Chapter 6

Discussion
DISCUSSION

What contributes for happiness and wellbeing is a fundamental issue that has been debated in all cultures for ages. Material wealth and affluence, fulfillment of one’s desires, human relationships, development of one’s potentialities and individuality, one’s own psychological state, faith in a religion and spirituality are some of the variables considered as relevant and significant in this context. However, their importance varies from culture to culture as indicated in many studies, which reflect the socio-cultural differences in the conceptualization of subjective wellbeing (SWB) (Diener, 2000).

This study provides the overview of subjective well-being (SWB) and its associations with different socio-demographic variables among Indian adolescents. These findings help address a shortfall in the existing literature regarding understanding of SWB and its relationship with varied dimensions in this population.

The first key finding is that SWB is influenced by seven dimensions in Indian adolescents, including, gender, class, income, residence, type of college, religion and place of staying. Our findings were consistent with other research studies conducted in this area.
The subjective well-being levels assessed among males and females revealed that, men and women possessed almost equal well-being levels, in other words no significant difference was found. But the domain wise analysis has shown significant differences. Men tend to differ from women on the following factors: Expectation-Achievement congruence, confidence in coping, transcendence, family group support, primary group support and inadequate mental mastery. Looking at the results from empirical gender research, reliable differences between men and women in relation to well-being have been found for longevity, morbidity, and mental health (Maccoby 1998). Despite some indications of possible gender differences in the affective evaluations of SWB, numerous other studies including measures of life satisfaction have concluded that SWB is more or less the same for men and women (Diener & Diener, 1995; Ventegodt, 1995).

The analysis of results for the variable class (Intermediate and Degree), revealed no significant differences on the whole, but the domain wise analysis has shown a significant differences for the factor social support. The adolescents from Degree College were receiving more social support than with that of intermediate students. Support system could be aimed at family, peer group or social networking which helps them to be connected and share experiences further enhancing their general well being. A number
of studies have revealed that students report a significantly lower level of satisfaction with their lives than adults in the general population (Cummins, 2003; Stewart & Podbury, 2003; Vaez, Kristenson, & Laflamme, 2004).

From a review of the literature, salient domains for the university experience were identified. A pilot study with 50 undergraduate students was conducted, confirming the salience of these domains. The nine identified domains were living situation (Clements & Turpin, 1996; Cummins, Davern, Okerstrom, Lo, & Eckersley, 2005); financial resources (Stewart & Podbury, 2003; Audin, Davy, & Barkham, 2003); transport and parking (Forward, 2003; New Zealand Public Health Advisory Committee, 2003); physical health (Vaez, et al., 2004; Cummins & Chambers, 2004); new friends and existing friends (Lee & Robbins, 1995; Lu, 1999); academic support and services and academic workload (Amenkhienan, Kogan, & Lori, 2004; Nelson & Williams, 2004); and family support (Cheng & Furnham, 2003; Lopez, Mauricio, Gormley, Simko, & Berger, 2001). However, these domains have not yet been tested empirically for their ability to predict the life satisfaction of university students.

The analysis of results for the variable **Income** (Below 10,000, 10,000 to 20,000, 20,000 to 30,000 and, 30,000 and above), revealed no significant differences across the groups on the whole, thus, the Hypotheses 3 stated as
there will be significant difference in the Income level on Subjective Well-being of Adolescents is not accepted. But the domain wise analysis and post hoc comparisons had shown significant differences between the income groups below 10,000 and 30,000 and above for the following factors: positive affect, confidence in coping, family group support and deficiency in social contacts. Easterlin (1974) found clear evidence of a **positive effect of income** on happiness at the individual level, in-line with the assumptions of standard economic theory—but in contrast with the findings of objective measures of quality of life. Graham and Pettinato (2002) analyze subjective wellbeing in 17 Latin American countries and Russia and they find that relative income differences have important effects on how individuals assess their wellbeing. Those in the middle or lower middle of the income distribution are more likely to be dissatisfied than are the very poorest groups.

