ISSN PRINT 2319 1775 Online 2320 7876
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Socio-Economic Status & Self-Esteem As Predictive Factors of Psychological Well Being Among Adolescents

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Abstract:

The present study is aimed at understanding the socio-economic status & self-esteem as predictive factors of psychological well-being. The main objective of this research is to understand self-esteem as an important predictive factor of psychological well-being, and how the socio-economic status of an adolescent have an impact on their self-esteem and psychological well-being. Apart from energy conservation, waste management, reducing inequality, climate action, zero hunger, etc., psychological well-being has given utmost priority in past few years as an important tool of sustainable development goal because maintaining good health and well-being is equally contributed for sustainability. In the present research Rosenberg's Self Esteem Scale & Ryff's Psychological Well-Being Scale (PWB) will be used to assess the Self Esteem and Psychological Well Being of approx. 100 adolescents who belongs to different socio-economic status. Mean, Standard Deviation & t-ratio will be used as a part of comparative study.

Keywords: Self Esteem, Psychological Well Being, Sustainable Development Goal, Socio-economic status, adolescents.

Introduction

Sustainable development, over the years, has become an international guiding principle to build economies, facilitate societies and protect the environment ever consciously. Started as a move to preserve the environment and ensure lesser destruction associated with development, Sustainable Development was defined by the World Commission on Environment and Development (WCED) in 1987 as "*meeting the needs of the present without compromising the ability of future generations to meet their needs*". Post 1987, there have been various global strategies to promote this organizing principle, from Agenda 21 in 1992, the Millennium Development Goals at the start of the 21st century, and the most recent Sustainable Development Goals (SDGs) established in 2015.

ISSN PRINT 2319 1775 Online 2320 7876

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Sustainable Development Goals (SDGs) are a cluster of seventeen interconnected objectives designed to be a *"shared blueprint for peace and prosperity for people and the planet now and into the future"* introduced in the year 2015 by the United Nations. They have been agreed on by 193 countries that aim to make a global action plan to address systematic barriers in social, economic and environmental dimensions of sustainable development. The SDGs are divided into five groups, called the "Five Ps":

1. People- No Poverty, Zero Hunger, Good Health and Well-Being, Quality Education, and Gender Equality form the first five goals, respectively.
2. Planet- Drinking Water and Sanitation, Responsible Consumption and Production, Climate Action, Underwater Life and Life on Earth form the 6th, 12th, 13th, 14th and 15th goals, respectively.
3. Prosperity- Clean And Affordable Energy, Decent Work and Economic Growth, Industry, Innovation And Infrastructure, Reduction Of Inequality and Sustainable Cities And Communities form the goals 7-11, respectively.
4. Peace- Strong Institutions For Peace And Justice forms the goal 16.
5. Partnership- Partnerships To Achieve The Goals forms the goal 17.

One of the major dimensions, the social dimension of sustainability, is addressed through the "People" goals that constitute No Poverty, Zero Hunger, Good Health and Well-Being, Quality Education, and Gender Equality. The 3rd Sustainable Development Goal, Good Health and Well Being, forms the core of human sustainability. It deals with the concept of health and well being as primary factors of growing the human capital. The official wording is: *"To ensure healthy lives and promote well-being for all at all ages"* (UNDP, 2015). Progress towards the targets is gauged using 28 indicators.

SDG 3 resolves to achieve universal health coverage to enable equitable access of healthcare services to all men and women. It aims to reduce economic and social inequalities, climate crisis, continuing burden of HIV and other infectious diseases like non-communicable diseases (UNDP, 2015). The only drawback of the Sustainable Development Goals was the lack of real emphasis on Mental Health by just a minor reference and not the mention of it as a fullfledged target. In itself, mental health serves as a prerequisite for physical health while also being strongly interconnected with important development factors such as poverty, work and economic growth, justice and peace. It plays a key role in the endeavors to achieve social

ISSN PRINT 2319 1775 Online 2320 7876
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inclusion and equity, universal health coverage, access to justice and human rights, and sustainable economic development (World Health Organization, 2011).

There were a number of research efforts that gauged mental health metrics all over the world like the Global Burden of Disease Study 2013 had found that mental and substance use disorders had substantially increased over the previous 3 years to account for 11% of Disability Adjusted Life Years (DALYs) as compared with 7.8% in 2010 (GBD 2013 DALYs and HALE Collaborators, 2015. Additionally, these disorders alone accounted for 21.2% of Years Lived With Disability (YLDs) worldwide in 2013 (Global Burden of Disease Study Collaborators, 2015). This made mental illness a crucial challenge to any health system, and mental health a clear concern for development in low, middle and high-income countries (WHO World Mental Health Survey Consortium, 2004). Still, less-developed countries faced a high treatment gap, meaning most people with a mental disorder did not receive any treatment at all and often faced isolation, discrimination and violations of their human rights (Kohn et al.,2004). These alarming numbers led to the formation of a consortium developed in 2014 and led by King's College London and Maudsley International to recognise the need to challenge the post-2015 development agenda. Funda Mental SDG was formulated as a global initiative to strengthen mental health in the SDGs gathering leaders of global mental health from civil society, academia, service user, carer and delivery organisations. The Fundamental SDG Steering Group advocated two mental health targets and two indicators in the draft of SDG health goal. The targets and indicators proposed were fully aligned with the WHO Global Mental Health Action Plan 2013–2020 (World Health Organization, 2013), and with the proposal presented by the UN Sustainable Development Solutions Network (UN SDSN) (Votruba et al. 2014).

