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To Examine How an Intervention Program Affects Schoolchildren's SWB, Hope, Optimism, And Resilience

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Abstract

A recent area of study called "subjective well-being" aims to comprehend the full spectrum of well-being, from extreme dejection to joy and complete life satisfaction. In surveys conducted all across the world, the majority of respondents express primarily happy emotions, albeit this varies depending on the country's level of prosperity (Diener & C. Diener, 1996). It makes sense to research positive aspects of well-being rather than just the absence of well-being because the majority of individuals are not depressed most of the time. When we look at the full spectrum of wellbeing, we learn about elements that can improve quality of life. As soon as individuals can take care of their fundamental bodily necessities, they will start to worry more about their quality of life. It is imperative that psychologists have a thorough understanding of SWB through theory and research in this field if they are to meaningfully contribute to public discussions regarding quality of life. The WHO has urged for interventions in teenage health issues and voiced worries about the wellbeing of adolescents. According to Erickson, an adolescent's primary conflicts are identity crisis and role confusion. The role confusions are conflicted thoughts and sentiments about how they will fit into society specifically, leading them to try out different behaviors and activities. The reconciliation between "the person one has come to be" and "the person society expects one to become" appears to be a crucial turning point in human development. As the process of expectations continued, the adolescent experienced anxiety and occasionally even sadness.

Keywords: Adolescents, Subjective, Anxiety, Sentiments, Occasionally

1. Introduction

The current state of millennial high school adolescents is regarded as both the best and the worst time of their lives because they have easy access to modern electronic devices, Google Classroom, and the internet at all times. While these tools can help them develop holistically in their academic and personal lives, they can also become dangerous and divert their attention from other needless things, such as game addiction, low student engagement, etc., which can negatively impact their wellbeing if they don't receive enough guidance and support from their parents, teachers, and school adults. It has also been observed by previous research findings (Cole, 2006; McLoyd, 2000; Parke & Buriel, 2007; Shweder *et al*., 2006) [1, 2, 3, 4] that the cultural context of each adolescent's development includes their family, peers, school, church, neighborhood, community, region, and country, each of which has its own cultural legacies. This suggests that in order for teenagers to successfully transition from adolescence to adulthood, it is crucial for researchers to comprehend the connections between adolescents' school, peer support, teacher-student relationships, and family support.

According to Benson *et al*. (2006, p. 783) [5], "the government policy has often focused only on the negative developmental deficits of adolescents, especially healthy compromising behavior like drug use and delinquency, and not enough on positive strength-based approaches." Strength-based social policy, they say, "adopts more of a wellness perspective, places particularly emphasis on the existence of healthy conditions, and expands the concept of health to include skills, pro-social behavior, and competencies needed to succeed in education and life." It consciously pushes for the promotion of well-being rather than just eliminating risk. They have placed a strong

emphasis on strengthening schools through the expansion of their high-quality, rich programs and the implementation of intervention policies to build the student community.

According to Eaton *et al*. (2012) [6], school-based surveillance surveys have mostly concentrated on evaluating the kind and frequency of students' substance use, aggressive conduct, and other hazardous behaviors, based on study findings from the Youth Risk conduct Surveillance Survey 2011. Long *et al*. (2012) [7] have added to the idea that many school-based surveillance surveys find primarily negative indicators that have been shown to be associated with student distress and school failure, while largely ignoring indicators of positive youth development that are associated with students' well-being, school success, and overall quality of life, even for the youths who are engaged in behaviors that are risky for their development. Despite the fact that these surveys offer valuable information that helps schools and their communities serve high-risk students. This makes it evident that there is still a need to address positive indications of school-based monitoring, such as students' academic progress, well-being, and active involvement.

