

A Comparative Study On Mental Well- Being Among School Children And Adolescents In Odisha

Sristi Sarangi Deepasmita Bhue Sunanda Badhei Abhipsa Sarangi Lucy Sonali Hembram

PG Department Of Psychology, Utkal University, Vani Vihar, Bhubaneswar, Odisha

Abstract:

Background: Mental well- being encompasses a state of positive psychological functioning, encompassing emotional, psychological and social aspects rather than merely the absence of mental illness. Childhood and adolescence are formative stages where physical, emotional, social, and cognitive growth occurs rapidly. Children generally benefit from parental support and protected environments, whereas adolescents face increased academic, social, and emotional pressures that may compromise well-being. Comparing these groups helps in identifying vulnerable developmental phases and in designing age-appropriate preventive and promotive mental wellbeing interventions. The study assessed mental well-being among children and adolescents using the World Health Organization's Five Well Being Index (WHO-5), focusing on age group, family type, and gender, with convenience sampling of 231 participants. Out of the total sample there were 108 adolescents and 123 children.

Materials and Methods: The data for the study was collected from students(both children{10-12 years} and adolescents {14-16 years}) from different schools in Odisha . The participants were evaluated with the WHO-5 Well-Being Index. The data was analysed using the independent sample t-test.

Results: The t-values were -0.36 for family types (nuclear family and joint family) , -1.46 for gender(male and female), and 3.13 for both age groups, children having slightly better mental well-being than adolescents. The findings indicated a substantial difference between age groups, with children exhibiting somewhat higher mental well- being than adolescents. But no significant difference across gender or family types.

Conclusion:

- The need for age sensitive mental well-being programs tailored to children and adolescents.
- Encourages schools to look beyond academics and focus on holistic student development- emotional, social and psychological well- being.
- Provides a foundation for introducing mental well-being awareness, coping strategies and resilience building into school curriculum.

Key Words- mental well-being, children, adolescence, WHO, developmental- transitions

Date of Submission: 12-10-2025

Date of Acceptance: 22-10-2025

I. Introduction

Child well-being is influenced by neurodevelopmental milestones, with timely recognition of atypical growth being important. Parenting, epigenetics, education systems, curriculum design, teacher preparedness, and parent–teacher collaboration contribute significantly. Clinicians need to foster effective communication, stay updated on the National Education Policy, and be aware of child protection laws. Environmental factors such as physical activity, nutrition, microplastic exposure, and climate change also play a critical role in the healthy development of children and adolescents. (National Library of medicine, 2024)

Buehler (2020) reviewed a decade of research on family processes and children's and adolescents' well-being. The review emphasized advances in understanding the complexity of family dynamics, the inclusion of diverse family contexts, the role of time and developmental changes, and the strengths of family functioning such as positivity, regulation, and organization. These conceptual and methodological developments provide valuable directions for future research.

Choi (2018) synthesized research on children's and adolescents' emotional well-being, highlighting rising concerns such as stress, sleep deprivation, bullying, and changing social contexts. The paper emphasized that interventions like cognitive-behavioral therapy are effective in addressing depression, anxiety, and related issues, while also stressing the need for improved data on mental well-being indicators for future research.

Mental health and well-being have emerged as central concerns in the 21st century, particularly among children and adolescents, who represent the most formative stages of human development. The World Health Organization (WHO) defines mental well-being not merely as the absence of mental illness, but as a positive state of emotional, psychological, and social functioning. Early identification of well-being status in these age

groups is essential because the foundations of resilience, coping strategies, and long- term psychological health are laid during these periods.

Children, typically in their pre-adolescent years, benefit from stronger parental support systems and relatively protected environments. In contrast, adolescents encounter significant biological, cognitive, and social transitions. These include heightened academic demands, shifting peer relationships, identity exploration, and exposure to societal pressures. Such transitions may predispose adolescents to greater stress, anxiety, and other mental well-being concerns, thereby impacting their well-being more negatively compared to younger children.

Research evidence highlights several determinants of child and adolescent mental well-being, including parenting styles, family processes, school environment, and social context. Recent studies also point to the influence of broader environmental and lifestyle factors such as physical activity, nutrition, and digital exposure. Despite this, there remains a gap in comparative research that directly evaluates the mental well-being of children and adolescents within the same sociocultural context. Understanding these age-specific differences is critical for tailoring interventions and designing preventive strategies that can be implemented in schools, families, and communities.

