

Level of Well-Being among School Going Adolescents

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Abstract

The adolescence state is the progressive transition from childhood to adulthood. They have specific needs which vary with gender, life circumstances, and socioeconomic level. In this stage, they suffer from various forms of problems and conflicts, which ultimately impair normal development and move to a depressive state. This study assessed the level of well-being among school-going adolescents in the south region of Tamilnadu; The uni-variable, descriptive- cross-sectional research design was adopted. Through the convenient sampling technique, 120 school-going adolescents responded to the adolescent's well-being questionnaire (11-16 years) through online Google forms. The collected data were analyzed through the SPSS package. In the results, the majority of school-going adolescents (77%) were depressed and there is a significant association found between gender and grade ($P= 0.05\%$). The nursing fraternities of community and public health nurses and stakeholders in the community take the initiation of remedial measures to support and promote the mental health of adolescents.

Keywords: Well-being, School going Adolescents, Conflicts, Depression, and mental Health.

Introduction

Well-being is a component of Quality of Life (QOL) and has been a field of important development during the last two decades [1]. Adolescent well-being is a comprehensive construct that includes the ability to acquire knowledge, skills, experience, values, and social relationships as well as to assess the basic services, that will enable an individual to negotiate multiple life domains, participate in community affairs, avoid harmful and risky behavior and free from preventable illness, exploitation, abuse, and discrimination [2]. Mental and physical well-being during adolescence has been shown to be integrally shaped by the daily contexts in which children grow and develop, including differences that exist between developing and developed nations [1, 3]. The risk factor of behavioral problems during adolescence contributes to different kinds

of mental health problems and is a protective factor that impedes psychological problems and promotes general well-being. Dissatisfaction is highly prevalent among adolescents and is considered a risk factor for subsequent lower self-esteem, decreased psychological well-being, increased eating disorder symptomatology, dieting behaviors, obesity, and depression. Adolescents have the support, confidence, and resources to thrive in contexts of secure and healthy relationships, realizing their full potential and rights [4, 5].

Adolescent well-being is a personal including reproduction growth [and societal good, and at the same time, adolescence is a critical period of the life course. External factors like consumption of alcohol, tobacco, cigarette smoking, and other substances used affect their well-being and contribute to lifelong well-being. [6,7] The direct and indirect effects on

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adolescents' well-being of the COVID-19 pandemic and reinforcement to support the well-being of adolescents i.e., "Relational well-being" emphasizes an individual's well-being. A variety of signs such as behavioral problems may point to mental health problems and emotional disturbances in adolescents which leads to depression or mental illness. Therefore, it is essential to give equal importance to their behavioral changes and mental health to determine the health status of adolescents and adults [8]. In the world, 1/3 of the total population is estimated that in the ages of 10 to 19 years. Globally, one in seven 10-19-year-olds experiences a mental disorder, accounting for 13% of the global burden of disease in this age group. Depression, anxiety, and behavioral disorders are among the leading causes of illness and disability among adolescents. The consequences of failing to address adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults [3, 9].

India is the second-most populated country in the world with a total population of over 1081 million people among this, 25% lay in the age of 18-25 years accounting for 138 million. According to a WHO report, it is estimated that 10 - 20% of adolescents in India have one or more mental or behavioral problems. Lack of attention to the well-being of adolescents may lead to health consequences that may remain throughout their lives. The proper development and maturity of the adolescent are reflected in sound academic - performance, physical health, and adequate social, emotional, and psychological health [10, 11]. The school critically contributes to the overall educational and socialization processes, especially the personality development of adolescents. The detection of depression among school-going adolescents in the early adolescent stage and the need for interventions can become a healthy and satisfying quality of life [12, 13]. Hence, based

on these findings the project intended to identify the well-being of school-going adolescents.

Methods and Materials

The Uni-variable, descriptive cross-sectional research design was conducted among school-going adolescents in the southern regions of Tamilnadu. Through the non-probability convenient technique, a total of 120 adolescents aged 11-16 years were selected. The evaluation part of the tool consists of three sections. They are:

Section A includes demographic variables of students' age, sex, grade, education and occupation status of parents, religion, family type, and residing area.

Section B consists of the background variables of dichotomous types of questions in relation to assess adolescent wellbeing. It includes the student's remedial education or special classes, interest in sports, and belonging to any social groups, teams, organizations, clubs, and students receiving pocket money.

