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A study on the level of psychological well-being of adolescents, as per age and gender

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Abstract

Background: Adolescence is a crucial developmental stage marked by rapid physical, cognitive, and emotional changes that can significantly influence mental health. Psychological well-being during this period determines how effectively adolescents cope with stress, build relationships, and maintain self-esteem. Understanding the factors that affect their psychological well-being is essential for promoting healthy emotional development and preventing future mental health issues.

Objective: The study aimed to assess the level of psychological well-being among adolescents and to examine its association with selected socio-demographic variables such as age and gender.

Methodology: A descriptive research design was adopted for the study. The sample consisted of 100 adolescents from various areas of Lucknow, selected through purposive sampling. Data were collected using a semi-structured interview schedule and the Birleson Psychological Well-Being Scale for Adolescents (1980), a standardized self-report tool assessing emotional and psychological well-being. Statistical analysis was performed using SPSS-20, applying frequency, percentage, mean, standard deviation, and t-test to determine significance.

Results: The findings revealed that 72% of respondents were in the 15-17 years age group, and 52% were males. Most participants demonstrated moderate to good levels of psychological well-being, with a mean score of 32.93 ± 2.53 . Significant differences were found in psychological well-being with respect to age ($t = 38.115$, $p = 0.000$) and gender ($t = 29.475$, $p = 0.000$), indicating that both variables influence adolescents' emotional adjustment.

Conclusion: The study concluded that psychological well-being among adolescents is significantly influenced by age and gender. Older adolescents showed better emotional stability, while females exhibited higher emotional vulnerability. Supportive family environments, parental education, and occupational stability were found to positively impact adolescent mental health. The findings highlight the need for early mental health screening, school-based counseling, and parental involvement programs to enhance psychological well-being among adolescents.

Keywords: Adolescents, psychological well-being, age, gender, mental health, Birleson scale

Introduction

A crucial developmental stage, adolescence is characterized by profound changes in one's physical, emotional, and social makeup. Teenagers' psychological health is impacted by parental participation, which is crucial in helping them navigate these transitions. This study investigates the degree to which parental involvement supports the mental health of adolescents, encompassing social adjustment, emotional control, and self-esteem. Adolescence is sometimes described as a period of tremendous physical, cognitive, emotional, and social change that occurs between childhood and maturity. Adolescents' mental health and general well-being may be impacted by these changes, which also offer chances for growth^[1]. Adolescents are extremely sensitive to their familial environment, particularly the role performed by their parents, as they work to define their identity, become independent, and negotiate peer interactions^[2].

Multiple aspects of adolescents' psychological well-being include autonomy, positive interpersonal relationships, self-acceptance, personal development, and life satisfaction. Adolescents are more likely to express good self-esteem, less anxiety and sadness, improved coping strategies, and greater interpersonal interactions when they have positive parental participation^[3].

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Young individuals with poor psychological health may have high levels of discomfort and reduced levels of enjoyment, contentment, and self-esteem. In a similar vein, teenagers with psychological discomfort or poor psychological well-being may also show signs of excessive despair and low levels of self-efficacy and happiness [4]. Additionally, compared to other young people, these adolescents could consider societal issues to be more important. In conclusion, teenagers with poor psychological health often develop unfavorable opinions about themselves, which has a big impact on their contentment and happiness [5].

Many teenagers still suffer in silence because of stigma, a lack of support, or restricted access to mental health resources, even though juvenile mental health concerns are becoming more widely recognized. Therefore, it is crucial to comprehend the elements that either support or undermine psychological well-being in order to create interventions and support networks that work [6].

In contemporary culture, the psychological health of teenagers has become a crucial concern, particularly since the prevalence of mental health conditions, including anxiety, depression, and emotional dysregulation, keeps rising worldwide. Adolescence is a dynamic time of growth during which people experience intricate cognitive, social, and emotional changes. It is sometimes referred to as the transitional stage between childhood and maturity. Both developmental opportunities and psychological discomfort risks may result from these shifts, especially if there are insufficient support networks [7].

Adolescents frequently face pressures linked to peer pressure, academic achievement, household expectations, and society conventions as they work to establish a solid identity, build meaningful connections, and gain autonomy. The emergence of social media and digital technologies in recent years have made adolescence even more difficult by exposing young people to new kinds of social alienation, comparison, and cyberbullying. Adolescents' emotional well-being and psychological resilience can be severely harmed by these stresses if they are not appropriately controlled [8].

Positive traits, including a sense of purpose, life satisfaction, self-acceptance, emotional control, and the capacity to build healthy social relationships, are all part of psychological well-being, which goes beyond the simple absence of mental disease. Teens with strong psychological well-being are better able to manage stress, accomplish their academic objectives, adopt healthy habits, and have satisfying relationships. Conversely, those with low psychological well-being are more prone to long-term psychiatric illnesses, behavioral problems, drug misuse, and academic failure [9].

