

Subjective well-being as a protective factor of resilience among rural and urban adolescents of Dharwad district

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Abstract: The present study was conducted on rural and urban adolescents' resilience in relation to subjective well-being. A sample of 192 students (rural=97 and urban=95) studying 8th, 9th and 10th classes in private and government schools of Dharwad district were randomly selected. The general information and socio-economic status of the respondents were also considered. The levels of resilience and subjective well-being were assessed by using Resilience scale of Prince-Embury (2006) and Subjective well-being inventory by Nagpal and Sell (1992). Socio-economic scale by Aggarwal *et al.* (2005) was used to determine the socio-economic status and self-structured questionnaire was used to collect general information of the respondents. Through descriptive analysis, computed mean, standard deviation, t-test and Pearson correlation data were analysed. The study revealed that rural adolescents exhibited significantly higher resilience than urban adolescents. The subjective well-being had a significant and positive association with adolescents' resilience in rural area. It implies that with the increased level of subjective well-being the resilience level among adolescents was increased.

Keywords: Adolescents, Children, Resilience, Respondents

Introduction

The world health organization (Anon., 2014) considers any individual with an age range of 10-19 years as an adolescent. Adolescence is a stage of transition, begins from puberty and lasts up to adulthood. Typical psycho-physiological and physical changes were experienced by adolescents. It is a crucial period, where several risk taking behaviours and increased emotional reactivity exhibited customarily by an adolescent. During adolescent stage, the cognitive functions of adolescents' brain shifts to higher level where adolescent thinks logically, understands nuances of metaphors and able to perform abstract thought processing. It is a period distinguished as an identity formation and independence. In order to pursue personal identity and social position adolescents experiments a variety of new behaviours and also confronts several difficult challenges.

In order to fight back against stressors during adverse conditions, they need to develop a trait known as "Resilience". Resilience is a "Personal ability" or "attribute to bounce back" (Smith *et al.*, 2008). Nevertheless "Some individuals have a relatively good outcome despite having experienced serious stresses (or) adversities – their outcome being better than that of other individuals who suffered the same experience" (Shean, 2015).

Adolescents with higher life satisfaction can develop good resilience capacity. As subjective well-being denotes individual characteristic, it functions as a protective factor while building resilience among adolescents. Subjective well-being is defined as a person's overall evaluation of life in terms of cognitive and affective way. The cognitive part deals with the one's appraisal of life, when an individual consciously gives evaluative

judgements about his/her satisfaction with life as a whole. The affective part affirms with the person's emotions and feelings which result in pleasant/ unpleasant experiences.

The adversities may likely to arise from internal or external environment (ex. Earthquake, tsunami *etc.*), perhaps, disruptive environment in the family, poor support systems, unrealistic expectations and peer pressure are the daily hassles which erode the mental health of urban adolescents. Keeping this in view, the present study has been conducted with the objectives to assess resilience levels among rural and urban adolescents, to measure the levels of subjective well-being among rural and urban adolescents and to know the relationship between resilience and subjective well-being among adolescents.

Material and methods

The study was conducted in Dharwad district during 2019-20. The population of the study consists of male and female adolescents studying in eighth, ninth and tenth classes in government and private schools. There are 45 high schools in rural area and 69 high schools in urban area of Dharwad district. From rural area two government and one private high schools and from urban area two private and one government high schools were randomly selected. A sample of 192 adolescents of which 97 adolescents were from rural area and 95 belonged to urban area were selected by random sampling technique.

Data regarding gender, class, locality, parental education, parental occupation, type and size of the family were collected using self-structured general information questionnaire. The socio-economic status of the respondents was assessed by

using socio-economic scale by Aggarwal *et al.* (2005). The resilience levels of adolescents was measured by Resiliency scales for children and adolescents by Prince-Embury (2006). The scales comprised of 64 items which assess sense of mastery, sense of relatedness and emotional reactivity of the adolescents. Higher scores on sense of mastery, sense of relatedness and lower scores on emotional reactivity represent the higher resilience among adolescents. Subjective well-being inventory by Nagpal and Sell (1992) was used to assess adolescents' levels of subjective well being . The tool consists of 40 items which measure general well-being-positive affect, expectation-achievement congruence, confidence in coping, transcendence, family group support, social support, primary group concern, inadequate mental mastery, perceived ill-health, deficiency in social contacts and general well-being negative affect. Higher score indicates higher subjective well-being. The differential design was employed to know the difference in resilience levels between rural and urban adolescents. The correlation design is used to know the relationship between resilience and subjective well-being among adolescents.

