METHOD

Design

This study was a descriptive and quantitative study utilizing survey research methods to attain its intentions. For this study Random sampling technique was used.

Participants

Participants consisted of 500 adolescent students (boys=232) (girls=268) pursuing intermediate and also from degree colleges (15 years to 20 years) were selected from north coastal districts of Andhra Pradesh. The north coastal districts are namely Srikakulam, Vijayanagaram and Visakhapatnam. Random sampling technique was used for collection of data.

Research Tools

Subjective Well-Being Inventory developed by Nagpal and Sell (1992) is a self report questionnaire consisting of 40 items designed to measure an individual’s mental status regarding overall feeling about life. The inventory gauges eleven factorial dimensions namely- 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 wellbeing negative affect. For positive items, score is 3, 2 and 1 respectively and vice-versa for the negative items. The sum of all 40 items gives overall Subjective Wellbeing score. Higher the score, shows better the Subjective Well Being and vice-versa. The scale has been found to have high inter-rater, inter-scorer, and test-retest reliability and has proved its validity through many experiments (Grandall, 1976; Huisman. 1981) and was therefore considered appropriate for this study. The inventory gauges eleven factorial dimensions:

1) **General well-being positive-affects**: This factor reflects the feelings of well being arising out of an overall perception of life as functioning smoothly and joyfully. The items reflect our theoretical construct of positive affect only in what we had called its overall perspective (Nagpal and Sell, 1985).

2) **Expectation-achievement congruence**: The items in this factor refers to feelings of well being generated by achieving success and the standard of living as per one’s expectation, or what may be called satisfaction. The factor confirms expectation-achievement harmony.

3) **Confidence in coping**: This factor relates to perceived personality strength, the ability to master critical or unexpected situations. It
reflects what is sometimes called positive mental health in an ‘ecological’ sense, i.e. the ability to adapt to change and to face adversities without breakdown. It confirms mental mastery or inadequate mental mastery.

4) *Transcendence*: The items in this factor relate to life experiences that are beyond the ordinary day-to-day material and rational existence. They reflect feelings of subjective well being derived from values of a spiritual quality. The factor confirms rootedness and belongingness.

5) *Family group support*: This factor reflects positive feelings derived from the percentage of the wider family (beyond the primary group of spouse and children) as supportive, cohesive and emotionally attached.

6) *Social Support*: This factor contains items describing the social environment beyond the family as supportive in general and in times of crisis.

7) *Primary group concern*: This factor covers feelings about the overall well-being of family life. It includes the happiness or worry about the relationship with spouse and children.

8) *Inadequate mental mastery*: All items with significant loadings on this factor imply a sense of insufficient control over, or inability to deal
efficiently with, certain aspects of everyday life that are capable of disturbing the mental equilibrium. This inadequate mastery is perceived as disturbing or reducing subjective well being. Most of the items of this factor reflect mental mastery over self and environment. It is noteworthy that the items on sadness and on anxiety/tension have significant loadings on this factor only. This factor is clearly similar to the factor ‘lack of self-confidence’, as described by Bryant and Veroff (1984), which also is related to depression, and the factor ‘irritability’ in neurotic out-patients described by Lipman et al. (1969).

9) **Perceived ill-health**: This is a one-dimensional factor since happiness and worries over health and physical fitness are highly correlated, and both load significantly here. Worry over disturbed sleep has significant loadings on this factor as well as on the factor of inadequate mental mastery.

10) **Deficiency in social contacts**: The common feature of the items constituting this factor are worries about being disliked and feelings of missing friends.

11) **General well-being-negative affect**: This factor reflects a generally depressed outlook on life.
Question-wise Scoring

According to the manual of the inventory, the scoring is as under:

In 19 of the 40 questions (questions 1-15, 21-23 and 28)- Value 3 was given if the respondent has selected the category 1 (very much); Value 2 was given if the respondent has selected the category 2 (to some extent); Value 1 was given to category 3 (not so much). In the remaining 21 questions (questions 16-20, 24-27 and 29-40)- Value 1 was given if the respondent has selected the category 1 (very much); Value 2 was given if the respondent has selected the category 2 (to some extent); Value 3 was given to category 3 (not so much).

However, for questions 14, 27 and 29, if the respondent has selected category 4, value 0 (zero) was given. All the values were added to get the total score. The maximum score is 120. Higher the score, higher is the Subjective Well Being of a person. The total score can be interpreted summarily in the light of three broad score ranges: 40-60, 61-80 and 81-120 to have an overall picture of the well being status. The mean score on normal adult Indian samples is 90.8 with standard deviation of 9.2.
Table 1
Minimum, Maximum and Middle values of scores in each factor is as under

<table>
<thead>
<tr>
<th>Factor no.</th>
<th>Factor</th>
<th>No. of items</th>
<th>Question No.</th>
<th>Minimum score</th>
<th>Maximum Score</th>
<th>Middle value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>General well-being Positive Affect</td>
<td>3</td>
<td>1, 5, 6</td>
<td>3</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>Expectation-Achievement Congruence</td>
<td>3</td>
<td>2, 3, 4,</td>
<td>3</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>Confidence in Coping</td>
<td>3</td>
<td>7, 8, 9,</td>
<td>3</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>4</td>
<td>Transcendence</td>
<td>3</td>
<td>10, 11, 12</td>
<td>3</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>Family Group Support</td>
<td>3</td>
<td>21, 22, 23,</td>
<td>3</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>6</td>
<td>Social Support</td>
<td>3</td>
<td>13, 15, 28,</td>
<td>3</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Primary Group Concern</td>
<td>3</td>
<td>14, 27, 29</td>
<td>3</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>8</td>
<td>Inadequate Mental Mastery</td>
<td>7</td>
<td>16, 17, 18, 19, 20, 30, 31</td>
<td>7</td>
<td>21</td>
<td>14</td>
</tr>
<tr>
<td>9</td>
<td>Perceived Ill-Health</td>
<td>6</td>
<td>34, 35, 36, 37, 38, 39</td>
<td>6</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>10</td>
<td>Deficiency in Social Contacts</td>
<td>3</td>
<td>32, 33, 40</td>
<td>3</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>11</td>
<td>General well-being–Negative Affect</td>
<td>3</td>
<td>24, 25, 26</td>
<td>3</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>40</td>
<td>40</td>
<td>120</td>
<td>80</td>
<td></td>
</tr>
</tbody>
</table>
Demographic Data constructed by the researcher was also secured

For that present study the demographic variables were Gender, Level of Education, Income, Location of Residence, Type of College, Religion, Place of Stay and Sleeplessness.

- Gender: It consists of Male and Female
- Level of Education: It consists of intermediate and Degree
- Income: It consists of below 10,000, 10,000 to 20,000, 20,000 to 30,000 and 30,000 above
- Location of Residence: It consists of Rural and Urban
- Type of College: It consists of Government and Private
- Religion: It consists of Hindu, Christian and Muslim
- Place of Stay: It consists of Hostler and Day scholar
- Sleep: It consists of Adequate sleep and Sleeplessness

Procedure

Adolescent boys and girls were contacted in various schools and colleges with prior permission from the institutional heads. The purpose of the study was informed to them. Participants were informed of the confidentiality of all responses and were given an opportunity to participate or refuse to participate. They were also asked to fill the participants consent form.
Following this, the SWB questionnaire was administered. The questionnaires were taken back immediately after they were filled in. following this, scoring was done as per the instruction given in the manuals for scoring. SPSS 19 was used for analyzing the data statistically as per the need of the study.