Higher education issues are a significant problem in India, and the government must take appropriate measures to increase higher education's efficiency in order to resolve them, claim Mukhopadhyay and Sansanwal (2002). The collectivistic nature of the Indian education system makes it difficult to meet the needs of students from various social groups, and the board system (State board, Central board of Secondary Education, Indian Certificate of Secondary Education, and others) determines the quality of education in terms of psychological orientation and skills for their self-improvement and well-being. The quality of a person's achievements in several facets of his or her life determines the quality of any educational system, not just the grades. As a result, in addition to academics, students in India should get more focus on skill development and improving their wellbeing. School-based surveillance surveys that generate conceptually meaningful and useful data about factors positively associated with students' development are required if the aim of quality-of-life research is to encourage students, parents, educators, and policy makers to pay more attention to positive development indicators.

2. Need for the study

Interest in learning the correlates of positive psychological functioning has grown since the advent of positive psychology. Numerous constructs of positive have been established by researchers, including life satisfaction (Huebner, 1991) [9], thankfulness (McCullough *et al*., 2002) [9], optimism (Carver & Scheier, 1991) [10], and hope (Snyder *et al*., 1991) [11]. Previous studies have demonstrated that these concepts are frequently related to one another and have consequences for both preventing mental illness and comprehending good human performance (Seligman, 2005) [12]. Furthermore, it seems that those with good attributes that co-occur are more likely to have successful lives. Individuals, communities, and countries all benefit from preventive services and actions.

According to the Chandramouli and General (2011) Census, the estimated population of teenagers in India was distributed as follows by age group: 10–14 years old = 10.5% (male: 10.7%; female: 10.3%), and 15–19 years old = 10.3% (male: 10.7%; female: 9.8%). According to research, the prevalence of child and adolescent psychiatric problems in India is 6.46% in the population and 23.33% in schools (Malhotra & Patra, 2014) [13]. In their study in Sri Lanka, Ginige *et al*. (2014) [14] found that 13.8% of school-age adolescents had emotional and behavioral issues, with 8.8% of youngsters exhibiting internalizing issues and 8.8% exhibiting externalizing issues. According to research by Costello *et al*. (2004) [15], the median prevalence estimate for serious depression is 4.0%, with a range of 0.2% to 17%. According to a recent study conducted in India, 10.1% of teenagers had abnormal emotional symptoms, 9% were at risk for emotional symptoms, 13% had conduct issues, 12.6% had hyperactivity/inattention, and 9.4% experienced peer issues. Children and adolescents who suffer from psychiatric problems have serious negative effects on their psychosocial functioning and general well-being. It affects families and parents as well. The family, school, and mental health system can take the necessary actions to address, prevent, and promote better physical, mental, and emotional health if they have a better awareness of these concerns among teenagers. In this situation, it becomes essential to conduct a study to assess the mental health state of teenagers and improve prevention in order to advance greater comprehension and interventions.

In order to support pathways that result in favorable outcomes, prevention has often adopted a developmental strategy, concentrating on children and adolescents (CDC, 2009). In addition to having limited access to high-quality health care, children and adolescents are more vulnerable to substance misuse, violence, and STDs (Centers for Disease Control and Prevention, 2007; Weissberg *et al*., 2003). As a result, families may experience additional stress and society may suffer significant expenditures if normal development is hampered. A mental, emotional, or behavioral illness affects 14% to 20% of children and adolescents in any given year (CDC, 2009). Furthermore, national studies reveal that most young people who would benefit from mental health services do not get them (Ringel & Sturm, 2001) [16]. In order for the high school population to have access to mental health treatments, it becomes imperative to look into and determine the efficacy of psychological interventions. Furthermore, it is crucial to detect and improve high school students' mental health in order to promote their active engagement and general well-being in developing nations like India. Additionally, carrying out this study will expose the eyes of future educational and psychological researchers to the importance of concentrating on a number of preventive strategies that would help our country's youth become empowered and build a strong future.

Early and targeted therapies can reduce the duration and intensity of symptoms and improve adolescent function, according to research findings. The cooperative development and implementation of strengths-based health promotion and environmental improvement programs is another aspect of prevention. Health promotion strategies give people coping skills and life skills, like problem-solving abilities, which help them live more fully and be resilient to stressful situations in the future.