Almost a year after FundamentalSDG started its worldwide effort, the UN member states' negotiations on the upcoming development agenda drew to a close. There wasn't a huge difference in the approach. However, during the summer 2015 FundaMentalSDG once again reinforced its efforts by highlighting the importance of mental health for global sustainable development for the final negotiations at the UN.

Subsequently, at its 70th session in 2015, the UN General Assembly adopted the resolution on the 2030 Agenda for sustainable development. The UN not only included mental health in the agenda for the first time, but also declared mental health a priority for global development (United Nations, 2015):

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‘In these Goals and targets, we are setting out a supremely ambitious and transformational vision. We envisage a world (…) with equitable and universal access to quality education at all levels, to health care and social protection, where physical, mental and social well-being are assured’ (paragraph 7) (United Nations, 2015).

Further, it recognised mental illness as a *major challenge for sustainable development* and put forward its effort for the prevention and treatment of non-communicable diseases, including behavioural, developmental and neurological disorders:

“*To promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care. (…) We are committed to the prevention and treatment of NCDs, including behavioural, developmental and neurological disorders, which constitute a major challenge for sustainable development’ (paragraph 26) (United Nations, 2015).*

Under goal 3, mental health was referred to three times outrightly in the target to *‘reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being’* (target 3.4); in the subsequent target to *‘strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol’* (target 3.5); and implicitly included in universal health coverage to ‘*achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all’* (target 3.8) (United Nations, 2015).

While the SDGs were on a steady path to lead towards global development, goal 3 was making a consistent change until 2019. Everything came to a standstill with the rise of the deadly COVID-19 pandemic in 2020. It infected more than 500 million people and led to 15 million deaths. Due to lockdowns, isolation, loss of employment, death of loved ones, financial instability and fear of getting infected, there was stress, anxiety, insomnia, denial, depressive symptoms, anger and fear. The global prevalence of anxiety and depression increased by 25% (World Health Organization, 2021). Among health care workers, exhaustion was a major trigger for suicidal thinking.

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The increase in the prevalence of mental health problems coincided with severe disruptions to mental health services. Those who needed it the most , mental, neurological and substance use conditions could not receive it. Several countries also reported massive disruptions in life-saving services for mental health like suicide prevention. Inability to access face-to-face care made people seek support online, pointing out an urgent need to make trustable and effective digital tools available and effortlessly accessible.

The latest Global Burden of Disease Study 2022 clearly declared that the pandemic primarily affected the mental health of young people who were disproportionally at risk of suicidal and self-harming behaviours. It also indicated that women were more severely effected than men and people with pre-existing physical health conditions, such as asthma, cancer and heart disease, were more likely to develop symptoms of mental disorders. These developments lead to a shift in perspective where the concept of mental health started gaining popularity and more effort was aimed to facilitate rehabilitation and treatment of mental disorders.

Adolescence and Adolescent

Adolescence is a time of experimentation and preparation for adulthood. The World Health Organization has defined adolescence *"as the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to19"* and an adolescent as *"any person between ages 10 and 19"*.

It is one of the most important transitions in the life span of humans and is characterized by a tremendous pace in growth and change that is second only to that of infancy (WHO, 2015). Adolescence bridges childhood and adulthood. The word 'adolescence' comes from the Latin word - adolescere which means 'to grow' (Elizabeth Hurlock, 1973). It is marked by significant biological, cognitive, and psychosocial changes.

Adolescence is divided into two periods:

1. Early adolescence- where significant biological changes associated with puberty are seen.
2. Late adolescence- where identity, career, and relational exploration, etc is observed.

Early adolescence is seen from the ages 10-14. Generally, physical changes beginning with a growth spurt culminate in the development of the sex organs and secondary sexual characteristics. The less evident internal changes in the individual are profoundly equal. In early adolescent years the brain undergoes a magnificent burst of electrical and physiological

ISSN PRINT 2319 1775 Online 2320 7876
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development. The frontal lobe starts developing during early adolescence. Risk taking is a common activity of early adolescence. Teenagers are usually preoccupied with themselves.