Results and discussion

The Table 1 indicates the demographic characteristics of respondents. In both rural and urban localities equal percentage of males (52.6%) and females (47.4%) were found. With regard to ordinal position in rural area about 36 per cent of adolescents were first born, 37.1 per cent were second born and 26.8 per cent were later born, while in urban area majority of adolescents were first born (47.4%), 33.7 per cent were second born and 18.9 per cent were later born. Almost equal percentage of adolescents were distributed in 8th, 9th and 10th classes in both the localities *i.e.* 34 per cent were from 8th class, 33 per cent were from 9th class and 33 per cent were from 10th class in rural area; similarly 35.8 per cent were from 8th class, 32.6 per cent were from 9th class and 31.6 per cent were from 10th class. In rural area, about 69 per cent of adolescents were from government high schools and 31 per cent of adolescents belonged to private schools, while in urban area, majority of adolescents' were from private schools (68.4%) and 31.6 per cent of adolescents were from government schools .

Table 1. Demographic characteristics of rural and urban respondents (N=192)

Demographic Characteristics	Category	Rural (n=97)	Urban (n=95)
Gender	Male	51 (52.6)	50 (52.6)
	Female	46 (47.4)	45 (47.4)
Ordinal position	First born	35 (36.1)	45 (47.4)
	Second born	36 (37.1)	32 (33.7)
	Later born	26 (26.8)	18 (18.9)
Class	8 th class	33 (34.0)	34 (35.8)
	9 th class	32 (33.0)	31 (32.6)
	10 th class	32 (33.0)	30 (31.6)
Type of school	Government school	67 (69.1)	30 (31.6)
	Private school	30 (30.9)	65 (68.4)
Socio-economic status	Upper class	15 (15.4)	56 (58.9)
	Middle class	82 (84.5)	39 (41.1)

Figures in parenthesis indicates percentages

Table 2. Distribution of rural and urban adolescents on resilience (N=192)

Levels of resilience	Rural	Urban	Total
High	18 (18.6)	1 (1.1)	19 (9.9)
Above average	16 (16.5)	4 (4.2)	20 (10.4)
Average	40 (41.2)	34 (35.8)	74 (38.6)
Below average	10 (10.3)	17 (17.9)	27 (14.0)
Low	13 (13.4)	39 (41.1)	52 (27.1)
Total	97 (100)	95 (100)	192 (100)

Figures in parenthesis indicates percentages

With respect to socio economic status, it is noted that about 85 percent of the respondents in rural area belonged to middle class while only 15 per cent were in upper class. Whereas in urban area, nearly 59 per cent of respondents belonged to upper class and 41 per cent were from middle class.

The distribution of adolescents on resilience levels is presented in Table 2. It depicted that, about 41 per cent of rural adolescents exhibited average level of resilience, while 18.6 per cent were highly resilient and 16.5 per cent were above average. In urban locality, nearly 36 percent of respondents possessed average level of resilience, 41.1 per cent with low level of resilience, 17.9 per cent of adolescents were found to be in below average level of resilience and a very small percentage of adolescents were possessing high and above average levels of resilience. (1.1% and 4.2%, respectively). It is interesting to note that though majority of the adolescents from rural and urban localities possessed average resilience level, some of the adolescents from rural area had higher resilience compared to adolescents from urban area. This might be due to the considerable differences which arise between rural and urban adolescents in terms of nature of upbringing, emotional competence, experience of type of crisis and several physical and psychological developmental trajectories.

Table 3 shows the comparison of rural and urban adolescents on overall resilience and its components. It explored that rural and urban adolescents differed significantly on sense of mastery (t=5.47**), sense of relatedness (t=6.47**) and emotional reactivity (t=4.36**) and hence on overall resilience also they differed significantly (t=6.57**). The observation of mean scores indicates that rural adolescents expressed significantly higher levels of sense of mastery (M=51.84), sense of relatedness (M=49.95) and emotional reactivity (M=62.40) than urban adolescents. Hence, on overall resilience rural adolescents were significantly better than urban adolescents. These results (Fig. 1) indicate that rural adolescents possessed better sense of mastery, sense of relatedness and emotional

Table 3. Comparison of rural and urban adolescents on resilience (N=192)

Dimensions of resilience	Rural		Urban		t-value
	Mean	SD	Mean	SD	
Sense of mastery	51.84	9.47	44.61	8.84	5.47**
Sense of relatedness	49.95	10.27	40.27	10.47	6.47**
Emotional reactivity	62.40	8.24	56.50	10.38	4.36**
Overall resilience	51.21	9.83	42.17	9.21	6.57**