As a result, treating students' subjective well-being has an impact on social, educational, and individual health. Schools

can influence modifiable elements in the school environment that could boost student involvement, but they have limited access to family and personal issues (Adams & Christenson, 2000) [17]. In order to determine whether internal and external assets (Covitality) have an impact on students' well-being in addition to the significant influence of family and individual factors, research on the relationships between factors influencing student well-being is crucial for school-based intervention efforts (Maddox & Prinz, 2003) [18]. In 2005, Johnson and Bouchard discovered that students who had poor self-efficacy were less inclined to try challenging assignments and to be persistent. Student progress may be negatively impacted by low levels of both self-belief and other-belief. More significantly, compared to the social competence domain, educators are not making the same effort to create interventions that improve these domains.

Relationships between students and teachers that foster the growth of young people's social and emotional abilities also influence effective learning experiences. Students encounter more complexity as they move through middle and high school. Despite these difficulties, students regularly report that the quality of the relationships they formed with adults in their schools was the most important factor in their success. Students can make a special contribution to young people's developing adaptive capacity, self-sufficiency, resilience, confidence, and understanding of themselves as learners when they have the chance to interact with adults who approach these relationships with a spirit of caring, empathy, generosity, respect, reciprocity, and a sincere desire to get to know students personally.

Although school-wide social emotional programs and strategies have been shown to be effective, most of the research on these programs has concentrated on how they affect students' emotional competence-which includes the capacity to control one's emotions, exert control over one's behavior, and empathize with others. However, kids' entire mental health encompasses more than just emotional ability. The four positive core mental health domains-emotional competence, engaged living, belief-in-self, and belief-in-others-are founded on twelve building blocks, according to Furlong *et al*. (2014) [19]. Covitality, a second-order concept in the model that is indirectly linked to students' positive mental health, is developed by these domains and building blocks.

Teachers might support all students' mental health by removing obstacles to successful learning, which would improve students' wellbeing, claims. Additionally, it might help to decrease the risk variables and increase the good ones. The goal of the current study is to determine whether psychological interventions might improve students' subjective well-being in terms of academic learning, school connectedness, and educational purpose by helping them develop a variety of positive psychological abilities. According to Fredricks *et al*. (2004) [20], the study examined three crucial facets of student engagement: cognitive, behavioral, and emotional. The cognitive engagement domain evaluates students' learning objectives, motivation, and effort. Positive behavior, such as independent and cooperative participation, is linked to behavioral engagement. Students' emotive responses in the classroom or their interests and beliefs are the main focus of emotional involvement. In order to do this, the current study looks at how psychological interventions affect Covitality and student involvement. Teenagers' academic performance and subjective well-being by evaluating the pre-post and follow-up sessions.

3. Objectives of the study

To examine how an intervention program affects schoolchildren's SWB, hope, optimism, and resilience.

4. Review of Literature

Using a theoretically informed approach, Campa (2016) [21] created student groups based on their baseline status on mental health-related measures and investigated the extent to which a popular Social Emotional Learning (SEL) program was linked to favorable outcomes for each of the student subgroups. In particular, by evaluating functioning on two crossing dimensions (psychopathology and well-being), four categories were developed using the dual continuum model of mental health. Data from a teacher survey measuring the mental health functioning of early elementary school students (N = 7,185) was gathered as part of a larger study. The study looked at how student functioning changed on both continua after receiving universal SEL instruction from the Second Step curriculum. Data were analyzed using chi-squared tests and generalized logistic regression modeling with mixed effects, which looked at the differences in treatment results according to baseline student functioning. The findings showed that children with poor baseline well-being benefited the most, and that universal effects were not as large as anticipated across dual continua groups. High-wellbeing students did not show any discernible impacts of the treatment. Students relied on advocates and professionals from all walks of life to collaborate in order to create, distribute, and execute the best available services in order to maximize their mental health functioning. Their research findings also had implications for group efforts to combat the persistent issue of School Based Mental Health (SBMH) problems. According to the aforementioned study, selecting students who scored poorly on well-being measures to be enrolled in intervention programs is one of the best ways to maximize students' mental health functioning because their treatment effects were greater than those of students who scored highly.