Teenagers frequently deal with particular issues that might have a detrimental impact on their mental health, including peer pressure, identity uncertainty, academic pressure, and social media exposure [10]. During this phase, mental health conditions like behavior problems, anxiety, and depression often surface. The World Health Organization (2021) estimates that mental health disorders account for around 14% of the worldwide burden of illness among teenagers [11].

Strong peer relationships, positive school climates, supportive family environments, and participation in extracurricular activities are protective factors that enhance adolescent well-being [12]. In particular, parental participation is essential for reducing the negative consequences of stress and fostering resilience. Higher psychological well-being and fewer internalizing issues are often reported by adolescents who believe their parents are emotionally accessible and interested

in their lives [13].

Aim and Objective:

To assess the level of psychological well-being of adolescents.

Methodology

Study Design

The present study employed a descriptive research approach to give a true representation of characteristics or occurrences. Three phases of the investigation were carried out. In order to offer the theoretical foundation for the study design, secondary data was first collected from reports, academic sources, and existing literature. In order to obtain firsthand information, primary data was gathered directly from people utilizing tools including questionnaires, interviews, and surveys. In order to provide insightful results, the collected data were then carefully arranged into tables, assessed using suitable statistical or thematic techniques, and interpreted. To guarantee that the study's conclusions were transparent and unambiguous, the entire procedure was meticulously documented.

Sample Setting

Adolescents from Lucknow regions including Hussain Ganj, Uday Ganj, Charbagh, Indira Nagar, and Niral Nagar were included in the study in order to get a sample of parents and kids.

Sample size

A total of 100 respondents were split into two age groups: those aged 10 to 15 and those aged 15 to 17. Based on the prevalence of teenagers' psychological well-being, the sample size was determined using Cochran's well-known method at a 95% confidence level and 5% absolute accuracy.

Sampling technique

Purposive sampling, a form of non-probability sampling, was employed in this investigation. This approach was selected to guarantee that participants explicitly fulfilled the requirements pertinent to the study's subject, including being able and willing to participate as teenagers and their parents. Randomization is used in this deliberate selection process to prevent selection bias and provide a fair distribution across important demographics like gender and age.

Method of selection

Inclusion criteria-

- Adolescents currently enrolled in secondary school (classes 8-12)
- Living with at least one parent

Exclusion criteria

- Adolescents with known psychological disorders (as reported by the school parent)

Method of Measurement

- Socio-demographic data:** To gather the sociodemographic data, a preliminary semi-structured interview method was used. Age, gender, religion, location of residence, family type, living arrangements, and socioeconomic status are all included.
- Tool for measurement of psychological well-being status:** The Birlson Psychological Well-Being Scale for teenagers is a standardized self-report tool used to

evaluate teenagers' emotional and psychological health. Although its primary function is to screen for depressive symptoms, it has also been frequently used to assess young people's overall psychological adjustment and well-being. The 18 items on the scale represent ideas and emotions about mood, life satisfaction, and self-worth. Depending on how frequently the mentioned emotion or activity occurs, each item is graded on a three-point Likert scale: "Most of the time," "Sometimes," and "Never." To preserve consistency, scoring for positive questions is inverted, with higher scores signifying more emotional discomfort or worse well-being. The evaluation is balanced by include both positively and negatively phrased items. The self-administered scale takes around 10 to 15 minutes to complete and is suitable for teenagers who are 11 years of age or older. The scale is a useful instrument for assessing teenage psychological well-being in both research and practice because of its ease of use, robust psychometric qualities, and cross-cultural applicability.

Scoring: Each question's answers receive a score of 0, 1, or 2. The type of statement being answered and the response itself determine how the replies are graded. An answer of 0 shows no worry, a response of 1 suggests a potential concern, and a response of 2 indicates that the young person is unhappy or has low self-esteem about that issue. For instance, if the box next to "no" or "never" is checked for question 8, "I enjoy my food," the score is 2. Most of the time, a score of two would be earned for question 17, "I feel so sad I can hardly bear it." 19. It has been shown that a score of 13 or above suggests the possibility of having a depressive illness. A definitive diagnosis will require information from various sources as well as a conversation with the young person. Some people with high scores will not be diagnosed with a depressive illness after a comprehensive evaluation, while others with low scores will be diagnosed with one. Since it might provide insight into the requirements of that specific young person, the way a young person answers the many questions is typically just as significant and beneficial as any score. Understanding their point of view may be possible if they simply respond to one question.