Late adolescence starts from the age of 15 and ends at 19. Major physical changes are complete but the body continues developing. The brain continues to develop and identify itself, and the ability of analytical and reflective thought grows increasingly. Adolescents get more confidence and clarity in their own opinions and overall identity. During late adolescence, the ability to evaluate risk and make conscious decisions develops.

Biological Development

The physical changes are rapid changes like significant height and weight gain, changes in body composition, the development of primary and secondary sex characteristics, and changes in the circulatory and respiratory systems. All these physical changes are indicators of start of adolescence. Puberty is the period that makes an individual capable of sexual reproduction.

Cognitive Development

Cognitive development means development of the ability to reason and solve problems. Information processing, decision making and thinking skills improve along with reasoning skills. Abstract and relative reasoning develops to a large extent.

Psychosocial Development

Along with biological and cognitive changes, adolescence is also marked by significant psychosocial development that means growth in the areas of identity, gender, sexuality, morality, and intimacy.

This is mainly stated in Erikson's Psychosocial Theory where the adolescent approaches identity formation, the fifth stage, with a sense of self as an autonomous, active, and competent agent in a relatively secure world. The main task is to get a sense of the self and identify yourself with values, sexual choices, and decide a role in the society where the virtue of fidelity develops. If not, there is a role confusion. Post this, the adolescent becomes an adult and understands his role and how he should adapt with the environment.

Before adolescence, children have a scattered, inconsistent conception of themselves but during adolescence they develop a more coherent identity. Peer relationships that develop are same sex friendships in early adolescence. However, in late adolescence relationships with opposite sex in the form of friendships and sexual relationships are included

Moral development

During adolescence, Peer and family relationships differ from relationships of childhood. Adolescents learn to enact moral behavior through observation and are more likely to be

ISSN PRINT 2319 1775 Online 2320 7876
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characterized by openness, honesty, self-disclosure, and trust. Peer relationships become more important.

Some of the major factors that decide the outcome of the adolescent years are socio-economic status, self-esteem, peer support, parental support and mental well being. This paper aims to study three main factors concerned with adolescents- socio-economic status, self-esteem and psychological well being.

Socio-economic Status

According to American Psychological Association (APA), socioeconomic status is commonly conceptualized as *“the social standing or class of an individual or group, and it is often measured as a combination of education, income and occupation”* (Farid Ghaemi & Mahbubeh Yazdanpanah. 2014, pp50). ‘The Socio-economic status (SES) is an important determinant of health and nutritional status as well as of mortality and morbidity. Socio-economic status also influences the accessibility, affordability, acceptability and actual utilization of various available health facilities’. (Eshwar and Jain, 2018).

The adolescents' socio-economic status is often measured based on their family income, occupation, educational qualification, and their health status. It can have either a positive or negative impact on a person's life. The socio-economic statuses are expected to influence the overall human individual functioning, (Rita, 2014). It is expected to influence both physical and mental health. Low socio-economic status is often correlated with poor health, lower educational achievement, poverty, and which in turn have an effect on the society as well as the family. The adolescents may have experienced the economic stress of the family which in turn may affect the growth and development until they attain adulthood.

SES of the family determines the level and quality of education that can be provided to the adolescents. Akike et al., (2012) conducted a study on understanding poverty and wellbeing: the study stated that poverty is a different phenomenon, which can have an effect on the wellbeing of a person including the health, educational and nutritional status. The parent’s poverty can have a direct effect on the mental health and risk-taking behavior of adolescents (Mc Loyd, 1990). The adolescents who are brought up in a family where parents often experienced financial problems or excessive stress due to unemployment or other related poverty during their growth and developmental period can affect their wellbeing as well as induce problems until they attain adulthood (Trzcinski & Holst, 2016).

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Adolescents growing up in families under economic stress or with a single parent may be poorly supervised and often gain autonomy too early (Dornbusch et al. 1985). Unsupervised adolescents are more likely to smoke cigarettes, drink alcohol, use drugs, report depressed mood, and engage in risky behaviors (Richardson et al., 1993). Low family income has been associated with early sexual activity, cigarette smoking, adolescent pregnancy, and delinquency (National Research Council 1995; Blum et al. 2000).

Self-esteem

Self Esteem shows that to what extent an individual believes himself or herself to be competent and worthy of living. APA defines Self-esteem as “the degree to which the qualities a and characteristics contained in one's self-concept are perceived to be positive”

Self-esteem is a very important aspect of personality. Self-esteem is how a person generally feels about oneself, one's abilities, appearance, emotions, attributes and behaviours. It helps to create and build identity to adapt to society. Self- esteem is a case of evaluating me, which brings in either a positive or negative judgement. Accordingly, a person feels good about herself (positive self-esteem) if her current self compares well against possible selves, or she feels bad about herself (negative self esteem) if the comparison is unfavourable (James, 1892).