A meta-analysis evaluating the efficacy of positive psychology therapies as a supplemental approach to mental health promotion and treatment for both the general population and those with particular psychosocial issues was conducted by Bolier *et al*. (2013) [22]. They used the Cochrane register, PsychInfo, PubMed, and manual searches to do a comprehensive literature search. The inclusion criteria were satisfied by forty articles that described 39 investigations with 6,139 participants. Subjective well-being, psychological well-being, and depression served as the outcome measures. Individual treatment, group training, and self-help techniques were examples of positive psychology approaches. Small effects of positive psychology therapies were shown by the standardized mean difference of 0.34 for subjective well-being, 0.20 for psychological well-being, and 0.23 for depression. Effect sizes are small but nevertheless significant for psychological

and subjective well-being over follow-up periods of three to six months, suggesting that effects are somewhat persistent. Because of the great diversity of the included research, heterogeneity was relatively substantial. The effect on depression was tempered by a number of factors. Interventions were more successful when they were longer in duration, if they were recruited through a hospital or referral, when they were given to individuals with specific psychological issues and on an individual basis, and when the study design was of poor quality. Additionally, there were signs of publication bias and a wide range in study quality. The meta-analysis's findings demonstrated that positive psychology therapies can be useful in lowering depression symptoms and improving psychological and subjective well-being. They said that more excellent, peer-reviewed research in a range of (clinical) populations is required to bolster the body of evidence supporting positive psychology interventions.

5. Research Methodology

This study employed a quasi-experimental research design. Correlational research was employed in Phase I of the study, and a survey was conducted to gather information on the study's variables-co-vitality, student involvement, and student subjective well-being. In order to determine the association between co-vitality, student engagement, and student subjective well-being, a correlational research design utilizing the survey method was employed. Gender, parents' educational attainment, monthly income, birth order, sedentary use of electronic devices, and the benefits and drawbacks of smartphone use were the study's demographic and other personal characteristics.

Phase II of the study used a quasi-experimental approach to determine the impact of psychological intervention on high school students' academic achievement, co-vitality, student engagement, and subjective well-being. In this sense, the Intervention program used a within-subject (pretest, posttest, followup) design. The independent variable was psychological intervention; the dependent variables were academic achievement, student engagement (Behavioral-Emotional-Cognitive), student subjective well-being, and co-vitality constructs (confidence in self, believe in others, emotional competency, and engaged living). Three separate measurements of the outcome variables were made: one before the intervention (T1-pretest), one week after the intervention (T2-post-test), and one month after the intervention program (T3-follow up).

6. Results and Data Interpretation

Table 1: Gender Difference in the Co-vitality and its dimensions, Student Engagement (behavioral, emotional, cognitive) and Student Subjective Well-being of high school students

Variable	Gender	N	Mean	SD	Mean Difference	Standard Error	't' Value	'p' Value
Belief in Self	Boys	759	27.27	4.22	.82	.20	4.06**	.00
	Girls	1060	28.09	4.19				
Belief in Others	Boys	759	28.79	4.56	.02	.23	.07	.94(NS)
	Girls	1060	28.77	4.82				
Emotional Competency	Boys	759	26.37	4.35	1.70	.23	7.89**	.00
	Girls	1060	28.06	4.56				
Engaged Living	Boys	759	27.24	4.43	1.38	.21	6.67**	.00
	Girls	1060	28.62	4.23				
Covitality	Boys	759	109.66	12.37	3.88	.62	6.27**	.00
	Girls	1060	113.54	13.22				
Behavioral Engagement	Boys	759	9.08	3.02	.71	.14	5.27**	.00
	Girls	1060	9.79	2.65				
Emotional Engagement	Boys	759	10.64	2.43	.64	.11	5.67**	.00
	Girls	1060	11.28	2.30				
Cognitive Engagement	Boys	759	12.43	2.51	.76	.11	7.25**	.00
	Girls	1060	13.19	1.96				
Overall Student Engagement	Boys	759	32.14	5.97	2.12	.27	8.03**	.00
	Girls	1060	34.27	5.19				
Student Subjective Well-being	Boys	759	46.72	8.76	2.47	.39	6.28**	.00
	Girls	1060	49.19	7.79				

Note: **p<0.01, NS=Not significant.