Section- C The adolescent Well-being scale was developed by "Birlison" in 1980[14]. The self-rating scale consists of 18 items on a 3-point scale rated as Most of the time- 0, Sometimes-1, Never-2. A score of >13 is suggested as indicative of possible depressive disorder, and below 13 is considered normal. The tool was translated into Tamil and congruence was maintained throughout the study. The reliability of the tool cornbach alpha 'r' value was 0.8, which shows that the tool was reliable.

Due to the COVID lockdown, the data collection was conducted in selected districts through online Google forms. Informed consent, general instructions, ethical concerns, and a description of a structured questionnaire were obtained through online forms and distributed through the social media platform in the closed groups. The willing participants filled in all the required data at convenient times. An approximate time of 25-30 minutes is given for students to submit the online forms. By considering ethical principles, confidentiality

was maintained throughout the data collection procedure by the investigators.

Results

Among the 120 adolescents, regarding the age, 48% of adolescents in the age group of 15-16 years. Concerning gender, nearly half of the adolescents (59.2%) were female, and 51% studying 10-11 standards. In this type of family, the majority 80.6% of adolescents belong to the nuclear family and a higher proportion 87.3% belongs to the Hindu. Regarding the educational status of the father and mother of adolescents, 35% completed college and an equal percentage in primary education. Regarding the occupational status of fathers, 39.3% were in Business / Agriculture whereas, in mothers, 41.6% were in daily wages and the same percentage of students resided in urban areas.

In background variables, a higher proportion of 77% of students were not attending special

classes and remedial education. The majority, 81% of adolescents, were interested in sports, 82% of students were actively involved in social clubs like the Youth Red Cross, and the national service scheme, and 67% of students did not receive pocket money. Below figure 1 describes the overall level of well-being of adolescents, based on scoring, the majority 77.5% were depressed and only 22.5% were in a normal state.

Regarding the association, the well-being of adolescents with their selected demographic variables was tested with a chi-square test as shown in Table 1. The gender and grade had an association and significance at the level of 0.05. Hence the null hypothesis is rejected for gender & grade and for other demographic variables such as age, family, parents' educational & and occupational status, and residence were accepted.

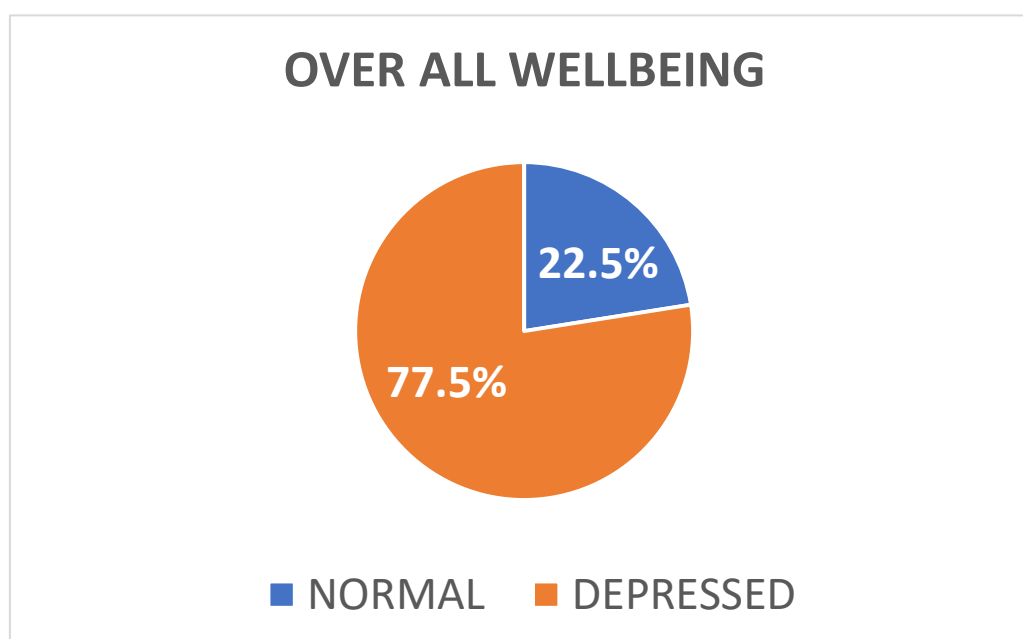


Figure 1. The Overall Level of Well-being of School-Going Adolescents

Table 1. The Association of the Well-being of Adolescents with Selected Demographic Variables N=120

S.No	Demographic Variables		Well-Being Adolescents				Chi-Square	P-Value
			Normal (27)		Depressed (93)			
			No	%	No	%		
1.	Age	11-12	6	22.2	18	19.3	52.31	NS
		13-14	9	33.3	30	32.3		
		15-16	12	44.5	45	48.4		