Factors affecting adolescent self esteem

One of the major factors that affect the childhood and adolescent's self esteem is the concept of beauty. Children from very childhood and onwards may feel the preferences of people in liking and dealing with better looking children. Appreciation, encouragement and family support and can actively shape adolescent self esteem. The show of affection from their family and relatives actually play a vital role in keeping them well grounded and confident in themselves.

Open communication from parents and some members of the family can help provide expressions of emotional feelings like happiness, love, grief, sorrow and anger. Taking part in such activities where the child is good at or like to do or having an active role outside of lessons is good for building adolescent self esteem. This gives the chance and encourages them to interact and mingle with other adolescents.

A teenager's home and school life surely affects his/her self-esteem. The ones raised in a loving and nurturing home and have a group of supportive people like parents, friends, elders, his/her self-esteem may be higher than that of a teen that is being raised by critical parents and has few

ISSN PRINT 2319 1775 Online 2320 7876
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friends. Being teased, avoided or rejected by these can also damage an adolescent's self-esteem. Finding a hobby that he/she likes good at or enjoys can have a positive and powerful effect on a teen's self-image and help boost self esteem. Comparison to Siblings may help positively or hurt the adolescent.

Types of Self Esteem

1. Explicit self esteem- Often defined as conscious feelings of self liking, self worth and acceptance(Kernis, 2003). Which may be a product of the cognitive system, which is based to some extent on logical analyses of self relevant feedback and information.
2. Implicit self-esteem- Typically believed to consist of nonconscious, automatic and over learned self evaluations. It may have its origins in the experiential system and be derived primarily from the automatic and holistic processing of affective experiences (Bosson, Brown, Zeigler-Hill and Swann, 2003).

According to Maslow (1939), all people have a need for a stable high evaluation of himself/herself for self- respect or self-esteem and the esteem of others. He has divided these human needs into two sections. First one is to desire for strength, for success, for fairness, for confidence in the society that one lives in, independence and liberty. Desire for recognition, attention, significance and appreciation is the second one. The significance of these esteem were constitutional for one's psychological well being. Accomplishment of esteem needs results in a feeling of personal worth, self-confidence, psychological strength, capability and a sense of being useful as well as necessary while avoidance from these needs produces feelings of inferiority, weaknesses and helplessness In various cultures gender –stereotyped expectations for physical attractiveness and achievement have a harmful effect on the self-esteem of many girls. In adolescence, they score somewhat lower than boys in general sense of self-worth, partly because they feel more insecure about their abilities (Crain, 1996). The Children and adolescents whose parents are warm and accepting and have reasonable expectations for mature behaviour feel especially good about themselves. Warm supportive positive parenting lets young people know that they are accepted as competent and worthwhile. According to James, a person can raise her level of self-esteem by either lessening the number of possible selves (pretensions) or by increasing the number of successes. Self Esteem is lowered, then again, by decreasing the number of successes or increasing the number of possible selves (pretensions) (Deckers, 2001). Alexander (2001), viewed self- esteem as a syndrome, and as a set of indictors for well-being. The core of self-esteem is an "unconditional

ISSN PRINT 2319 1775 Online 2320 7876
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appreciation of oneself'' meaning an appreciation of both an individual's positive and negative potential in its fullest sense.

The structure of self-esteem relies on information available to children and the capacity to process that information. By 6 to 7 years, kids have shaped no less than at least four self esteems (Marsh, 1990). From fourth grade onwards self-esteem rises and remains high for the majority of young people (adolescents), especially if they feel like their peer relationships and athletic capabilities. The adolescent who leads with the feelings of pride and self-confidence, seems optimistic about life and proud of their new comparisons. According to Berk (2003), with the arrival of adolescence, several new dimensions of self esteem are added-close friendships, romantic appeal, and job competence- that reflect important concerns of this period.

Among the many changes experienced during adolescence, self-esteem shifts from rather high during early adolescence to lower in middle adolescence (Kling et al., 1999; Baldwin & Hoffmann, 2002; Impett et al., 2008), and these developmental processes of self-esteem are different for males and females (Baldwin & Hoffmann, 2002; Robins & Trzesniewski, 2005). Males more frequently have higher self-esteem than females during adolescence (Bolognini et al., 1996; Robins & Trzesniewski, 2005), but as Kling et al. (1999) mentioned, the confi rmation of signifi cant gender differences in self-esteem does not end this topic because several domains of the self should still be examined. Concerning health in general, there are studies in which no changes in self-reported health among adolescents aged 11 to 21 years were found (Wade et al., 2002). On the other hand, a study by Salonna et al. (2008)

Psychological Well Being

'*Well being refers to an adolescent's perception of his/her happiness in life. Happiness is divided into eight different areas: life as a whole, standard of living, personal health, achievement in life, personal relationships, personal safety, feeling part of the community and future security*'(Cummins & Lau, 2005).