The gender differences in total covitality and its dimensions (confidence in oneself, belief in others, emotional competency, and engaged living), student engagement (behavioral, emotional, and cognitive), and students' subjective well-being are displayed in Table 1. In terms of general covitality and its dimensions-belief in oneself, emotional competency and engaged life, overall student engagement (behavioral, emotional, and cognitive), and students' subjective well-being-it was shown that boys and girls differed significantly. Nonetheless, there was no discernible difference in the degree of believe in other people; men and women appear to be identical in terms of building trust with their parents, instructors, and friends. Additionally, it was deduced from the mean score value that female adolescents exhibited high levels of covitality features, total student involvement, and subjective well-being.

Table 2: Mean difference in Co-vitality and its dimensions, Student engagement (behavioral, emotional, cognitive) and Student Subjective Well-being based on the family type of the high school students.

Variable	Family Type	N	Mean	SD	Mean Difference	Standard Error	't' Value	'p' Value
Belief in Self	Nuclear	1345	27.76	4.18	.02	.22	.11	.906
	Joint	474	27.79	4.34				
Belief in Others	Nuclear	1345	28.76	4.77	.08	.25	.31	.752
	Joint	474	28.83	4.57				
Emotional Competency	Nuclear	1345	27.43	4.56	.13	.24	.544	.587
	Joint	474	27.30	4.53				
Engaged Living	Nuclear	1345	28.14	4.37	.23	.23	1.01	.315
	Joint	474	27.91	4.34				
Covitality	Nuclear	1345	112.08	13.13	.26	.69	.38	.705
	Joint	474	111.82	12.73				
Behavioral Engagement	Nuclear	1345	9.56	2.81	.17	.15	1.09	.276
	Joint	474	9.39	2.86				
Emotional Engagement	Nuclear	1345	11.06	2.36	.10	.13	.81	.416
	Joint	474	10.95	2.42				
Cognitive Engagement	Nuclear	1345	12.90	2.24	.01	.12	.08	.937
	Joint	474	12.89	2.18				
Overall Student Engagement	Nuclear	1345	33.51	5.55	.29	.31	.98	.329
	Joint	474	33.22	5.78				
Student Subjective Well-being	Nuclear	1345	48.08	8.01	.54	.44	1.22	.223
	Joint	474	48.62	8.97				

Note: N = 1819

In terms of overall co-vitality and its dimensions-belief in oneself, belief in others, emotional competency and engaged living, student engagement (behavioral, emotional, and cognitive engagement), and subjective well-being-there was no discernible difference between high school students' family types, according to Table 2.

7. Conclusion

The current study clearly demonstrates that there was a substantial positive correlation between the variables under investigation, indicating that as Covitality rises, so do student involvement (behavioral, emotional, and cognitive) and subjective well-being. With the exception of believing in others, where male and female adolescents were found to be equivalent, female students were shown to have greater positive strengths than male students in covitality, student involvement, and subjective well-being. Furthermore, among adolescents studying in the eighth and ninth grades, psychological interventions were found to be successful in improving high school students' positive skills, such as self-efficacy, persistence, positive relationships, and a sense of trust in others, as well as emotional regulation and active engagement in daily life. Additionally, based on students' self-reports on the intervention program, it was discovered that behavioral, emotional, and cognitive learning had a favorable impact on their academic progress, subjective well-being, active participation in school, and personal lives.

The current study contributes to the body of knowledge in two areas: school psychology and the adolescent intervention manual for parents, teachers, and facilitators, all of which have been converted into English. As a result, this psychological program helped the high school students learn, comprehend, and value the importance of improving their psychosocial health, being actively involved in their education, and improving their general well-being and academic performance.

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