SOCIO-ECONOMIC STATUS AND WELLBEING OF ADOLESCENTS IN LUNGLEI, MIZORAM

BY

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Submitted in partial fulfillment of the requirement of the Degree of Master of Philosophy in Social Work of Mizoram University, Aizawl.

CERTIFICATE

This is to certify that the thesis 'Socio-Economic Status and Wellbeing of Adolescents in Lunglei, Mizoram' submitted by Ruthi Lalnuntthari for the award of Master of Philosophy is Social Work is carried under my guidance and incorporatethe students bonafide research and this has not been submitted for award of any degree in this or any other University or institute of learning.

Dated:

Place: Aizawl, Mizoram

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DECLARATION

I RuthiLalnunthari, hereby declare that the subject matter of this thesis is the record of work done by me, that the contents of this thesis did not form basis of the award of any previous degree to me or to do the best of my knowledge to anybody else, and that the thesis has not been submitted by me for any research degree in any other University/Institute.

This is being submitted to the Mizoram University for the degree of Master of Philosophy in Education Department.

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(RUTHI LALNUNTHARI)

Candidate

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List of Abbreviation

1. SES-- Socioeconomic Status

2. FGD – Focus Group Discussion

3. PWI--Personal Wellbeing Index

4. PWB-- Psychological wellbeing

5. PMP- Personal Meaning Profile

6. WBMMS- Well-Being Manifestation Measure Scale

7. WHO- World Health Organisation

CHAPTER – I
INTRODUCTION

The present study attempts to study the socio-economic status (SES) and assess the wellbeing of the adolescent in Lunglei, Mizoram.

Socio-economic status is an important determinant of health and wellbeing. Socio-economic status is often measured as a combination of income, education, and occupation. The adolescents' socio-economic status is often measured based on their family income, occupation, educational qualification, and their health status. It can have either a positive or negative impact on a person's life. The socio-economic statuses are expected to influence the overall human individual functioning, (Rita, 2014). The socio-economic status is expected to have influenced both physical and mental health, low socio-economic status is often correlated with poor health, lower educational achievement, poverty, and which in turn have an effect on the society as well as the family. The socio-economic status is considered to affect the adolescent's health and wellbeing. The adolescents may have experience the economic stress of the family which in turn may affect the growth and development until they attain adulthood.

The socio-economic differences in health vary according to the age and stage of life. To meet the necessities a person especially in terms of nutrition and supplement, those with low income may not afford these basic needs which play an important role in the physical, mental and psychological growth and development of an individual. 'It is often considered that low socio-economic status is expected to be lower in terms of education, health and living conditions' (Gaur, 2016). SES of the family determines the level and quality of education that can be provided to the adolescents. The extent to which the adolescents can be educated as well as the kind of courses that a family can afford to provide for the child depends on the SES.

Adolescent is a period of rapid growth and development which occurs between childhood to adulthood. There are many changes in their physical, mental as well as psychological due to which they experience different kinds of emotions that they have to tackle in their day to day life. The development during adolescence is often accompanied by stresses, behavioral problems, and relationship problems. According to WHO, 'the adolescents are young people between the age group of 10-19 years'. The adolescents and youth are agents of social change in every society; the environment of the adolescents plays a vital role in their growth and development. Since they are at the stage where enormous changes occur in their lives, these changes can be very stressful. They often experienced anxiousness, sadness, stressed and depression. Development during this period is often accompanied by new

behavioral changes and relationship problems. The development that occurs during this period plays an important role as it can have an impact either positive or negative across the life course.

According to Eric Erikson, adolescents are between the age group of 12 to 18 years. In his psychosocial development theory, the adolescents are at the stage of identity versus role confusion where they encounter with the crisis of who they are and who they wanted to be. During this stage, the adolescents search for a sense of being herself/himself by exploring their values and beliefs. They wanted to develop their skills and ability to fit into society and explore their roles and responsibilities at their family and society. Failure to establish a sense of their identity may result in role confusion or negative identity. Due to this, the adolescents need concern and support in the family as well in society to have improvement and development.

Wellbeing is a state of happiness and contentment in life, it appears from our thoughts and activities and experiences. Wellbeing is deeply related to the quality of life of a person, it is a state of health and prosperity. It includes the quality of relationships with other people and how we maintain the relationship. Wellbeing is something that everyone seeks to have like happiness; health and prosperity, the way we strive for the development of one's wellbeing vary from one another. The wellbeing of adolescents is an important factor as they are in the stages of rapid growth and development; the changes during this period have health consequences not only during the adolescents but also over the life course. The characteristics of both the individual and the environment influence the adolescent's wellbeing. As adolescents are at the stages where they need attention and care, their relationship with their family, parents, and peers play a crucial role in their developmental period.

