urban high school in Trivandrum..
2. Adolescents both boys and girls who are studying in 8th to 10th standard.

Materials and Methods

Research Approach

As the main objective of the study was to assess the status of psychosocial wellbeing among adolescents in a selected high school, a descriptive survey approach was adopted.

Research Design

Research design depicts the overall plan for organisation of scientific investigation. The research design for the present study was non-experimental descriptive research design [24].

Setting

The present study was conducted in a selected English medium high school at Trivandrum..

Population

The population is the entire group of adolescents that is of interest to the investigator. In the present study the adolescents who are studying in 8th to 10th standard in a selected high school at Trivandrum. comprise the population.

Sample

The present study was conducted among 100 adolescent students selected from a high school at Trivandrum..

Sampling Technique

Simple random sampling technique was found appropriate to select 100 adolescent students from a high school as the sample for the study. In the sample universe there were 63 urban high schools. In the first stage, simple random sampling method, i.e., lottery method was adopted for selecting a high school. Thus St. Aloysius English Medium High School was selected for the study. From the selected high school, 100 adolescents were selected by simple random sampling technique using lottery method.

Sampling Criteria

Inclusion Criteria

1. Adolescents who were studying in 8th to 10th standard.
2. Adolescents who were willing to participate in the study.
3. Students who were present at the time of data collection.
4. Both adolescent boys and girls were included in the study.

Exclusion Criteria

1. Students who are physically challenged.
2. Students who are below 8th and above 10th standard.
3. Students who are not willing to participate in the study.

Part I: Description of Demographic Variables of High School Adolescents

This part deals with distribution of participants according to their demographic characteristics. Data was analysed using descriptive statistics and summarised in terms of percentage.

Table 1: Frequency and percentage distribution of sample according to demographic characteristics

	Variable	Frequency	Percentage
1.	**Age**		
	12-13	29	29
	14- 15	70	70
	16-17	01	01
2.	**Gender**		
	Male	81	81
	Female	19	19
3.	**Religion**		
	Hindu	51	51
	Muslim	10	10
	Christian	39	39
	Others	0	0
4.	**Type of family**		
	Nuclear	85	85
	Joint	12	12
	Extended	1	1
	Single parent family	2	2
Education of father			
	Illiterate	1	1
	Primary	2	2
	High school	6	6
	PUC	25	25
	Graduate	66	66
Education of mother			
	Illiterate	0	0
	Primary	0	0
	High school	9	9
	PUC	26	26
	Graduate	65	65
7.	Marital status	90	90
	Stay together	00	00
	Divorced	04	04
	Widowed	06	06
	Staying separately		
8.	Family Income		
	Rs. 5,000 below	06	06
	Rs. 5,001-10,000	22	22
	Rs 10,001-15,000	25	25
	above 15,001	47	47
Number of siblings			
	No sibling	18	18
	One	58	58
	Two	14	14
	Three	10	10
10.	Studying in		
	8th standard	35	35
	9th standard	34	34
	10th standard	31	31
Place of residence			
	Hostel	00	00
	Paying guest	00	00
	Home	100	100
	Relatives home	00	00

Data presented in Table 1 shows that the majority of respondents (70%) belonged to the age group of 14-15 years whereas 29% belonged to 12-13 years and 1% belonged to 16-17 years. With regard to gender, majority of respondents (81%) were male and 19% were female. More than half the adolescents (51%) belonged to Hindu religion and only 10% were Muslims. The majority (85%) of adolescents were from nuclear family and only 1% from extended family. The majority of adolescents' fathers were graduates (66%) and only 1% were illiterates. Majority of adolescents' mothers were graduates (65%) and only 9% had completed high school education. Most (90%) of the parents of the adolescents were staying together and only 4% were widows. Majority (47%) of adolescents' family income was above Rs. 15,000 and that of 6% was below Rs. 5,000 rupees per month. Majority (58%) adolescents had one sibling and 10% have three or more number of siblings. In relation to the residence of the respondents all were staying at home.

Age

Figure 1 depicts the percentage and frequency distribution of the adolescents according to their age. It shows that the majority of respondents (70%) belonged to the age group of 14-15 years whereas 29% belonged to 12-13 years and 1% belonged to 16-17 years.

Gender

The Figure 2 depicts the percentage and frequency distribution of the adolescents according to gender. Majority of respondents (81%) were male and 19% were female.