**Significant at 0.01 level

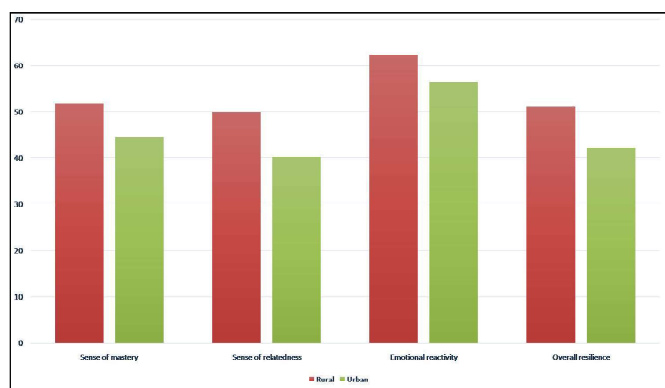


Fig. 1. Comparison of sense of mastery, sense of relatedness, emotional reactivity and overall resilience between rural and urban adolescents

reactivity as compared to urban adolescents. The higher scores on sense of mastery and sense of relatedness indicate that rural adolescents were more optimistic to tackle with any problem, had good self-efficacy which motivates individuals to confront obstacles actively, can build efficient problem solving attitudes and also they were able to learn from personal experiences and also had ability to access good support from trustworthy people. The scores on emotional reactivity showed that rural adolescents were less sensitive to get upset easily and had good recovery skills to bounce back from any impairment which actually obstruct developmental process. Patil and Adsul (2017) reported that rural adolescents had higher means on resilience than urban adolescents. This might be due to the greater experience of adversities by rural adolescents which makes them to fight back and build self-efficacy which is associated with developing problem-solving attitude.

The comparison of rural and urban adolescents on overall subjective well-being and its dimensions is presented in Table 4. The table shows that rural and urban adolescents differed significantly on expectation - achievement congruence ($t=2.46^*$), confidence in coping ($t=5.55^{**}$), social support ($t=2.00^*$), inadequate mental mastery ($t=4.59^{**}$), perceived ill-health ($t=4.70^{**}$) and general well-being negative affect ($t=3.84$). Whereas the two groups did not differ significantly on general well-being positive affect, transcendence, family group support,

deficiency in social contacts and hence on overall subjective well-being. The observation of mean scores showed that urban adolescents had higher mean scores for subjective well-being, such as inadequate mental mastery ($M=14.87$), perceived ill health ($M=13.23$) and general well-being negative affect ($M=6.40$). The expectation achievement congruence, confidence in coping and social support was high among rural adolescents while urban adolescents possessed with inadequate mental mastery, perceived ill health and general well-being negative affect. The rural adolescents found to be more satisfied with their standard of living, also had better perception towards adversities and capable enough to maintain social contacts in their existing premises, therefore it reflects the positive mental health of an individual. While in urban area adolescents found to have negative perception towards life & health and they were unable to master over one's self and environment. Due to increase in urbanization they have resulted with deprived social networks. The results are supported by the study of Yeresyan and Lohaus (2014), who reported that rural adolescents found to have better subjective well-being than urban adolescents. This might be due to the stress experienced by them to enhance adaptability and self-efficacy skills. Kaur (2019) observed that due to the life challenges, kind of exposure and intense pressures among rural adolescents evolves the better state of well-being as compared to urban adolescents.

Table 5 reported a significant association between subjective well-being and levels of resilience among rural adolescents at 5 per cent level of significance ($\chi^2=7.16$). Adolescents with high and medium subjective well-being expressed different levels of resilience, where the adolescent with higher subjective well-being had significantly better resilience ($t=7.21^{**}$) in rural area. While in urban area there is no significant association found between subjective well-being and levels of resilience ($\chi^2=0.51$) and no significant difference between adolescents with high subjective well-being and medium subjective well-being on resilience ($t=0.34$). Majority of adolescents in rural area with high subjective well-being possessed with above average resilience levels and most of the adolescents with medium subjective well-being were found with average resilience levels. It implies that individuals whoever satisfied with life are able to

Table 4. Comparison of rural and urban adolescents on subjective well-being (N=192)