Shek (1992) defines psychological well-being as "*state of a mentally healthy person who possesses a number of positive mental health qualities such as active adjustment to the environment and unity of personality.*" (p.187). According to Costa and Mccrae (1992) psychological wellbeing is *"a construct which has been used interchangeably with morale, mental health, life satisfaction and subjective well- being"*.

Diener and Smith (1999), has stated that Psychological or Subjective wellbeing as a broad construct, encompassing four specific and distinct components including (a) pleasant or

IJFANS International Journal of Food And Nutritional Sciences
Official Publication of International Association of Food and Nutrition Scientists

ISSN PRINT 2319 1775 Online 2320 7876
Research paper **© 2012 IJFANS. All Rights Reserved,** **Volume 11, Iss 4, 2022**

positive well-being (e.g., joy, elation, happiness, mental health), (b) unpleasant affect or psychological distress (e.g., guilt, shame, sadness, anxiety, worry, anger, stress, depression), (c) life satisfaction (a global evaluation of one's life) and (d) domain or situation satisfaction (e,g., work, family, leisure, health, finance, self).

Though there are a variety of research fields presenting different opinions regarding the stability of psychological well-being and self-esteem over time during adolescence, this period is generally considered to be a time of increased mental problems and decreased psychological well-being and self-esteem (Mental Health Foundation, 1999; Jones & Meredith, 2000). Regarding psychological well-being, conclusive evidence on the changing patterns of psychological distress over time is lacking, as West and Sweeting (2003) mentioned.

In addition, different findings on the stability of psychological well-being are related to the concept incorporated and measures used. Some studies have shown that health status changes over time during adolescence in the direction from worse to better with increasing age with exception of early adolescence, when psychological well-being is described as rather positive (Currie et al., 2004; Sleskova et al., 2005). Edwards (2003) conducted a study on the promotion of wellbeing among young adults, there is a little variation between the girls and boys. The study shows that girls worry more than boys in their physical appearance and girls outperformed boys in their academic performances which affected their general wellbeing.

Review of Literature

This study aims to assess the position of socio-economic status and self-esteem as predictive factors of psychological well being. A number of studies have previously been conducted to assess a relationship between them and some of them are:

Mandeep Kaur (2018) in her study "Life skills in relation to self esteem socio economic status and academic achievement among adolescents" in Punjab, India and established that life skills are positively and significantly correlated with self esteem, socio-economic status and academic achievement.

Sushma H.B. (2016) studied "Effect of Socio Economic Status and Restraints on Psychological Well Being Emotional Intelligence and Academic Achievement of Adolescent Girls" in India and stated that restraint imposed in any range has a devastating effect on emotional intelligence and when socio-economic status and restraints are coupled, academic achievement and emotional intelligence are bound to be effected in Adolescent Girls.

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Dharvinder Singh (2015) evaluated in his study "Home environment parental attachment and self esteem as predictors of psychological wellbeing of adolescents" among the Jammu adolescent population that there is a mediating role of Self-esteem in mediating the relationship between parental attachment (mother attachment and father attachment) and psychological wellbeing of adolescents.

Lillo & Daniela (2015) stated that there is a positive association between socioeconomic status and satisfaction with income and PWB. The associations were stronger with the psychological wellbeing facets related to relational, control and self-esteem processes, and have a weaker association with the purpose of life, growth, and autonomy. When the satisfaction with socio-economic status and power decreased but did not reduce the effect of socio-economic status on personal wellbeing. There is a consistent direct effect model of socio structural position on wellbeing, but when there is significant satisfaction with the social position as an appraisal process which indicates that there is high psychological wellbeing.

Dheerja Singh (2014) in her study "Psychological Well Being As Related To Family Relationship Emotional Intelligence And Self Esteem In Adolescent Boys And Girls" found that there is a positive significant relationship between psychological well-being and self-esteem which implied that implies that due to good family relationship and emotional care, these children evaluate themselves highly, therefore high self-esteem resulted in high psychological well-being.

Sandhu and Singh (2012) aimed to investigate the adolescent identity formation about psychological well being and parental attitudes on acceptance, concentration, and avoidance. Psychological wellbeing was positively correlated with identity achievement while the opposite pattern emerged for dissemination.

Singh & Udainiya (2009) conducted a study on the 'Self-Efficacy and Wellbeing of Adolescents'. The study investigated the effects of type of family and gender on self– efficacy, and wellbeing of adolescents and state that there is a significant effect of type of family and gender on self-efficacy. The interaction between the type of family and gender was also found to be significant. The study also concluded that both the family type and gender had a significant effect on the measure of wellbeing.

Zuzana Veselska et al. (2009) studied "Socio-economic differences in self-esteem of adolescents influenced by personality, mental health and social support" in Slovakian adolescents and concluded that family affluence, personality dimensions of extroversion, emotional stability and openness to experience, as well as mental health subscales and social

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support from family and significant others to be associated with self-esteem.Personality dimensions and mental health subscales contribute to the association between family affluence and self-esteem.