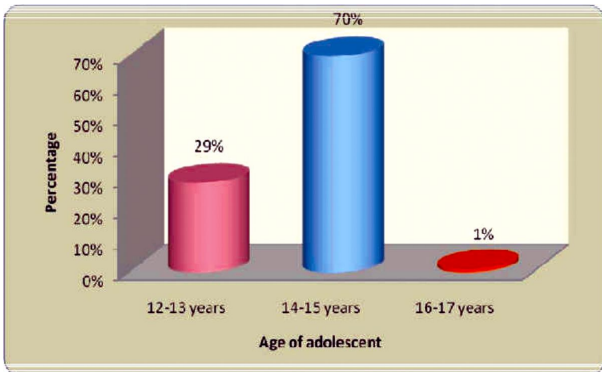

Fig. 1: Distribution of adolescents according to age

Religion

The Figure 3 depicts the percentage and frequency distribution of the adolescents according to religion. Maximum number of the adolescents (51%) were Hindus whereas 39% were Christians and 10% were Muslim.

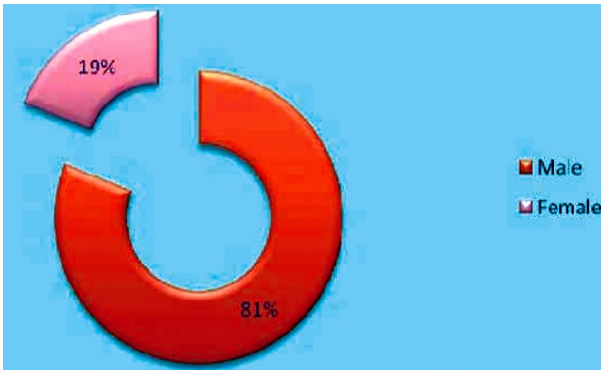

Fig. 2: Distribution of adolescents according to gender

Type of Family

The Figure 4 depicts the percentage and frequency distribution of the adolescents according to type of family. Majority of the respondents (85%) belonged to nuclear family, whereas 12% belonged to joint family, 2% were from single parent family and 1% belonged to extended family.

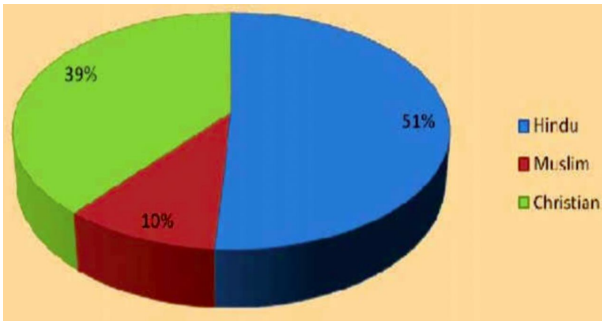

Fig. 3: Distribution of adolescents according to religion

Education Status of Father

The father's education of majority of respondents showed that 66% were graduates, whereas 25% of the fathers completed PUC, 6% had high school education, 2% had primary school education, and 1% of the fathers were illiterate.

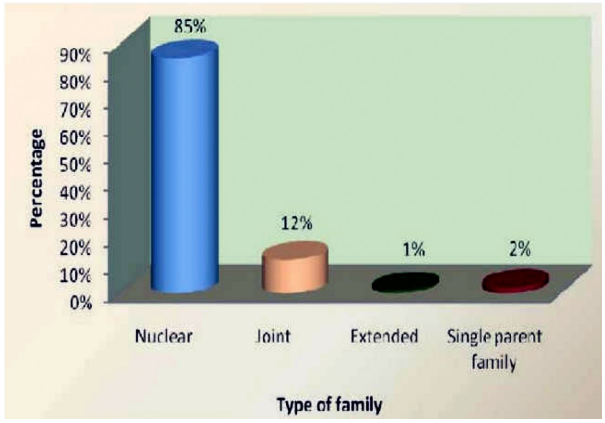

Fig. 4: Distribution of adolescents according to type of family

Education Status of Mother

The mother's education of majority of respondents showed that 65% were graduates, whereas 26% had completed PUC, and 9% of the mothers had high school education.

Marital Status of Parents

The marital status of parents of majority of respondents (90%) were staying together, whereas 6% of the parents were staying separately and 4% were widowed.

Family Income

The Figure 5 depicts the percentage and frequency distribution of the adolescents according to family income. The family income of majority of respondents (47%) was above Rs. 15,001, whereas 25% of respondents earned Rs. 10,000-15,000, 22% earned Rs. 5,001-10,000 and 6% of respondents were earning less than Rs. 5,000.