The present study seeks to address this gap by conducting a comparative analysis of mental well-being among school children and adolescents in Odisha. Using the WHO-5 Well-Being Index, a validated and widely used tool for measuring subjective psychological well-being, the study evaluates differences across age groups, gender, and family type. By doing so, it not only provides empirical insights into the developmental challenges associated with adolescence but also highlights the need for age-sensitive mental well-being promotion strategies. The findings of this study aim to inform educators, policymakers, and mental health practitioners about the importance of fostering holistic development, beyond academic performance, to ensure healthier psychological outcomes for future generations.

II. Material And Methods

The present study adopted a quasi- experimental, cross-sectional design to compare well-being of school children and adolescents. The study was conducted in two schools of Odisha. **Study design-** quasi experimental, cross- sectional

Study location- Odisha

Sample size – 231 students (108 adolescents, 123 children)

Selection method- convenience sampling

Inclusion criteria- participants enrolled in school within the specified age range (children and adolescents)

Exclusion criteria- students who are unwilling to provide consent.

Procedure methodology-

The World Health Organization-5 Well-Being Index (WHO-5), a validated and widely used instrument developed by Per Berch and colleagues and republished by WHO in 2024 as an open access tool, was administered to measure subjective well-being. The WHO-5 Well-Being index consists of five positively worded items rated on point Likert scale, assessing the emotional and psychological well-being. Questionnaires were administered in group settings during the school hours and responses were collected anonymously after obtaining consent from school authorities and the participants. Data were analyzed using t-test to examine differences in well-being based on age group, gender and family type.

Statistical Analysis

The independent t-test results revealed significant and non-significant differences in mental well-being across the groups studied. A significant difference was observed between children and adolescents ($t = 3.13$, $p < 0.05$), indicating that children reported slightly higher levels of mental well-being compared to adolescents. However, no significant differences were found in mental well-being across gender ($t = -1.46$, $p > 0.05$) or family type ($t = -0.36$, $p > 0.05$). These findings suggest that age group is a critical factor influencing mental well-being, whereas gender and family structure did not have a substantial impact within the sample.

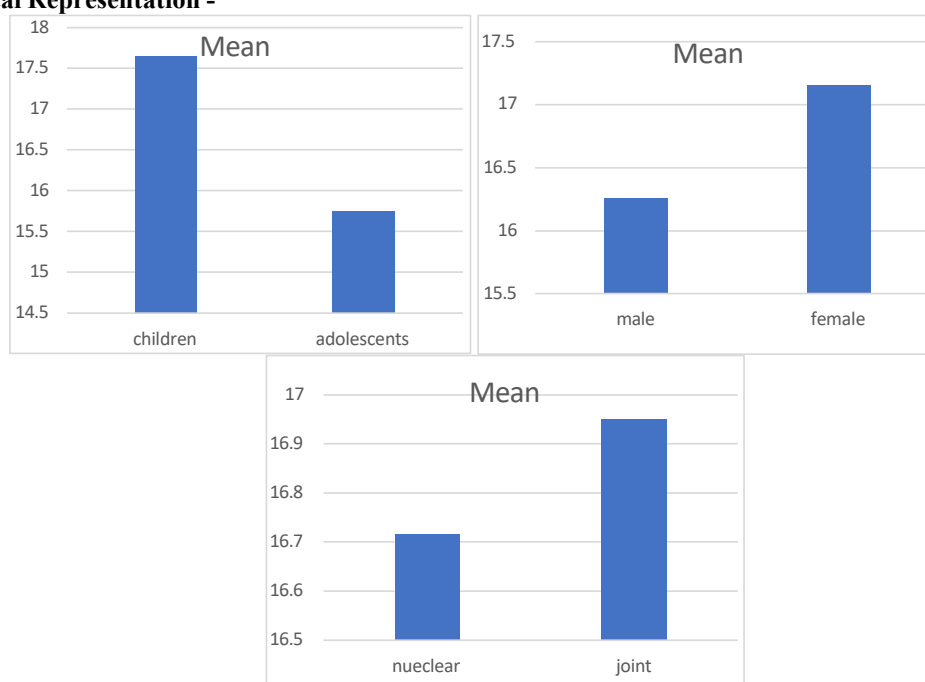
III. Result

Table 1 shows the differences in mental well-being across age group, gender, and family type. The results of the independent t-tests indicated a significant difference between children and adolescents ($t = 3.13$, $p < 0.05$), with children reporting slightly higher levels of mental well-being than adolescents. However, no