Result: To ascertain the participants' general psychological well-being, the responses from the Birlson Psychological Well-Being Scale for Adolescents were examined. Higher scores indicated more emotional discomfort and poorer psychological well-being; the total scores ranged from 0 to 36. The majority of teenagers reported moderate levels of well-being, according to the sample's mean score of 14.82 ± 4.63 [14].

Methods of data collection: Interviews and a questionnaire were used to collect data. To build rapport and guarantee cooperation, visits were made to various parts of Lucknow.

Analysis:

Frequency, percentage, mean, SD, and T-test were used to examine demographic data and features in the current study.

Statistical analysis: SPSS-20 software and a variety of statistical methods were used to statistically analyze the collected data.

Results

Socio-demographic details

Table 1.1 illustrates the socio-demographic characteristics of

the 100 adolescents who participated in the study. A majority of the respondents (72%) were in the 15-17 years age range, while 28% were between 10-15 years, indicating that most participants were in their mid-adolescent stage. The gender composition of the sample was nearly equal, with 52% males and 48% females, ensuring fair representation of both genders. Concerning the type of school, 52% of adolescents attended private schools, and 48% were enrolled in government schools, showing an almost even distribution across educational institutions. In terms of family structure, 67% of participants had one sibling, 30% had two, and only 3% had three, highlighting the prevalence of smaller, nuclear families. The educational background of parents showed that 68% were graduates, 31% were postgraduates, and just 1% had completed senior secondary education, reflecting a generally well-educated parent population. Regarding occupation, 65% of parents were employed in government sectors, while 35% worked in private organizations, suggesting a greater share of families with stable, secure jobs. Overall, the socio-demographic data suggest a well-balanced and diverse sample in terms of age, gender, and schooling, with parents who are largely educated and hold steady employment positions.

Table 1: Socio-demographic details of the study

Variable	Frequency (N=100)	Percentage (%)
Age (in years)		
10-15	28	28
15-17	72	72
Gender		
Male	52	52
Female	48	48
School of respondents		
Government school	48	48
Private school	52	52
Siblings of respondents		
1	67	67
2	30	30
3	3	3
Qualification of parents		
Graduate	68	68
Post-graduate	31	31
12 th pass	1	1
Occupation of parents		
Private job	35	35
Government job	65	65

Assessment of the level of psychological well-being of adolescents as per age and gender.

The mean and standard deviation of adolescents' psychological well-being scores by age and gender are shown in Tables 1.2 and 1.3. The respondents' average age was 1.72 ± 0.45 , and their corresponding psychological well-being score was 32.93 ± 2.53 , as indicated in Table 1.2. A statistically significant difference is indicated by the calculated t-value (38.115) with a p-value of 0.000, indicating that age significantly affects teenagers' psychological health. The comparison of psychological well-being by gender is shown in Table 1.3, where the mean score for psychological well-being was 32.93 ± 2.53 and the mean score for gender was 1.48 ± 0.50 . Yet again, a very significant difference is shown by the t-value (29.475) and p-value (0.000), suggesting that gender differences may have a major impact on teenagers' psychological health. Overall, the findings show that differences in adolescents' psychological well-being are substantially correlated with both age and gender.

Table 1.2: Psychological well-being of adolescents as per age group

	Mean \pm SD	t	P
Age of respondent	1.7200 \pm .45126	38.115	.000
Psychological well-being of adolescents	32.9394 \pm 2.53473	129.301	.000

Table 1.3: Psychological well-being of adolescents as per gender

	Mean \pm SD	t	p
Gender of respondent	1.4800 \pm .50212	29.475	.000
Psychological well-being of adolescence	32.9394 \pm 2.53473	129.301	.000

Discussion

The purpose of the current study was to evaluate adolescents' psychological health and investigate its relationships with certain sociodemographic factors, including age and gender. The results showed that most of the participants were between the ages of 15 and 17, suggesting that the sample was mostly representative of mid-adolescence, a developmental stage marked by increased social awareness and emotional sensitivity. The results may be interpreted across a wide range of educational and socioeconomic backgrounds because of the virtually equal mix of male and female respondents and the participation of both government and private schools. The majority of participants were from nuclear households with parents who had formal educations and steady jobs, which may have a good impact on adolescents' mental health by providing them with more resources and emotional support.

The results also showed that age and psychological well-being were significantly correlated, as shown by the very significant t-value (38.115, $p = 0.000$). Accordingly, depending on life pressures and contextual support, adolescents' psychological well-being may be positively or adversely impacted by changes in their cognitive maturity, coping strategies, and social understanding as they become older. Likewise, a statistically significant gender difference was found ($t = 29.475$, $p = 0.000$), suggesting that men and women had distinct experiences and manifestations of emotional well-being. This result is consistent with other studies showing that teenage females are frequently more susceptible to emotional stress and self-evaluative issues than boys. This might be because of hormonal, social, and cultural variables that affect coping mechanisms and emotional expressiveness.