Number of Siblings

The Figure 6 depicts the percentage and frequency distribution of the adolescents according to the number of siblings. In relation to the number of siblings, it shows that 58% had one sibling, 18% had no siblings, 14% had two siblings, and 10% have three or more sibling.

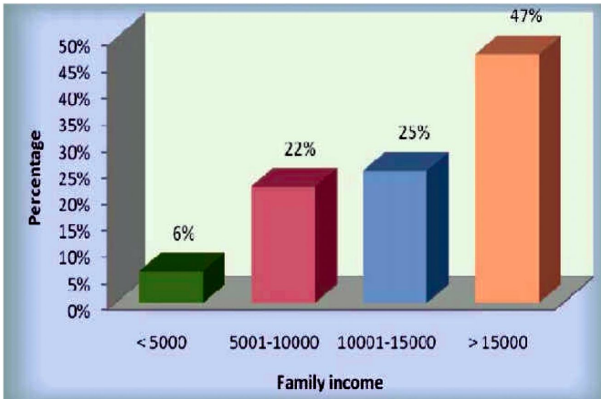

Fig. 5: Distribution of adolescents according to the family income

Studying Standard

The figure 7 depicts the percentage and frequency distribution of the adolescents according to studying standard. Thirty-five percent studied in 8th standard, 34% studied in 9th standard, and 31% studied in 10th standard.

Place of Residence

All the subjects resided at home.

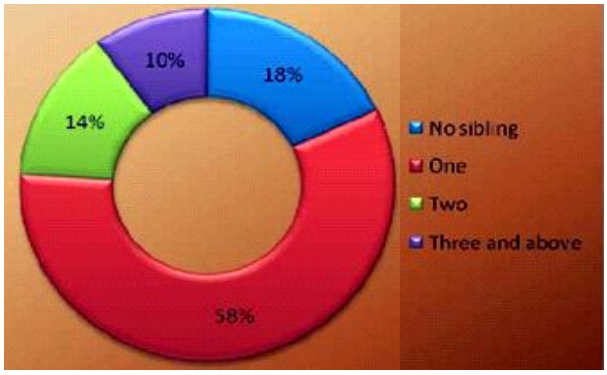

Fig. 6: Distribution of adolescents according to number of sibling in the family

Part II: Assessment of the Status of Psychosocial Wellbeing among Adolescents

Status of psychosocial wellbeing among adolescents was assessed using psychosocial wellbeing scale.

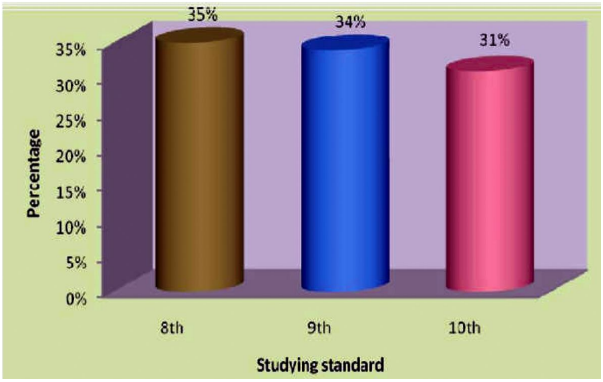

Fig. 7: Distribution of adolescents according to studying standard

Section A: Analysis of the Status of Psychosocial Wellbeing among Adolescents

In order to assess the status of psychosocial wellbeing among adolescents percentage scores were graded arbitrarily as follows: poor level of psychosocial wellbeing ≤ 33%, moderate level of psychosocial wellbeing 33-66%, and optimum level of psychosocial wellbeing 67-100%.

Data in Table 2 and Figure 8 show that majority (70%) of the adolescents had optimum psychosocial wellbeing, 30% had moderate psychosocial wellbeing and no one had poor psychosocial wellbeing.

Section B: Area-wise analysis of status of psychosocial wellbeing among adolescents

Data in Table 3 and Figure 9 reveal that the mean percentage of total status of psychosocial wellbeing score was 75.58% with mean±SD of 113.37±11.532. Area-wise mean percentage of status of psychosocial wellbeing was more (83.60%) in area related to

'social environment' with mean±SD of 16.72±2.470. In the area of 'self-esteem' the mean percentage was 77.53 % with mean±SD of 31.01±4.600 and in the area related to sociability the mean percentage was 75.12% with mean±SD of 18.78±2.236. In the area of 'happiness' the mean percentage was 74.70 % with mean±SD of 14.94±2.490 and in the area related to 'control of self and events' the mean percentage was 71.50% with mean±SD of 14.30±2.389. The lowest mean percentage 70.48% was obtained in the area of mental balance; with mean±SD of 17.62±3.087.