Chen et al., (2004) examined the role of stress interpretations among adolescents based on their socio-economic status and health condition. The study states the SES of the children influences their stress interpretation. Lower socio-economic groups have greater threat interpretations when something occurs unexpectedly and has a higher heart rate. The adolescent's physical health was affected by the social environment and how they approach new social situations.

Padma Agrawal (1978) through "A cross-cultural study of self-image: Indian, American, Australian, and Irish adolescents" studied 400 boys and 400 girls, ages 14 to 18, of middle class socioeconomic status and of the educational level- high school/intermediate and concluded that American and Australian adolescents, in general, have higher self-esteem or ego strength than do Indian and Irish adolescents, respectively.

Methodology:

Research Title:

Socio-economic Status & Self-Esteem As Predictive Factors of Psychological Well Being Among Adolescents (Responses)

Variables:

Independent variable: Self Esteem among adolescents

Dependent variable: Psychological well being among adolescents

Intervening variable: Socio-economic status among adolescents

Research Objectives:

1. To find out the level of self esteem and psychological well being among adolescents.
2. To find out a relationship, if any, between self-esteem and psychological well being among adolescents.

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3. To mark clear differences, if any, among the high socio-economic group and low socio-economic group with regard to the different dimensions of self esteem and psychological well being among adolescents.
4. To find out the position of socio-economic status and self esteem as predictive factors of psychological well being among adolescents.

Research Hypothesis:

1. There will be different levels of self esteem and psychological well being among adolescents.
2. There will be a significant relationship between self-esteem and psychological well being among adolescents.
3. Null Hypothesis- There will be no significant difference among the high socio-economic group and low socio-economic group with regard to the different dimensions of self esteem and psychological well being among adolescents.
4. Alternate Hypothesis- There will be a significant difference among the high socio-economic group and low socio-economic group with regard to the different dimensions of self esteem and psychological well being among adolescents.
5. There will be a significant effect of socio-economic status and self esteem on psychological well being among adolescents.

Sample:

A non-probability sampling technique was employed to derive a research sample of 100 (N=100) participants from different Intermediate and Undergraduate Colleges of Hyderabad. The participants were intermediate and undergraduate students falling between the ages of 16-19. Out of the 100 participants, 50% was allocated to the High Socio-Economic Status Group students belonging to private colleges, accounting for 50 participants and 50% was allotted to the Low Socio-Economic Status Group students belonging to government colleges, accounting for the other 50 participants.

Inclusion Criteria:

1. Adolescents between the ages of 16 and 19 years of age were included in this sample.
2. Males and females were included in the sample.
3. Males and females pursuing intermediate studies were included in this sample.
4. Males and females pursuing undergraduate degrees were included in this sample.

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Exclusion Criteria:

1. Individuals below the age of 16 and above the age of 20 pursuing intermediate studies and undergraduate degrees were excluded from the sample.
0. Individuals of genders other than male and female were excluded from this sample
0. Individuals with physical disabilities were excluded from this sample.

Procedure:

The three variables were chosen- Self Esteem as the independent variable and Psychological Well Being as the dependent variable with an intervening variable as Socio-economic Status. The sample size was chosen through non-probability sampling which was deemed to be 100 participants who were adolescents from 16 to 19 years of age. The questionnaires, Rosenberg's Self Esteem and Ryff's Psychological Well-Being Scales (PWB)- 42 Item version were used to test the participants.

Data was analyzed using mean, standard deviation, Pearson's correlation and t-test.

STEP 1: Identification of potential individuals as the population

STEP 2: Selecting the sample population

STEP 3: Participants were given questionnaires to fill along with consent form and demographic details form

STEP 4: Data was later analyzed and results were interpreted according to the norms

Statistical analysis:

Mean, standard deviation, Pearson's correlation and t-test were used in this study.

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Results & Discussion:

The quantitative data of the study was collected and analyzed using mean, standard deviation, Pearson's correlation and t-test.

Dimension	Socio-Economic Status	No of individuals scoring high	Percentage of high scorers
Self Esteem	High	34	68%
	Low	37	74%
Autonomy	High	40	80%
	Low	38	76%
Environmental Mastery	High	43	86%
	Low	32	64%
Personal Growth	High	46	92%
	Low	36	72%
Positive Relations	High	43	86%
	Low	41	82%
Purpose in Life	High	40	80%
	Low	40	80%
Self-acceptance	High	40	80%
	Low	42	84%

Table 1: shows the number of individuals scoring high in self esteem and the various dimensions of psychological well being from both High Socio-Economic Adolescent Group and Low Socio-Economic Adolescent Group.

