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GENERAL WELL-BEING IN ADOLESCENTS ON THE BASIS OF GENDER AND LOCALE

Anita Deswal, Ph. D. Assistant Professor, PDM College of Education, Sarai Aurangabad, Bahadurgarh, Haryana

Madhu Sahni, Ph. D. Assistant Professor, Vaish College of Education, Rohtak, Haryana, India.

Abstract

General Well-being is a combination of physical, emotional and social well-being which together is commonly referred to as the health triangle. The present investigation was attempted to find out the influence of gender and locale and their interaction on general well-being and its subscales in adolescents. The sample comprised of 340 adolescents randomly drawn from metropolitan area (Delhi) and non-metropolitan area (Bahadurgarh). Data were analyzed by using 2×2 factorial design. Results showed a significant influence of gender on general well-being, emotional well-being, social well-being and school well-being in adolescents. A significant influence of locale on physical well-being and emotional well-being was also observed. Further, results reflect a significant interactive influence of gender and locale on general well-being, emotional well-being, social well-being and school well-being in adolescents. The findings of the study show that girls were higher on general well-being, social well-being and school well-being and boys were higher on emotional well-being. Further, non-metropolitan adolescents were higher on physical well-being than metropolitan adolescents and metropolitan adolescents were higher on emotional well-being than non-metropolitan adolescents. These findings have vital implications to parents, teachers, psychologists, counsellors, researchers, health policy-makers and school administrators to understand the influence of gender and locale on general well-being in adolescents. Delimitations of the study and suggestions for future researches have also been discussed.

***Key Words**: General well-being, Physical well-being, Emotional well-being, Social well-being, School well-being and adolescents.*

GENERAL WELL-BEING IN ADOLESCENTS ON THE BASIS OF GENDER AND LOCALE: Adolescence is a transitional period between childhood and adulthood. It is a stage where a child is no longer a child due to biological changes but has also not attained the status of a young adult because growth and development process is still on. The age range for adolescents varies in different countries/cultures. In Indian society, it begins with 13 and ends around at 18.

Adolescence period is universally known as a period of changes (Hill, 1983). Children entering adolescence face three big challenges biological, psychological and social (Ramaswamy & Kumar, 2012). When a child enters in this stage, it requires intensive readjustment to family, school and society and many adolescents experience anxiety, unpleasantness or strong feeling due to biological changes (Singh & Udainiya, 2009). They are growing physically facing psychological instability due to hormonal changes. They are in search of identity and want to associate themselves to society. If they are healthy in terms of physical, psychological, they can contribute to society and nation significantly.

General well-being as a construct refers to the harmonious functioning of the physical as well as psychological aspects of the personality, giving satisfaction to the self and benefit to the society (Siwach, 2000). It has been defined as encompassing people's cognitive and effective evaluations of their lives (Karatzias et al., 2006). Other terms have been used, interchangeably with the general well-being, included health (Emmons & Kings, 1988), life satisfaction and psychological well-being (Karatzias et al., 2001a, 2002a; Huebner et al., 2004) and quality of life as "a general sense of well-being" (Campbell, 1976). In general well-being, main emphasis is given to the health because health is the general condition of a person in all aspects. It is a level of functional and metabolic efficiency of an organism, often implicitly human. World Health Organization (1948) defined health "as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". The spiritual dimension on health was added much later in the WHO definition (Dalal & Misra, 2006).

Some existing research on adolescents has identified a number of significant factors associated with general well-being. These include demographic (humbner et al., 2004), personality such as emotional stability (Vittuso, 2001), general confidence (Chang & Furnham, 2003), self esteem (Bekhuis, 1994; Vingilis, Wade, & Adlaf, 1998), life events (Mccullaugh, Huebner, & Laughlin, 2000) and school performance (Chang & Furnham, 2003). Furthermore, low levels of general well-being have been found associated with major negative behavioural outcomes in

adolescence. These included delinquency (Goldstein & Heaven, 2000), victimization (Karatzias et al., 2002a, 2002b). Karatzias et al (2006) focussed on self esteem and affectivity as prospective predictors of general well-being in adolescents. Natvig, Albrektsen, & Qvarnstram (2003) found that school factors such as social support received from teachers can enhance general well-being levels. Deneve & Copper (1998) explained the general well-being variance of adolescents by demographic factors ranged 3% to 6%. Similarly to adults' population, variables such as age and gender have been found to be relatively weak predictors of general well-being in adolescents (Huebver et al., 2004).