The findings in high school adolescents reveal that, overall status of psychosocial wellbeing among adolescents was average. Where as in area-wise status of psychosocial wellbeing among adolescents showed that in the area of social environment, adolescents had good psychosocial wellbeing and rest all the areas of psychosocial wellbeing were average.

Table 2: Frequency and percentage distribution of the adolescents according to status of psychosocial wellbeing N= 100

Level of psychosocial wellbeing	Range of score	Frequency	Percentage
Poor	30 – 70	-	-
Moderate	71 – 110	30	30
Optimum	111 - 150	70	70

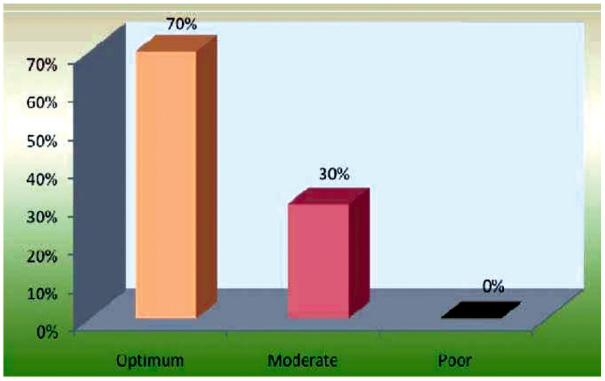

Fig. 8: Percentage distribution of adolescents according to the status of psychosocial wellbeing

Part III: Assessment of Factors Influencing the Status of Psychosocial Wellbeing among Adolescents

Factors influencing the status of psychosocial wellbeing among adolescents were assessed by using a response scale. Factors influencing the status of psychosocial wellbeing among adolescents are organised under two sections.

Section A: Analysis of the Factors Influencing the Status of Psychosocial Wellbeing among Adolescents

Data presented in Table 4 and Figure 10 shows that majority (94%) of adolescents had positive influence on psychosocial wellbeing and 6% of them had negative influence on psychosocial wellbeing.

Table 3: Overall and area-wise mean, SD and mean percentage of the status of psychosocial wellbeing among adolescents N = 100

Domain	Mini. score	Max. score	Max. Possible Score	Mean	SD	Mean %
1. Control of self and events	7	20	20	14.30	2.389	71.50
2. Happiness	7	20	20	14.94	2.490	74.70
3. Self esteem	15	39	40	31.01	4.600	77.53
4. Mental Balance	8	24	25	17.62	3.087	70.48
5. Social Environment	11	20	20	17.72	2.470	83.60
6. Sociability	14	23	25	18.78	2.236	76.12
Overall	80	136	150	113.37	11.532	75.58

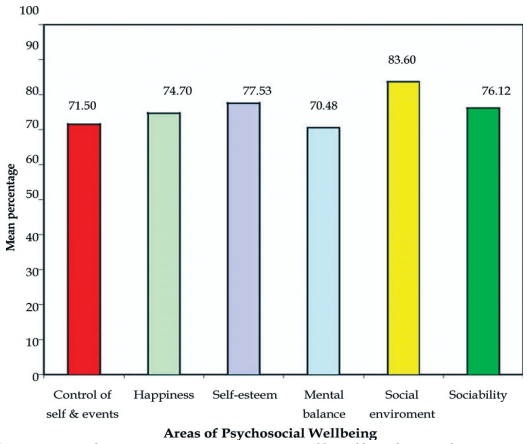

Fig. 9: Area-wise mean percentage distribution of status of psychosocial wellbeing among adolescents

Section B: Area-Wise Analysis of the Factors Influencing to the Status of Psychosocial Wellbeing among Adolescents

The data provided in Table 5 and Figure 11 shows that the mean percentage of overall factors influencing psychosocial wellbeing score was 79.39% with mean±SD of 90.50±8.499. Area-wise mean percentage of factors influencing psychosocial wellbeing was more (86.06%) in area related to 'family interaction' with mean±SD of 15.49±2.560. In the area of 'economic status' the mean percentage was 85% with mean±SD of 5.10±0.859 and in the area related to 'parenting' the mean percentage was 80.95% with mean±SD of 17.00±2.084. In the area of

'peer group' interaction the mean percentage was 77.52% with mean±SD of 16.28±2.349 and in the area related to 'academic adjustment' the mean percentage was 77.41% with mean±SD of 20.90±2.488. The lowest mean percentage (74.90%) was obtained in the area of 'personal factors of psychosocial wellbeing' with mean±SD of 15.73±2.169.