2.	Gender	Female	13	48.2	58	62.3	0.813	S
		Male	14	51.8	35	37.7		
3.	Grade	6-7 th	13	48.2	17	18.3	0.05	S
		8-9 th	7	25.9	26	27.9		
		10-11 th	7	25.9	50	53.8		
4.	Religion	Hindu	24	88.8	82	88.2	1.27	NS
		Christian	3	11.2	8	8.6		
		Muslim	0	0	0	0		
		others	0	0	3	3.2		
5.	Residence	Rural	5	18.6	43	46.2	8.64	NS
		urban	17	62.8	31	33.3		
		semiurban	5	18.6	19	20.5		

S- Significant $p < 0.05$, NS -Not significant $P > 0.05$

Discussion

Generally, adolescence is linked with positive representations of family background, which have the influencing power to achieve high levels of self-esteem and self-efficacy. Peer behaviors as well as the quality of the relationships that youth have with their peers have a significant role in a wide range of adolescent outcomes including psychological, social, and academic functioning and well-being.

The first objective was to assess the level of well-being among adolescents. The study reveals that the majority 78% of adolescents had possible depressive disorders and only 22 % of adolescents had in normal well-being state. The results of the present study are supported by the f similar study conducted in Pakistan, among 345 adolescents (aged 12–18) from grade 6th–10th std identified that, without gender difference, the majority (43.4%) of adolescents showed moderate, 23.2% revealed a low level of psychological well-being. The study stressed that participants with low levels were likely to have depression, but scores were significantly not different between low, moderate, and high psychological well-being with Physical Activity [15]. Another review article stated that Major depression affects 3 to 5 percent of children and adolescents. Depression negatively impacts growth and development, school performance,

and peer or family relationships and may lead to suicide [16,17]. In US-based study identified that prevalence estimates of diagnosed mental disorders have increased since 2000 for Attention Deficit Hyperactive Disorder, anxiety, and depression [18]. Another cross-sectional study conducted in Patna found that among the 1412 adolescents, the prevalence of depression was found at 49.2%, wherein severe depression was noted as 7.7% [19].

Considering the association, the level of well-being among adolescents had a significant association with gender and grade at $P < 0.50$ at the level of significance. It shows that females studying in the 10 to 11th standard had a significantly higher level of depression when compared to males and other standards. Hereby the null hypothesis was rejected by the gender and grade variables. whereas considering the other demographic variables is accepted at $P > 0.05\%$ level of significance. These findings were supported by a similar study by Steinmayr R, Wirthwein L, et al., (2019) done a longitudinal study of German academic students (N=476) on parental expectations and their life satisfaction. The results found that components of test anxiety and grades were associated with the subjective well-being of late adolescents (16-19 years) [20]. Another study found that the overall prevalence of depression was significantly ($P < 0.001$) higher among girls (55.1%) than boys (45.8%) [19].

Nursing Implications

The findings of the study have implications for vital aspects of nursing practice, nursing education, nursing administration, and nursing research. The nurse can implement the behavior modification program in community and clinical settings aids to prevent possible depressive disorders among adolescents. The school nurse educator/ Student nurse can identify the level of well-being of adolescents and counsel them periodically in reducing and preventing the issues of adolescents by conducting awareness programs and motivating them to join as a member of the Youth Red Cross and NSS. The nursing fraternities of community & and public health nurses and stakeholders in the community take the initiation of remedial measures to reduce their problems and support adolescents to enrich with positive behaviors. The nurse researcher focuses the adolescent well-being and early identification helps to prevent psychosocial problems.

Recommendations

1. The present study can be conducted with a large population aid for the generalization of findings.
2. A similar study can be conducted by using an experimental design by implementing the behavior modification program.

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3. A similar study can be conducted with a late adolescent group and a comparative study for urban and rural adolescents.

Conclusion

Level of well-being among adolescents, the majority 78% had possible depressive disorders, and the remaining 22 % of adolescents are considered normal. Considering the association between the level of well-being among adolescents with demographic variables, there is a significance found at $p < 0.05$ with gender, and grade. Hence, nurse researchers have to realize responsibility in conducting awareness and behavior modification programs among adolescents' aids to reduce psychosocial problems. It aims to develop healthy adolescents towards society for their professional, individual, and personal growth. This study is intended to make the healthy adolescents of today, hence we can have "productive healthy adolescents" of tomorrow.

Conflicts of Interest

None declared.

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