When it comes to general well-being research on children and adolescents, a little work has been carried out so far, as compared to the bulk of related work on adults (Jirojanakul et al., 2003). However, there are several reasons why research on adolescents' general well-being is important. Firstly, adolescents, as an age group, are thought to reflect society's future productive powers, therefore their well-being may be highly important as it might encourage resilience and protectiveness (Burt, 2009). In addition, although adolescence is generally considered a time of good health and well-being, this particular age group still presents with high rated of mental health disorders (Irwin, Burg, & Cart, 2002).

The present research aimed to study the adolescents' general well being on the basis of gender and locale. In the present study, the term general well-being includes physical, emotional and social aspects along with school with reference to adolescents.

Gender is an important aspect for investigation while looking general well-being in adolescents. Generally males are considered to be superior and females as inferior commonly in our culture (Singh & Udainiya, 2009). Indian society is not open especially for girls. Boys and girls have to fulfil different roles due to their biological structure. If they are not developed in a full and mature manner and haven't attained the state of good physical and psychological health, they can't lead a happy life which gives birth to many social evils.

The other important factor which influences the adolescent's general well-being is locale. More that 70% population in India resides in villages and small cities. Urban areas and metropolitan cities have more facilities and opportunities to develop than villages and small cities. The localities in which adolescents reside and get education contribute to their general well-being. Therefore, gender and locale have been examined in combination in the present study so that a concerted and articulated action can be evolved on the basis of gender and locale to improve the

general well-being in adolescents.

Objective: To study the main influence of gender and locale and their interactive influence on general well-being and its subscales in adolescents.

Hypothesis: There is no significant influence of gender and locale and their interactive influence on general well-being and its subscales in adolescents.

Method

Design: A 2 × 2 factorial design with unequal numbers was used in the present study.

Sample: The sample for the present study comprised of 340 adolescents with age ranging from 13 to 17 years studying in grade IX to XII in government schools of metropolitan area (Delhi) and non-metropolitan area (bahadurgarh). Stratified random sampling technique was used to collect the sample. Total sample was divided into groups (Gender – boys and girls, Locale – metropolitan and non-metropolitan) at each level according to the design of the study. Table 1 shows description of the sample:

Table 1: Description of the Sample

	Locale		Total
Gender	Metropolitan	Non-metropolitan	
Boys	84	89	173
Girls	79	88	167
Total	163	177	340

Tool: The general well-being in adolescents was measured by general well-being scale constructed and standardised by Kalia and Deswal (2011). The scale is meant for adolescents only. It is consisted of 55 items under four sub-scales: physical well-being, emotional well-being, social well-being and school well-being. It is a self-reporting five point scale included positive and negative items based on the lines of Likert. Items of the scale are in statement form. Scoring of the positive items is followed a system of 1,2,3,4,5 and in case of negative items, the scoring procedure is to be reversed. The reliability of the general well-being scale was estimated by using split-half method and spearman-brown method. The reliability coefficient was found .99 and total reliability of the scale was estimated .99. The validity of the scale was checked by calculating the coefficient of correlations between scores on the total scale and scores on each of the four sub-scales. The correlations ranged from .64 to .71. With its so high reliability and

validity, the scale ensures greater significance and wide application in the measurement of general well-being in adolescents.