The findings revealed that all the factors influenced positively the psychosocial wellbeing among adolescents, whereas in area-wise factors influencing psychosocial wellbeing among adolescents showed that 'economic status' had negative influence on psychosocial wellbeing and rest of the factors had positive influence on psychosocial wellbeing among high school adolescents.

Part IV: Correlation between Status of Psychosocial Wellbeing and Factors Influencing Psychosocial Wellbeing among Adolescent

To test the correlation between the status of psychosocial wellbeing and factors influencing psychosocial wellbeing among adolescents the following null hypothesis was formulated:

H_{01}: There will be no significant correlation between the status of psychosocial wellbeing and factors influencing the status of psychosocial wellbeing among adolescents.

Karl Pearson's correlation coefficient was used to find the correlation between the status of psychosocial wellbeing and factors influencing psychosocial wellbeing scores. The Karl Pearson correlation coefficient was 0.574 (table value r= 0.209, for 98 df), which is greater than table value at 0.05 level of significance. So the null hypothesis was rejected and the research hypothesis accepted.

Section A: Analysis of Correlation between Status of Psychosocial Wellbeing and Factors Influencing Psychosocial Wellbeing among Adolescent

The data presented in Table 6 shows that there was a positive correlation (r=0.574) between status of psychosocial wellbeing and factors influencing the status of psychosocial wellbeing among adolescents.

Table 4: Frequency and percentage distribution of the adolescents according to factors influencing the status of psychosocial wellbeing among adolescents N = 100

Influence of factors	Range of score	Frequency	Percentage
Negative	33 – 67	06	06
Positive	68 – 144	94	94

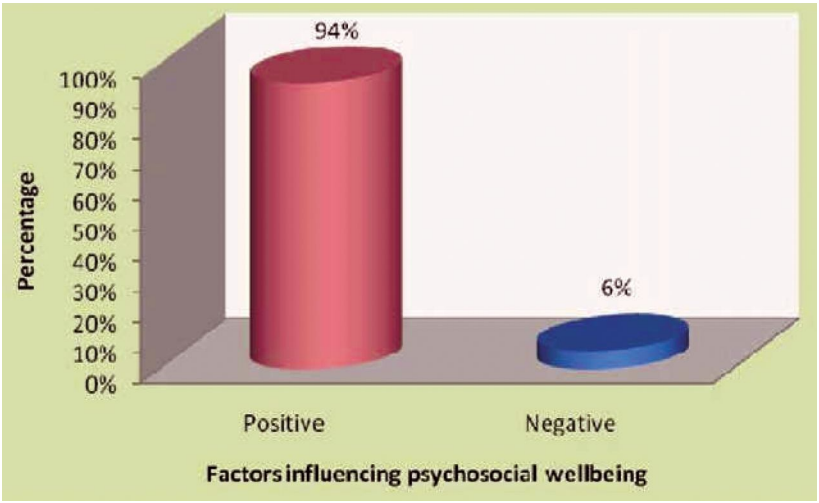

Fig. 10: Percentage distribution of factors influencing the status of psychosocial wellbeing among adolescents

Table 5: Overall and area-wise mean standard deviation and mean percentage of factors influencing to the status of psychosocial wellbeing among adolescents

Domain of Psychosocial wellbeing	Mini. score	Max. score	Max. Possible Score	Mean	SD	Mean %
1. Personal	9	20	21	15.73	2.169	74.90
2. Family interaction	7	18	18	15.49	2.560	86.06
3. Parenting	11	21	21	17.00	2.084	80.95
4. Peer group interaction	8	21	21	16.28	2.349	77.52
5. Academic adjustment	13	26	27	20.90	2.488	77.41
6. Economic status	2	6	6	5.10	0.859	85.00
Overall	63	107	114	90.50	8.499	79.39