Dimensions of subjective well-being	Rural		Urban		t-value
	Mean	SD	Mean	SD	
General well-being positive affect	6.46	1.25	6.62	1.36	-0.83 ^{NS}
Expectation-achievement congruence	6.49	1.25	6.06	1.16	2.46 [*]
Confidence in coping	7.19	1.16	6.18	1.33	5.55 ^{**}
Transcendence	6.60	.930	6.61	1.06	-0.02 ^{NS}
Family group support	7.49	1.09	7.26	1.49	1.23 ^{NS}
Social support	7.13	1.31	6.73	1.43	2.00 [*]
Inadequate mental mastery	13.56	1.87	14.87	2.06	-4.59 ^{**}
Perceived ill-health	11.57	2.45	13.23	2.42	-4.70 ^{**}
Deficiency in social contacts	5.57	1.17	5.63	1.29	-0.30 ^{NS}
General well-being negative affect	5.64	1.32	6.40	1.38	-3.84 ^{**}
Overall subjective well-being	77.76	5.47	79.56	7.83	-1.85 ^{NS}

*Significant at 0.05 level, **Significant at 0.01 level, NS indicates Non significance

Table 5. Association between subjective well being and levels of resilience of rural and urban adolescents (N=192)

Locality	Subjective well being	Levels of resilience					χ^2	Mean \pm SD	t-value
		Above average	Average	Below average	Total				
Rural	High	13 (48.1)	8 (29.6)	6 (22.2)	27 (100)	7.16*	55.75 \pm 8.21	7.21**	
	Medium	21 (30)	28 (40)	21 (30)	70 (100)				
Urban	High	7 (17)	14 (34.1)	20 (48.8)	41 (100)	0.51 ^{NS}	42.79 \pm 9.18	0.34 ^{NS}	
	Medium	10 (18.5)	17 (31.5)	27 (50)	54 (100)				

Figures in parenthesis indicates percentages, *Significant at 0.05 level, **Significant at 0.01 level, NS indicates Non significance

build higher resilience than unsatisfied people. The highly resilient individuals are able to maintain adequate self-confidence, good sense of self and strong will power where these subjective traits enable the person to combat with stress and negative emotions efficiently. These results are on par with the study of Kirmani *et al.* (2015) who reported that individual resilience level was promoted by status of subjective well-being. Individuals who are contended with life and found to be happier, had enhanced subjective well-being, thus it helps to build positive attitude towards situations and enables to tackle problem by upgrading resilience levels.

The relationship of subjective well-being with resilience is presented in Table 6. A significant positive correlation was found between dimensions of subjective well-being and resilience such as expectation-achievement congruence (r=0.29**), confidence in coping (r= 0.41**), family support group (r=0.23**), social support (r=0.30**) and negatively related with inadequate mental mastery (r=-0.20**). Similarly a significant positive correlation was observed between overall subjective well-being and overall resilience (r=0.19**). The dimensions of subjective wellbeing and dimensions of resilience were also significantly correlated. The expectation-achievement congruence (r=0.32**), confidence in coping (r=0.43**), family support group (r=0.21**), social support (r=0.26**) and overall subjective well-being (r=.19**) were positively correlated with sense of mastery while inadequate mental mastery(r=-0.23**) have negative correlation with sense of mastery. Similarly expectation-achievement congruence (r=0.25**), confidence in coping (r=0.36**), family support group (r=0.25**), social support (r=0.29**) and overall subjective well-being (r=.18*) had a significant and positive correlation with sense of relatedness while inadequate mental mastery(r=-0.16*) had

negative correlation with sense of relatedness. The factors of subjective well-being like general well-being positive effect (r=-0.34**), expectation-achievement congruence (r=-0.15*), inadequate mental mastery (r=-0.35**), perceived ill health (r=-0.18*), general well-being negative affect (r=-0.36**) and overall subjective well-being (r=-0.30**) were had significant negative relationship with emotional reactivity but family group support (r=0.15*) had positive relationship with emotional reactivity. This implies that adolescents with higher subjective well-being tend to possess higher resilience level, it connotes that satisfaction in life nourishes withstanding capacity of individuals during crisis situations. Individuals with greater subjective well-being generally possess higher sense of mastery, better sense of relatedness and lesser emotional reactivity. The table also depicts that higher expectation achievement congruence, coping confidence, family and social support promotes the sense of mastery, sense of relatedness and resilience, while lesser inadequate mental mastery results in better sense of mastery, sense of relatedness and resilience. However, as general well-being positive affect and expectation-achievement congruence increase there will be decrease in emotional reactivity. With higher inadequate mental mastery, perceived ill-health and general well-being negative affect the individuals show decreased recovery state from crisis. Nevertheless better family group support enables adolescents to recover quite faster from adversities. It implies that adolescents with better subjective well-being, leads a happy and contented life with less emotional reactivity. Singh (2016) reported that resilience as a process, supports individuals to solve problems effectively while adapting with stressful events. Thus resilience helps to build better relationships with peer group and family members which facilitates for better well-being.