The analysis of results for the variable **residence** (Urban and rural residents), have shown no significant difference on the whole, as like above mentioned variables, Hence, the Hypotheses 4 which stated that there will be significant differences in the location of residence on Subjective Well-being of Adolescents is not accepted. But domain wise analysis revealed that urban respondents differed from rural respondents in their well-being levels in terms of confidence in coping, social support, and primary group concern. A study of 6,000 residents of Switzerland shows that taking other things constant, individuals is happier the more developed the institutions of direct democracy
and government decentralization in their area of residence (Frey and Stutzer 2000). Joshi (2002) has observed that an upwardly mobile society that enables its citizens to achieve a high level of material comfort may not provide mental and spiritual succor. According to him individuals in a society can attain fulfilment, happiness and sense of achievement without owning a Mercedes. Kammann (1983) has gone a step ahead in suggesting that “objective life circumstances have a negligible role to play in a theory of happiness” (Myers, 2000). Recent studies show that economically poor and rich nations do not differ significantly in the index of life satisfaction. For example, a study by Diener & Diener (1995) (cited in Diener, 2000) shows that the mean life satisfaction scores and purchasing power parity (PPP) of poor and rich nations did not show any linear relationship. India with a score of 5 for PPP on a scale ranging between 0-100, obtained mean life satisfaction score of 6.70 on a scale ranging from 1 (dissatisfied) to 10 (satisfied).

The analysis of results for the variable type of college (Government and private college), have shown no significant difference on the whole, but domain wise analysis has revealed that students studying in Government College differed from private college students on the factors Expectation-Achievement congruence, confidence in coping, transcendence, social support and primary group concern.
The analysis of results for the variable religion revealed no significant difference among the Muslims, Hindus and Christians, but domain wise analysis and post hoc comparisons revealed significant difference among three groups on factors positive affect, transcendence and social support. There was difference noticed between religious groups Hindus and Christians for the factors positive affect and social support; and between Muslims and Christians for the factor transcendence. Numerous studies show that religious commitment, especially when supported by a religious community, is an important determinant of lifestyle and moral actions. For religiously committed people, many of their faith’s teachings offer moral and practical guidance regarding how to attain, maintain, or recover physical and emotional health (Levin 2001). In some cases, this involves avoiding deviance—in moral terms, not committing the seven deadly sins (Lyman 1978). As a result, religion may affect well-being through the promotion of a personal lifestyle that is beneficial to health (Ellison 1991). Religion seems to give hope, meaning, optimism and security to individuals (Hadaway, 1978; Moberg, 1979), and so researchers have concluded that both religiosity and religious activities are positively related to subjective well-being (Moberg, 1972’ Wilson, 1987).

Some studies that do exist find that the association between religious involvement and belief and adolescents’ self-esteem (the most frequently
examined topic) is generally small and frequently not statistically decisions; whether they think God has nothing to do with what happens to them personally; and whether they don’t believe they need religion to have good values (Bridges et al, 2002).

The analysis of results for the variable **place of staying** revealed no significant difference among the hostellers and non-hostellers, but domain wise analysis had revealed that both the groups differed on factors such as expectation-Achievement congruence, confidence in coping, transcendence, social support and primary group concern.

The early theoretical study of happiness focused on how demographic factors affected SWB. A large number of studies found demographic factors have only limited impact on SWB. Factors such as gender, age, income, marital status and other demographic items generally explain less than 20% of the variance in SWB. But most of the factors do influence well-being of an individual in varying intensities. Each factor discussed in this study has a strong impact on the various dimensions of subjective well-being of an individual.
Sleep was found influence the SWB of the adolescents. It was found that in the dimensions of confidence coping, transcendence, family group support, social support and primary group concern, deficiency in social contacts were significantly differing among adolescents with adequate sleep and sleeplessness. Most studies of sleep experience and SWB (or the closely related construct, quality of life) have reported a positive relationship both in terms of quantity (Ito et al., 2000; Konu, Lintonen & Rimpela, 2002; Nakayama & Amagasa, 2004) and quality (Kelly, 2004; Zeitlhofer et al., 2000) of sleep. In a study of sleep apnea patients, D’Ambrosio, Bowman and Mohsenin (1999) reported that patients’ quality of life was significantly impaired until treated for sleep apnea, when their quality of life returned to normal levels.

Conclusion

The objective of the study was to find out the gender, level of education (Class), Income, residence, type of college, religion, place of stay and sleep significantly differ on Subjective Well-being of Adolescents. The study found that boys and girls were equally experiencing a positive subjective well being. The above variables significantly varied on the subjective well being dimensions as well as over all subjective well being of adolescents.