Procedure: The investigator approached the schools selected by stratified random sampling technique. The investigator contacted to the principals and explained the purpose and relevance of the study individually and obtained the consent from school authorities. Copies of general well-being scale were provided to adolescent participants. Before administering the research instrument, the investigators established rapport with the participants and requested to fill the same honestly and accurately. The instructions were written on the front page of the scale. The investigators communicated in hindi and english languages whenever necessary. They were provided 15-20 minutes to complete the research instrument. Thus, the data were collected and analyzed using the statistical technique.

Statistical Analysis: Two-way analysis of variance was applied to study 2 levels of gender (boys and girls) and two levels of locale (metropolitan and non-metropolitan). Descriptive statistics were also computed. Partial eta square method was used to calculate the effect size.

Results and Discussion: Table 2 shows descriptive analysis for the constructs used in the study.

Table 2: Mean and SD scores representing Gender and Locale for General Well-being and its Subscales in Adolescents

General well-being and subscales	Gender	Locale			
		Metropolitan		Non-metropolitan	
		M	SD	M	SD
General well-being	Boys	203.12	27.22	210.98	30.75
	Girls	217.05	18.32	208.92	24.47
Physical well-being	Boys	40.86	7.18	43.85	7.75
	Girls	3.16	5.32	43.53	5.93
Emotional well-being	Boys	51.68	9.41	51.44	9.60
	Girls	51.52	6.86	47.31	8.00
Social well-being	Boys	63.95	7.95	65.73	10.38
	Girls	69.40	6.95	65.99	9.40
School well-being	Boys	46.63	7.39	49.89	9.74
	Girls	52.96	5.75	52.09	7.40

Table 3: Summary of ANOVA for 2×2 Factorial Design for General Well-being and its subscales in Adolescents on the basis of Gender and Locale

General well-being and subscales	Source of Variance								
	Gender			Locale			Gender × Locale		
	F	P-value	Partial η^2	F	P-value	Partial η^2	F	P-value	Partial η^2
General well-being	**4.50****	.035	**.013**	.002	.961	.000	**8.17****	.005	**.024**
Physical well-being	1.89	.170	.006	**5.44****	.020	**.016**	3.31	.070	.010
Emotional well-being	**5.31****	.022	**.016**	**5.72****	.017	**.017**	**4.55****	.034	**.013**
Social Well-being	**8.88****	.003	**.026**	.731	.393	.002	**7.34****	.007	**.021**
School well-being	**25.66****	.000	**.071**	2.00	.158	.006	**6.00****	.015	**.018**

**$F_{.95}$ (1,336) = 3.87;

The data were subjected to two-way ANOVA and results revealed a significant main influence of gender on general well-being in adolescents, F (1, 336) = 4.50, P<.05 (partial eta^2 = .013) indicating that girls (M = 212.77, SD = 22.09) were higher on general well-being than boys (M = 207.16, SD = 29.27). It can be seen from the table 3 that a mere 1.3% of the variance was accounted for main influence of gender on general well-being in adolescents. This finding is contrary with previous finding (Jirojanakul et al., 2003) that suggested non-significant association between gender and general well-being in adolescents. Singh & Udainiya (2009) also revealed non-significant effect of gender on the measure of well-being.

The ANOVA on the first order interactive influence of gender and locale on general well-being in adolescents came out to be significant, F (1, 336) = 8.17, P<.05 (partial eta^2 = .024) indicating that girls of metropolitan area (M= 217.05, SD = 18.32) showed higher general well-being than girls of non-metropolitan area (M= 208.92, SD = 24.47) and their other counterparts. Results clearly show a mere 2.4% of the variance was accounted for interactive influence of gender × Locale on general well-being in adolescents. On the basis of current finding it may be inferred that despite gender inequality, the girls of metropolitan area are getting more exposure and liberty to grow up than their counterparts. In metropolitan area, most of the parents are educated and working and they do not impose unnecessary conditions on their adolescent girls. Metropolitan girls are more concerned regarding their identity and development due to easy

access to facilities e.g. internet, participation in co-curricular activities, library and grooming facilities. Thus, this enhances their general well-being.