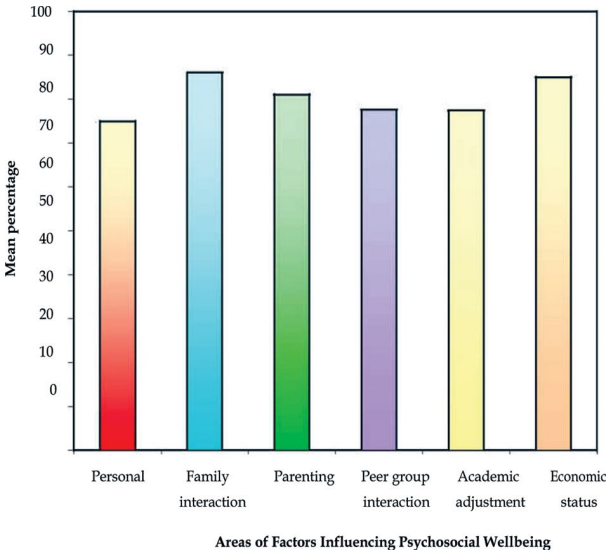

Fig. 11: Area-wise mean percentage distribution of factors influencing the status of psychosocial wellbeing

Section B: Area-wise Analysis of the Correlation Between Status of Psychosocial Wellbeing and Factors Influencing Psychosocial Wellbeing among Adolescent

This section deals with the analysis and interpretation of data collected from 100 high school adolescents to determine the correlation between status of psychosocial wellbeing and factors influencing the status of psychosocial wellbeing among adolescents. To test the statistical significance, the following null hypothesis was stated.

H_{01}: There will be no significant correlation between the status of psychosocial wellbeing and factors influencing the status of psychosocial wellbeing among adolescents.

In order to find out the correlation between status of psychosocial wellbeing and factors influencing the status of psychosocial wellbeing among adolescents, Karl-Pearson co-efficient of correlation formula was used and computed. The data is presented in Table 7.

Table 6: Overall correlation between status of psychosocial wellbeing and factors influencing psychosocial wellbeing among adolescent

Karl Pearson correlation	df	Table value
0.574	98	0.209

The data presented in Table 7 shows that Karl-Pearson's correlation coefficient of each factors influencing psychosocial wellbeing with correlation to overall status of psychosocial wellbeing scores were higher than the table value (0.209) at 98 degrees of freedom. Thus it is inferred that there is a positive correlation between factors influencing psychosocial wellbeing and overall status of psychosocial wellbeing among adolescents, whereas for the economic factor the 'r' value (0.194) was less than the table value (0.209) at 98 degrees of freedom which shows that there was no significant correlation with status of psychosocial wellbeing among adolescents.

Findings depict that there is a positive correlation between overall status of psychosocial wellbeing and factors influencing the status of psychosocial wellbeing among adolescents. Hence the null hypothesis (H_{01}) is rejected and the research hypothesis is accepted in terms of correlation between overall status of psychosocial wellbeing and factors influencing the status of psychosocial wellbeing among adolescents.

Part V: Association between the Status of Psychosocial Wellbeing with the Selected Demographic Variables of Adolescents

Chi-square test was computed to test the association between the status of psychosocial wellbeing of the adolescents with the selected demographic variables; the following null hypothesis was formulated.

H_{02}: There will be no significant association between the status of psychosocial wellbeing and selected demographic variables among adolescents.

The hypothesis was tested using chi-square test at 0.05 level of significance.

The data presented in Table 8 shows that the obtained Chi-square values indicate a significant association between the psychosocial wellbeing of high school adolescents and religion (6.603 at 0.05 levels). But there is no significant association between the psychosocial wellbeing and other demographic

Table 7: Area-wise correlation between the status of psychosocial wellbeing and factors influencing psychosocial wellbeing among adolescent N =100

		Factors	'r' Value	Inference
Status of psychosocial wellbeing	1.	Personal	0.545	Positive Correlation
	2.	Family interaction	0.290	Positive Correlation
	3.	Parenting	0.284	Positive Correlation
	4.	Peer group interaction	0.470	Positive Correlation
	5.	Academic adjustment	0.439	Positive Correlation
	6.	Economic status	0.194	No Correlation

t98= 0.209

variables such as age, gender, type of family, education status of parents, marital status of parents, family income, number of sibling, studying standard, and place of residence.

However, the above finding reveals that there was association between the psychosocial wellbeing of high school adolescents and religion of the adolescent. So the null hypothesis (H_{02}) was rejected and research hypothesis was accepted.