Table 6. Relationship of subjective well-being with resilience among adolescents (N=192)

Dimensions of subjective well-being	Dimensions of resilience			Overall Resilience
	Sense of mastery	Sense of relatedness	Emotional reactivity	
General well-being positive affect	0.12 ^{NS}	0.01 ^{NS}	-0.35**	0.08 ^{NS}
Expectation-achievement congruence	0.32**	0.25**	-0.15*	0.29**
Confidence in coping	0.43**	0.36**	-0.01 ^{NS}	0.41**
Transcendence	0.14 ^{NS}	0.11 ^{NS}	0.06 ^{NS}	0.12 ^{NS}
Family group support	0.21**	0.25**	0.15*	0.23**
Social support	0.26**	0.29**	0.06 ^{NS}	0.30**
Inadequate mental mastery	-0.23**	-.161*	-0.35**	-0.20**
Perceived ill-health	-0.03 ^{NS}	-0.04 ^{NS}	-0.18*	-0.04 ^{NS}
Deficiency in social contacts	-0.08 ^{NS}	-0.01 ^{NS}	-0.07 ^{NS}	-0.05 ^{NS}
General well-being negative affect	0.01 ^{NS}	.05 ^{NS}	-0.36**	-0.01 ^{NS}
Overall subjective well being	0.19**	0.18*	-0.30**	0.19**

*Significant at 0.05 level, **Significant at 0.01 level, NS indicates Non significance

Conclusion

The study revealed that rural adolescents had significantly better resilience level than urban adolescents. The sense of mastery, sense of relatedness and emotional reactivity were higher among rural adolescents. It implies that rural adolescents

with better optimism and good self-efficacy are able to recover easily from any crisis. A significant association was found between subjective well-being and resilience in rural adolescents, thereby suggesting promotion of subjective well-being among adolescents which in turn promotes resilience.

References

- Aggarwal O P, Bhasin S K, Sharma A K, Chhabra P, Aggarwal K and Rajoura O P, 2005, A new instrument (scale) for measuring the socio-economic status of a family: A preliminary study. *Indian Journal of Community Medicine*, 34(4): 111-114.
- Anonymous, 2014, Health for the World's Adolescents, A second chance in the second decade. <https://www.who.int>
- Anonymous, 2019, Developmental characteristics of young adolescents, <https://www.amle.org>
- Anonymous, 2020, Adolescent and Youth Reproductive Health: Introduction to Adolescent and Youth Reproductive Health (AYRH). <https://www.open.edu>
- Anonymous, 2020, World Health Organization, Adolescent health and development, <https://www.who.int>
- Iimura S and Taku K, 2017, Gender differences in relationship between resilience and big five personality traits in Japanese adolescents. *Sage Journal*, 0(0): 1-12.
- Jaworska N nad Macqueen G, 2015, Adolescence as a unique developmental period. *Journal of Psychiatry and Neurosciences*, 40(5): 291-293.
- Kaur M, 2019, Analysis on the level of well-being among Indian secondary school adolescents. *Bioscience Biotechnology Research Communications*, 12(3): 676-681.
- Kirmani M N, Sharma P, Anas M and Sanam R, 2015, Hope, resilience and subjective well-being among college going adolescent girls. *International Journal of Humanities & Social Science Studies*, 2(1): 262-270.
- Mestre J M, Lozano J M N, Molinero R G, Zayas A and Guil R, 2017, Emotion Regulation ability and resilience in a sample of adolescents from a suburban area. *Frontiers in Psychology*, 8(1980): 1-13.
- Nagpal and Sell, 1992, Assessment of subjective well-being, World Health Organization, *South-East Asia*, New Delhi, pp.1-37.
- Patil A and Adsul R K, 2017, Examine the role of family environment to the development of psychological resilience among urban and rural adolescents. *International Journal of Indian Psychology*, 5(1): 10-17.
- Prince-Embury S, 2006, Resiliency scales for children and adolescents, Pearson, United States.
- Rakesh S, Sharika M, Babita S, Jeevan T, Deirdre G, 2019, Resilience in Nepalese adolescents: Socio demographic factors associated with low resilience. *Journal of Multidisciplinary Healthcare*, 12: 893-902.
- Shean M, 2015, Current theories relating to resilience and young people: A literature review. *Victorian Health Promotion Foundation*, 1-45.
- Singh A P, 2016, Well-being of adolescents in relation to self-resilience and religiosity. *International Education and Research Journal*, 2(2): 55-58.
- Yeresyan I and Lohaus A, 2014, Stress and wellbeing among Turkish and German adolescents living in rural and urban areas. *Rural and Remote Health*, 14(2695): 1-13.