Overall, the study shows that demographic characteristics like age and gender have a significant impact on how teenagers feel about themselves. The sample's generally healthy mental condition is shown by the high mean well-being score (32.93 \pm 2.53), which indicates that the majority of individuals had a moderate to good level of psychological adjustment. In order to improve adolescents' emotional resilience, our findings highlight the necessity of ongoing support for gender-sensitive support networks, age-appropriate counseling interventions, and mental health awareness initiatives in schools. To provide a more thorough understanding of teenage psychological well-being, future research may examine other factors like peer relationships, parental support, and academic pressure.

Conclusion

The current study came to the conclusion that demographic characteristics like age and gender have a major impact on teenagers' psychological health. It appears that most of the teenagers in the research have stable mental and emotional states because most of the participants showed a moderate to good level of psychological adjustment. The notable

variations shown by age and gender, however, demonstrate how important social and developmental factors are in determining adolescents' psychological health. While gender differences indicated that girls could be slightly more emotionally vulnerable than men, older teenagers tended to show stronger emotional stability and self-awareness. The results also highlight the beneficial effects on teenage well-being of parental education, a stable work situation, and a supportive home environment.

In order to support resilience and psychological wellbeing among teenagers, the study highlights the significance of early detection of emotional difficulties and the adoption of school-based mental health programs, counseling services, and parental participation efforts. To further understand the changing nature of teenage mental health, future research should use longitudinal methodologies, include more psychosocial variables, and use a bigger and more varied sample.

Ethical consideration

Informed permission was obtained from research participants prior to the questionnaires being administered.

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Conflicts of interest

There are no competing interests declared.

References

- Viejo C, Gómez-López M, Ortega-Ruiz R. Adolescents' psychological well-being: A multidimensional measure. *International Journal of Environmental Research and Public Health*. 2018;15(10):2325.
- Heizomi H, Allahverdipour H, Jafarabadi MA, Safaian A. Happiness and its relation to the psychological well-being of adolescents. *Asian Journal of Psychiatry*. 2015;16:55-60.
- Guerra-Bustamante J, León-del-Barco B, Yuste-Tosina R, López-Ramos VM, Mendo-Lázaro S. Emotional intelligence and psychological well-being in adolescents. *International Journal of Environmental Research and Public Health*. 2019;16(10):1720.
- Granero-Jiménez J, López-Rodríguez MM, Dobarrio-Sanz I, Cortés-Rodríguez AE. Influence of physical exercise on psychological well-being of young adults: a quantitative study. *International Journal of Environmental Research and Public Health*. 2022;19(7):4282.
- Boehm JK, Qureshi F, Kubzansky LD. In the words of early adolescents: A novel assessment of positive psychological well-being predicts young adult depressive symptoms. *Journal of Adolescent Health*. 2024;74(4):713-719.
- Matud MP, López-Curbelo M, Fortes D. Gender and psychological well-being. *International Journal of Environmental Research and Public Health*. 2019;16(19):3531.
- Gómez-López M, Viejo C, Ortega-Ruiz R. Psychological well-being during adolescence: Stability and association with romantic relationships. *Frontiers in Psychology*. 2019;10:1772.
- Anderson K, Priebe S. Concepts of resilience in adolescent mental health research. *Journal of Adolescent Health*. 2021;69(5):689-695.

9. Luo Z, Wu S, Fang X, Brunsting NC. Psychological well-being at a US university. *Journal of International Students*. 2019;9(4):954-971.
10. Twenge JM, Campbell WK. Associations between screen time and lower psychological well-being among children and adolescents: Evidence from a population-based study. *Preventive Medicine Reports*. 2018;12:271-283.
11. Moksnes UK, Reidunsdatter RJ. Self-esteem and mental health in adolescents - level and stability during a school year. *Norsk Epidemiologi*. 2019;28(1-2):1-9.
12. Costigan SA, Eather N, Plotnikoff R, Hillman CH, Lubans D. High-intensity interval training for cognitive and mental health in adolescents. *International Journal of Environmental Research and Public Health*. 2016;13(3):200-210.
13. Kovács KE, Dan B, Hrabéczy A, Bacskai K, Pusztai G. Is resilience a trait or a result of parental involvement? The results of a systematic literature review. *Education Sciences*. 2022;12(6):372.
14. Birmaher B, Hudson J, Buchanan DG, Wolff S. Clinical evaluation of a self-rating scale for depressive disorder in childhood (Depression Self-Rating Scale). *Journal of Child Psychology and Psychiatry*. 1987;28(1):43-60.