From the aforementioned table, we can infer that in the dimension of self esteem, 34 individuals scored high in the High Socio-Economic Status Group, accounting for 68% of the group and 37 individuals scored high in the Low Socio-Economic Status Group, accounting for 74% of the group. In the dimension of autonomy, 40 individuals scored high in the High Socio-Economic Status Group, accounting for 80% of the group and 38 individuals scored high in the Low Socio-Economic Status Group, accounting for 76% of the group. As for the dimension Environmental Mastery, 43 individuals scored high in the High Socio-Economic Status Group, accounting for 86% of the group and 32 individuals scored high in the Low Socio-Economic Status Group, accounting for 64% of the group. In the dimension Personal Growth, 46 individuals scored high in the High Socio-Economic Status Group, accounting for 92% of the group and 36 individuals scored high in the Low Socio-Economic Status Group, accounting for 72% of the group. In the case of Positive Relations dimensions, 43 individuals scored high in the High Socio-Economic Status Group, accounting for 86% of the group and 41 individuals scored high in the Low Socio-Economic Status Group, accounting for 82% of the group. As for Purpose in life dimension, 40 individuals scored high in the High Socio-Economic Status

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Group, accounting for 80% of the group and 40 individuals scored high in the Low Socio-Economic Status Group, accounting for 80% of the group. Lastly, in the Self-acceptance dimension, 40 individuals scored high in the High Socio-Economic Status Group, accounting for 80% of the group and 42 individuals scored high in the Low Socio-Economic Status Group, accounting for 84% of the group.

It is clearly observed that more number of people scored high on self esteem in the Low Socio-Economic Status Group than the High Socio-Economic Status Group. However, it is consistently seen in the dimensions of Autonomy, Environmental Mastery, Personal Growth and Positive Relations that the number of individual scoring high is more in High Socio-Economic Status Group than the Low Socio-Economic Status Group. Only in the dimension of Purpose in Life, we can see equal number of individuals scoring high in both High Socio-Economic Status Group and Low Socio-Economic Status Group. Lastly, in the dimension of self-acceptance, we see more number of individuals in the Low Socio-Economic Status Group scoring high than High Socio-Economic Status Group. However, on the whole, it is seen that High Socio-Economic Status Group mostly scores higher in the dimensions of psychological well being.

	Dimensions of Psychological Well Being	**Correlation coefficient**	**Interpretation**
Self Esteem	Autonomy	0.4657	Weakly positive
	Environmental Mastery	0.5090	Moderately positive
	Personal Growth	0.4231	Weakly positive
	Positive Relations	0.5562	Moderately positive
	Purpose in Life	0.5681	Moderately positive
	Self-acceptance	0.7687	Strong positive

Table 2: shows the correlation between Self Esteem and dimensions of Psychological Well Being of Adolescents belonging to High Economic Status Group

From the aforementioned table, we can infer the correlation of self esteem with the different dimensions of psychological well being, namely autonomy, environmental mastery, personal growth, positive relations, purpose in life and self-acceptance in the High Economic Status

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Group. The correlation coefficient between self esteem and autonomy is 0.4657 that is interpreted as weakly positive and between self esteem and environmental mastery is 0.5090 that is interpreted as moderately positive. The dimension of personal growth is weak positively correlated to self esteem as the coefficient is 0.4231.

As of positive relations, it is a moderately positive correlation with self esteem with a coefficient value of 0.5562. The dimension of purpose in life is again moderately positively correlated to self esteem with a coefficient of 0.5681. Self-acceptance, however, shows a strong positive correlation with self esteem with a coefficient of 0.7687.

Table 3: shows the correlation between Self Esteem and dimensions of Psychological Well Being of Adolescents belonging to Low Economic Status Group

	Dimensions of Psychological Well Being	**Correlation coefficient**	**Interpretation**
Self Esteem	Autonomy	0.180	Very weak positive
	Environmental Mastery	0.219	Weak positive
	Personal Growth	0.003	Very weak positive
	Positive Relations	0.114	Very weak positive
	Purpose in Life	0.081	Very weak positive
	Self-acceptance	0.368	Weak positive

From the aforementioned table, we can see the correlation of self esteem with the different dimensions of psychological well being, namely autonomy, environmental mastery, personal growth, positive relations, purpose in life and self-acceptance in the Low Economic Status Group. The correlation coefficient between self esteem and autonomy is 0.180 that is interpreted as very weak positive and between self esteem and environmental mastery is 0.219 that is interpreted as weak positive. The dimension of personal growth is very weak positively correlated to self esteem as the coefficient is 0.003.

As of positive relations, it is a very weak positive correlation with self esteem with a coefficient value of 0.114. The dimension of purpose in life is again very weak positively correlated to self esteem with a coefficient of 0.081. Self-acceptance shows a weak positive correlation with self esteem with a coefficient of 0.368.