Table 3 clearly demonstrate a significant main influence of locale on physical well-being in adolescents, F (1, 336) = 5.44, P<.05 (partial eta^2 = .016) indicating that non-metropolitan adolescents (M = 43.70, SD = 6.89) were higher on physical well-being than metropolitan adolescents (M = 41.97, SD = 6.44). A mere 1.6% of the variance for main influence of locale on physical well-being in adolescents was also observed. One possible explanation for this result could be that non-metropolitan adolescents generally have better nutritional status than adolescents in metropolitan area and also receive better caring practices through joint family system that often prevails in metropolitan area. Joint family system facilitates the adolescents' development pattern in healthier manner (Singh & Udainiya, 2009). Hence, it influences their physical well-being in a significant manner.

Table 3 revealed a significant main influence of gender on emotional well-being in adolescents, F (1, 336) = 5.31, P<.05 (partial eta^2 = .016) indicating that boys (M = 51.55, SD = 9.48) were higher on emotional well-being than girls (M = 49.30, SD = 7.76). A mere 1.6% of the variance was accounted for main influence of gender on emotional well-being in adolescents. The present finding is consistent with Finch, Kolody, & Vega (2000) finding that mental health outcomes differ in sexes. In another study, Achenbach & Edelbrock (1979) indicated that boys and girls are not affected equally by emotional and behavioural problems. Twice as many adolescent girls as boys were reported to have emotional problems. Mayer et al (2008) also found that adolescent boys have good mental health and better on interpersonal, adaptability and stress management skills than the adolescent girls. These results are congruous with the finding of the present investigation.

A significant main influence of locale on emotional well-being in adolescents, F (1, 336) = 5.72, P<.05 (partial eta^2 = .017) was also found indicating that metropolitan adolescents (M = 51.60, SD = 8.25) were higher on emotional well-being than non-metropolitan adolescents (M = 49.38, SD = 9.06). It can be seen from the table 3 that a mere 1.7% of the variance was accounted for main influence of locale on emotional well-being in adolescents. The result is in line with the earlier research (Malhotra & Sabharwal, 2013) that rural adolescents have better mental health than urban adolescents.

It is observed from the table 3 that interactive influence of gender and locale on emotional well-being in adolescents came out to be significant, F (1, 336) = 4.55, P<.05 (partial eta^2 = .013) indicating that boys of metropolitan area (M= 51.68, SD = 9.41) showed higher general well-being than boys of non-metropolitan area (M= 51.44, SD = 9.60) and their other counterparts. A mere 1.3% of the variance was observed for interactive influence of gender × locale on emotional well-being in adolescents. The current finding is inconsistent with Francisa & Jasmine (2012) investigation that reported female higher secondary students have better mental health than male higher secondary students but found no significant difference between urban higher secondary students and rural higher secondary students.

Results clearly revealed a significant main influence of gender on social well-being in adolescents, F (1, 336) = 8.88, P<.05 (partial eta^2 = .026) indicating that girls (M = 67.60, SD = 8.48) were higher on social well-being than boys (M = 207.16, SD = 29.27). A mere 2.6% of the variance was accounted for main influence of gender on social well-being in adolescents. It can be said in this context that adolescent girls prefer to be in their peer group than boys. Girls contributed to household chores and play a significant role in shaping behaviour pattern of the family. On the other hand, due to easy access to media and internet, they are more socially active and getting social recognition than their previous generations. The gap between boys and girls are narrowing. Thus, this influences their social well-being positively.