Discussion

Section I: Description of Baseline Characteristics

In the present study majority (70%) of the adolescents were between 14-15 years of age who makes about 81% of male. Around half of them (51%) were Hindus who lived nuclear family (85%). Majority (66%) fathers and 65% of mothers were graduates. It was observed that 90% among parents were staying together.

Majority (47%) of the subjects were contented with their financial background. Majority (58%) of the subjects had one sibling. It was observed that majority (35%) of adolescents were studying in 8th standard. Almost all the subjects were residing in their home.

Section II: Status of Psychosocial Wellbeing among Adolescents

The status of psychosocial wellbeing among the subjects were assessed using Psychosocial wellbeing scale which showed 70% as optimally stable with the mean percentage of overall psychosocial wellbeing score of 75.58% which is supported by a study assessed the level of psychological wellbeing among adolescents in a selected high school at Tumkur, where 84% of the adolescents have adequate psychological wellbeing [8].

Table 8: Association of the status of psychosocial wellbeing with selected demographic variables of adolescents N = 100

Sl. No.	Demographic variables	df	Calculated value (χ^2)	Table value	Inference
1.	Age	1	2.214	3.84	NS
2.	Gender	1	0.001	3.84	NS
3.	Religion	2	6.603	5.99	S
4.	Type of family	1	1.197	3.84	NS
5.	Education of father	2	0.337	5.99	NS
6.	Education of mother	2	1.618	5.99	NS
7.	Marital status	1	0.285	3.84	NS
8.	Family Income	2	0.213	5.99	NS
9.	Number of siblings	2	1.823	5.99	NS
10.	Studying in	2	0.431	5.99	NS

NS= Not significant S= Not significant

Section III: Factors Influencing Psychosocial Wellbeing among Adolescents

Certain factors have been found that affect psychosocial wellbeing like protective factors and disruptive factors. The present study aims at identifying the factors that affects both positively as well as negatively.

According to area-wise, it was found that family interaction had the highest impact i.e. about 86.06% with the SD of 15.49 ± 2.560. The low impact was observed in the area of personal factors.

The findings are supported by the study conducted in USA to find the association between parental style, family functioning and adolescent wellbeing, contrasting intact families with those of changed configuration. Results indicated that the configuration of the style of parenting turned out to be the main determinant of both family functioning and wellbeing of the adolescents [37].

The findings were contradicted with the Social and Health Survey of Children and Adolescents examined the association between family break-up and psychosocial maladjustment in adolescents, which showed changes in family structure, is associated with an increase in psychosocial maladjustment among adolescents [14].

Section IV: Correlation between Status of Psychosocial Wellbeing and Factors Influencing Psychosocial Wellbeing among Adolescents

Findings of the present study revealed that the high school adolescents overall status of

Psychosocial wellbeing and factors influencing psychosocial wellbeing among adolescents scores computed by Karl- Pearson's co-relation coefficient 'r' value (0.574) is higher than the table value (0.209) at 98 degrees of freedom. Thus there was positive correlation (r = 0.574) between status of psychosocial wellbeing and factors influencing psychosocial wellbeing among high school adolescents.

The findings are consistent with the study conducted to investigate the influence of loneliness and relation with parents and friends psychosocial wellbeing of adolescents, which shows a positive relationship among 67% of adolescents between parents and friends which in turn promotes psychosocial wellbeing [36].

The findings were contradicted with a study conducted in Brazil to identify individual, social, and familial risk factors for depressive symptoms in adolescent students revealed that the symptoms of depression were present in 10% of adolescents. Adolescent children of divorced parents had 73% greater odds of depression, victims of serious physical abuse by mothers had 6.49 times the odds, those with low self-esteem, 6.43 greater odds and those displaying dissatisfaction with their lives had 3.19 greater odds [32].

This shows that in general, emotional support by the family members can improve psychosocial wellbeing by reducing anxiety, stress and depression.

Section V: Association between Psychosocial Wellbeing and Selected Demographic Variables

The findings of the study revealed that there was a significant association between the psychosocial wellbeing and selected demographic variables like religion (6.60 at 0.05 levels) and no association with other demographic variable.

The findings were supported by a study examined relationship between religious wellbeing and psychosocial characteristics. Analysis indicates a significant association and subjects who scored higher on the measure of religious wellbeing scored lower on indices like loneliness and hopelessness [46].