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Dimension	N	Mean	SD	t value	Significance (0.05 level)
Self Esteem	High Economic Status Group (N=50)	16.34	6.025	0.6901	Not significant
	Low Economic Status Group (N=50)	16.72	2.976		
Psychological Well Being					
Autonomy	High Economic Status Group (N=50)	25.66	6.891	0.2716	Not Significant
	Low Economic Status Group (N=50)	24.18	6.489		
Environmental Mastery	High Economic Status Group (N=50)	24.98	4.892	0.4663	Not Significant
	Low Economic Status Group (N=50)	24.08	7.196		
Personal Growth	High Economic Status Group (N=50)	29.98	6.622	0.00001	Not Significant
	Low Economic Status Group (N=50)	24.06	6.095		
Positive Relations	High Economic Status Group (N=50)	27.22	5.736	0.0738	Not Significant
	Low Economic Status Group (N=50)	25.18	5.553		
Purpose in Life	High Economic Status Group (N=50)	27.4	6.957	0.0400	Not Significant
	Low Economic Status Group (N=50)	24.82	5.336		
Self-acceptance	High Economic Status Group (N=50)	25.2	7.024	0.8899	Not Significant
	Low Economic Status Group (N=50)	25.02	5.898		

Table 4: shows the mean, standard deviation, t value and significant difference (0.05 level) among High Economic Status Adolescent Group and Low Economic Status Adolescent Group with respect to self esteem and the various dimensions of Psychological Well Being

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From the aforementioned table, we can infer that for the dimension of self esteem, the mean for High Economic Status Adolescent Group and Low Economic Status Adolescent Group is 16.34 and 16.72 and standard deviation is 6.025 and 2.976, respectively, with a t-value of 0.6901 which indicates no significant difference between them. For Autonomy dimension of psychological well being, the mean for High Economic Status Adolescent Group and Low Economic Status Adolescent Group is 25.66 and 24.18 and standard deviation is 6.891 and 6.489, respectively, with a t-value of 0.2716 which indicates no significant difference between them.

As for Environmental Mastery dimension of psychological well being, the mean for High Economic Status Adolescent Group and Low Economic Status Adolescent Group is 24.98 and 24.08 and standard deviation is 4.892 and 7.196, respectively, with a t-value of 0.4663 which indicates no significant difference between them. For the dimension Personal Growth, the mean for High Economic Status Adolescent Group and Low Economic Status Adolescent Group is 29.98 and 24.06 and standard deviation is 6.622 and 6.095, respectively, with a t-value of 0.00001 which indicates no significant difference between them.

The mean for High Economic Status Adolescent Group and Low Economic Status Adolescent Group for the dimension of Positive relations is 27.22 and 25.18 and standard deviation is 5.736 and 5.553, respectively, with a t-value of 0.0738 which indicates no significant difference between them. As for Purpose in Life dimension of psychological well being, the mean for High Economic Status Adolescent Group and Low Economic Status Adolescent Group is 27.4 and 24.82 and standard deviation is 6.957 and 5.336, respectively, with a t-value of 0.0400 which indicates no significant difference between them. For the dimension Self-acceptance, the mean for High Economic Status Adolescent Group and Low Economic Status Adolescent Group is 25.2 and 25.02 and standard deviation is 7.024 and 5.898, respectively, with a t-value of 0.8899 which indicates no significant difference between them.

Conclusion & Suggestions:

From the aforementioned results, we can see that there are different levels of self esteem and different levels of mastery in the psychological well being dimensions among the High Socio-Economic Adolescent Group and Low Socio-Economic Adolescent Group so hypothesis 1 is tested and accepted. As for a relationship between self esteem and psychological well being, we can clearly conclude that there is a positive relationship between self esteem and

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psychological well being among adolescents of both the groups so hypothesis 2 is also accepted. As there is no significant difference among the high socio-economic group and low socio-economic group with regard to the different dimensions of self esteem and psychological well being among adolescents, hypothesis 3 is accepted and alternate hypothesis 4 is rejected. As we can see that in the high socio-economic adolescent group, there is a stronger positive correlation between self esteem and psychological well being than the weaker positive correlation in the low socio-economic adolescent group, we can conclude that socio-economic status and self esteem have an effect on psychological well being so hypothesis 5 is tested and accepted.

Limitations of the study:

1. The sample size was small (N=100)
2. People from all genders were not included in the study.
3. The study is limited to only three variables.
4. The study did not include adolescents belonging to the ages 11-15.
5. The study is limited to one city.
6. The study did not include a questionnaire to assess Socio-Economic Status.

Suggestions:

1. A questionnaire could be used to determine Socio-Economic Status to first identify High Economic Status Adolescent Group & Low Economic Status Adolescent Group.
2. Sample can be improved by conducting the study on bigger populations in different cities.
3. People from different genders can be included in the study the next time.
4. This study can be conducted on a different sample to see varying results.
5. The study can be more inclusive by including people of different cultures and backgrounds.
6. The study could have also studied the impact of COVID exclusively on adolescent population with respect to Self Esteem and Psychological Well Being.

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