It can be seen from the table 3 that interactive influence of gender and locale on social well-being of adolescents came out to be significant, F (1, 336) = 7.34, P<.05 (partial eta^2 = .021) indicating that girls of metropolitan area (M= 69.40, SD = 6.95) showed higher social well-being than girls of non-metropolitan area (M= 65.99, SD = 9.40) and their other counterparts. A mere 2.1% of the variance was accounted for interactive influence of gender × locale on social well-being in adolescents. It may be due to the fact that metropolitan girls have more opportunity for self-expression and they are more socially active in real world as well as virtual world. They are learning fast and dealing well with different aspects of life due to exposure of metropolitan city than non-metropolitan girls. Traditional parenting is replaced by a good understanding and regular conversation with adolescents especially in metropolitan cities. Parents are aware about the need of their adolescent girls, so they support them. Thus, this raises their social well-being.

Table 3 showed a significant main influence of gender on school well-being in adolescents, F (1, 336) = 25.66, P<.05 (partial eta^2 = .071) indicating that girls (M = 52.50, SD = 6.67) were higher

on school well-being than boys (M = 48.31, SD = 8.80). A mere 7.1% of the variance was also observed for main influence of gender on school well-being in adolescents. On the basis of the current finding, it may be inferred that girls are more studious, sincere and more regular in schools than boys. Government has facilitated schools to provide education to girls and female teachers are also appointed to teach them. Many schemes have been implemented to improve their life conditions through schools. Curriculum is constructed according to their age, mental level and interest. Advanced teaching methods are used to teach them and school also provides opportunities to participate in co-curricular activities. So, they enjoy the schooling. This significantly enhances their school well-being.

The ANOVA on the first order interactive influence of gender and locale on school well-being in adolescents came out to be significant, F (1, 336) = 6.00, P<.05 (partial eta^2 = .018) indicating that girls of metropolitan area (M= 52.96, SD = 5.75) showed higher school well-being than girls of non-metropolitan area (M= 52.09, SD = 7.40) and their other counterparts. A mere 1.8% of the variance was accounted for main influence of gender × locale on school well-being in adolescents. It can be said in this context that metropolitan schools are more facilitated and provides exposure to their students. Metropolitan girls are more aware regarding their identity and school is a place where they get recognition. Modern classroom environment, advanced teaching methods, dynamic teachers and plenty of co-curricular activities gives them opportunity to learn at their own pace. So, they enjoy schooling. Thus, they are high on school well-being than their counterparts.

I**mplications and Delimitations:** The purpose of this study was to explore the influence of gender and locale on general well-being in adolescents. These two factors have rarely been examined in combinations, especially in adolescents with reference to general well-being, as in the present study. In rapidly changing present scenario, this study provides a ground to parents, teachers, counsellors and researcher to understand the adolescents' development pattern, their needs and help to identify the main factors which influences the general well-being in adolescents. If they are lacking behind in any dimension of general well-being, remedial measures and support system should be provided to adolescents for their well-round development. It makes them to lead a good life so that they can prove themselves as an asset to their family, society and nation.

It is important to mention the implications of the present study for the health and school administration. Health policy-makers must restructure the health facilities in keeping the view of adolescents' development pattern which shapes and enhances their general well-being which makes them lead a better life and rise to meet higher expectations of the society.

School is a miniature form of the society. It is a place where adolescents spend more time after home. So, the school administration should also provide the opportunities, facilities and exposure to students so that they can grow up in a mature adult.

The present study was conducted on certain delimitations. The study was confined to 340 adolescents drawn from government schools of metropolitan and non-metropolitan area. Indian adolescent population is one of the biggest in the world, so in future the sample size must be fairly large. This study was confined to sample of adolescents having two demographic variables namely gender and locale. A similar study can be conducted on a large sample with different independent variables. The present study was carried on government schools. A similar study may be conducted on samples drawn from semi-government and public schools situated in rural areas and a comparison and validation of results may be made. It will also be advisable to conduct some comparative, follow-up, longitudinal and/or experimental studies as it is likely to go a long way to measure the general well-being at different levels e.g. school level, college level and university level and in job environment also. Some studies covering quality of life and spiritual well-being and its influence on the behaviour pattern among the adolescents and adults could be undertaken.

Thus, the present research explored the general well-being in adolescents on the basis of gender and locale.

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