The findings were contradictory to a study which indicates a significant association between the psychological wellbeing of high school adolescents and sex of the adolescent (6.21 at 0.05 levels) and family origin of the adolescent (11.89 at 0.05 levels). But no association with regard to the religious background (3.85 at 0.05 levels), family income and number of family members in the family [8].

Thus, the findings of the present study revealed that the status of psychosocial wellbeing of the adolescents possesses optimal level, only if the influencing factors fall in line with the positive development. It is also recommended that meeting the subjective needs of the adolescents would build up the psychosocial development in them.

Major Findings of the Study

The analysis of the demographic variables revealed that majority (81%) of the samples was male. Highest percentage (70%) of students was in the age group of 14 and 15 years. Majority (51%) of the adolescents belonged to Hindu religion and majority (85%) of the adolescents were living in nuclear families. Most (90%) of the parents of the adolescents are staying together. Majority (66%) of the fathers and (65%) of the mothers of the adolescents were graduates and highly qualified. Majority (47%) of the adolescents belonged to family income group of more than Rs. 15,000/-. Majority (58%) had single sibling. Majority (35%) of the adolescents were studying in the 8th standard. All adolescents were residing in their home.

The assessment of the overall status of psychosocial wellbeing was found to be adequate among adolescents which revealed that 70% of respondents had optimum psychosocial wellbeing status and 30% of respondents had moderate psychosocial wellbeing. Findings revealed that the mean percentage of overall status of psychosocial wellbeing score was 79.39% with mean±SD of 90.50±8.499.

Overall six factors were identified and selected to find their influence on the status of psychosocial wellbeing among adolescents. Findings revealed that the mean percentage of overall factors influencing psychosocial wellbeing score was 75.58% with mean±SD of 113.37±1.153

Overall six factors were identified and selected to find their influence on the status of psychosocial wellbeing among adolescents. Findings revealed that the mean percentage of overall factors influencing psychosocial wellbeing score was 79.39% with mean ±SD of 90.50±8.499.

Among all the factors selected, area-wise mean percentage of factors influencing psychosocial wellbeing was more (86.06%) in the area related to family interaction with mean±SD of 15.49±2.560 and the lowest mean percentage (74.90%) was obtained in the area of personal factors of psychosocial wellbeing with mean±SD of 15.73±2.169.

The findings in high school adolescents reveal that all the factors influenced positively to psychosocial wellbeing among adolescents, whereas the area-wise factors influencing psychosocial wellbeing among adolescents showed that the area of 'economic status' had negative influence on psychosocial wellbeing and rest had positive influence on psychosocial wellbeing among high school adolescents.

Overall, results depicted that there was a significant association between the psychosocial wellbeing of high school adolescents and religion (6.603 at 0.05 levels). But there was no significant association between the psychosocial wellbeing and other demographic variables such as age, gender, type of family, education status of parents, marital status of parents, family income, and number of siblings, standard in which adolescents studying and place of residence.

Limitations of the Study

- The study was limited to one particular high school at Mangalore due to limited time for data collection.
- The study was limited only to the adolescents from 8th standard to 10th standards.
- Only a few major factors were selected to assess the psychosocial wellbeing of adolescents whereas many other factors may influence the status of psychosocial wellbeing.
- The questions asked were related to the psychosocial wellbeing of adolescents with regard to the short period (past one month) whereas their psychosocial wellbeing may vary over a longer period.

Recommendations

Based on the findings of the present study, the following recommendations have been offered for further researchers:

- The study can be replicated among urban schools.
- The study can be replicated among pre-university students.
- The study can be replicated in other parts of the country on large sample to generalise the findings.
- An experimental study can be carried out to find out the effectiveness of a counselling programme in reducing the stress levels and enhancing coping strategies as well as maintaining the psychosocial wellbeing of adolescents.
- A comparative study can be conducted to find out the difference in psychosocial wellbeing between adolescent boys and girls.
- A comparative study can be conducted to find out the difference in psychosocial wellbeing between adolescents of urban area and the adolescents of rural area.
- This cross sectional study can be conducted on all the adolescents studying in 8th standard to 12th standard in different schools.

Conclusion

Adolescence has long been characterised as a time when individuals begin to explore and examine psychological characteristics of the self in order to discover who they really are, and how they fit in the social world in which they live [6].Positive psychology is sometimes brought up when addressing adolescent psychology as well. This approach towards adolescents refers to providing them with motivation to become socially acceptable and notable individuals, since many adolescents find themselves bored, indecisive and / or unmotivated [65].

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