significant differences were found in mental well-being across gender ($t = -1.46$, $p > 0.05$) or family type ($t = -0.36$, $p > 0.05$). These findings suggest that age group is an important factor influencing psychological well-being, whereas gender and family structure do not appear to play a major role within this sample

Variable	Groups	t-value	P value	Result
Age	Children and adolescents	3.13	<0.05	Significant
Gender	Male and female	-1.46	<0.05	Not significant
Family type	Nuclear and joint	-0.36	<0.05	Not significant

Graphical Representation -



IV. Discussion And Conclusion

The findings of the present study revealed that children reported slightly higher levels of mental well-being than adolescents and this difference was statistically significant. This suggests that developmental transitions during adolescence such as increased academic demands, peer pressure, and identity exploration may negatively influence psychological health. The results are consistent with earlier studies that emphasize adolescence as a vulnerable period of stress, anxiety and emotional difficulties. On the other hand no significant differences were found across gender and family types which indicates that these factors may not play a major role in determining the mental well-being of both the age groups. This could be due to both male and female students and those from nuclear and joint families are exposed to similar academic pressures, school environments and social contexts. Therefore, the study highlights age as a major determinant of mental well-being compared to gender and family types.

In our study, adolescents scored slightly lower in mental well-being compared to children. Several individual cases illustrate some underlying differences:

Case 1:

A 14-year-old female student in class 9 reported that she was suffering from depression. When asked about her symptoms, she indicated that she had been formally diagnosed. Regarding treatment, she mentioned that her doctor suggested yoga and prescribed medication to assist with sleep. This case underscores the presence of clinical depression in adolescence, which may contribute to lower mental well-being scores in this age group.

Case 2:

A 14-year-old male student in class 9 expressed difficulty understanding positive emotions such as excitement or happiness. He explicitly stated that he does not know what these feelings mean. This case highlights challenges in emotional awareness among some adolescents, potentially affecting self-reported well-being.

V. Conclusion

The study concludes that mental well-being differs significantly between children and adolescents, with children exhibiting better psychological health. However, gender and family types did not show notable differences suggesting that academic pressure, peer influence and coping strategies may play a major role. These findings highlights the need of age sensitive mental well-being programs that specifically address the challenges faced during adolescence. Schools should prioritize not only academic performance but also emotional resilience, social connectedness, and coping skills. Further, mental well-being awareness campaigns and preventive interventions can be taken up in school curriculum to support both children and adolescents mental well-being.

References

- [1]. Subramanyam, A. A., Somaiya, M., & De Sousa, A. (2024). Mental Well-Being And Well-Being In Children And Adolescents. *Indian Journal Of Psychiatry*, 66(Suppl 2), S304–S319
- [2]. Buehler, C. (2020). Family Processes And Children's And Adolescents' Well-Being. *Journal Of Marriage And Family*, 82(1), 145–174.
- [3]. Choi, A. (2018). Emotional Well-Being Of Children And Adolescents: Recent Trends And Relevant Factors. *OECD Education Working Papers*, No. 169.
- [4]. Riccio, C. A., Sun, L. H., & Gonzalez, A. (2018). Understanding Typical And Atypical Neurodevelopment In Children And Adolescents: The Biological Basis Of Behavior. *School Psychologists International*, 39(3), 215–229.
- [5]. Semrud-Clikeman, M. (2015). Understanding The Development Of The Central Nervous System And Its Relationship To Clinical Practice: The Biological Basis Of Behavior. *School Psychology Quarterly*, 30(4), 488–502
- [6]. Acosta, K. L. (2018). Queering Family Scholarship: Theorizing From The Borderlands. *Journal Of Family Theory & Review*
- [7]. Anderson, R. J., & Branstetter, S. A. (2012). Adolescents, Parents, And Monitoring: A Review Of Constructs With Attention To Process And Theory. *Journal Of Family Theory & Review*.