The concepts of wellbeing have been studied by numerous scholars in different ways. According to Ryan & Deci, 2001 'there are two major approaches to conceptualizing wellbeing, the first approach is hedonic wellbeing which is also known as subjective wellbeing, it emphasized the person's evaluation of their own life both emotionally and cognitively. It includes the pleasant and unpleasant feelings of a person and the satisfaction of life as a whole. The second approach is referred to as eudemonic wellbeing this approach states that some certain needs or qualities are essential for the psychological growth and development, the fulfillment of these needs enables a person to reach their full potential'.

The World Health Organization defines mental wellbeing as 'a state in which every individual realizes his/her potential, can cope with the normal stresses of life, can work productively and fruitfully, and can make the contribution to his or her community'. This reflects on a sense of happiness, health, and prosperity. Wellbeing is very important in everyone's life as it allows us to feel content and happy and positive about our daily life. A

strong sense of wellbeing during adolescence can help in flourishing the life of an individual and it develops the ability to cope with the challenges in the life course. A strong sense of wellbeing contributes to good mental health.

Wellbeing is a state of healthy and successful individual functioning involving physiological, psychological and behavioral levels of the organization. It includes positive relationships with family members, peers, caregivers, community and societal institutions like school, faith and civic organizations and social ecology that provide safety. (Andrew 2002). There is no consensus definition for the term wellbeing; the wellbeing of a person may vary from cultural values, personality traits, and other individual differences.

Concepts and Definition

The World Health Organization (WHO) defines 'an adolescent as any person between ages 10 and 19. This age range falls within WHO's definition of *young people*, which refers to individuals between ages 10 and 24'.

'The Socio-economic status (SES) is an important determinant of health and nutritional status as well as of mortality and morbidity. Socio-economic status also influences the accessibility, affordability, acceptability and actual utilization of various available health facilities'. (Eshwar and Jain, 2018).

'Wellbeing refers to an adolescent's perception of his/her happiness in life. The happiness is divided into eight different areas, life as a whole, standard of living, personal health, achievement in life, personal relationships, personal safety, feeling part of the community and future security'(Cummins & Lau, 2005).

The Personal Wellbeing Index constructed by Cummins and Lau 2005 developed the measures for wellbeing. It includes eight items of happiness, each corresponding to specific life domains such as standard of living, health, life achievement, personal relationships, personal safety, community connectedness, and future security.

Overview of Literature

Akike et al., (2012) conducted a study on understanding poverty and wellbeing: the study stated that poverty is a different phenomenon, which can have an effect on the wellbeing of a person including the health, educational and nutritional status. The parent's poverty can have a direct effect on the mental health and risk-taking behavior of adolescents (Mc Loyd, 1990).

The adolescents who are brought up in a family where parents often experienced financial problems or excessive stress due to unemployment or other related poverty during

their growth and developmental period can affect their wellbeing as well as induce problems until they attain adulthood. (Trzcinski & Holst, 2016).

Gerdtham & Johannesson (2001) stated that happiness increases with income, health, and education and decreases with unemployment, urbanization, and being single. Many variables have a direct and indirect effect on the wellbeing of a person. The wellbeing of a person increases with the happiness on their income, health and their educational attainment.

Diener (2009) found that income influences life satisfaction. The level of income and the amount of money spent on expensive goods and services have little impact on the subjective wellbeing of a person. The individuals who spent more on conspicuous consumption are reported to have lower levels of subjective wellbeing. Though the income influences life satisfaction, the individual's relative income position does not affect feelings of wellbeing.

Ensminger et al.,(2015) stated in his study that in the socio-economic measurement of adolescents there is a relative agreement between the mother and the adolescents. Most of the adolescents report the SES of the family based on the mother's income report. The SES data of adolescents were taken from the adolescents self report, the report is more accurate among the older adolescents who are less involved in risk. In terms of construct validity, the SES was also measures related on the adolescent health and stated that those with higher SES were more likely to report better physical and emotional health.

Edwards (2003) conducted a study on the promotion of wellbeing among young adults, there is a little variation between the girls and boys. The study shows that girls worry more than boys in their physical appearance and girls outperformed boys in their academic performances which affected their general wellbeing.

Diener, Scollon, & Lucas (2009) stated that Subjective wellbeing is the people's evaluations of their own lives. The subjective wellbeing a person can also be cognitive judgments including life satisfaction, emotional response to an event such as feeling positive emotions. The study also reveals that the person is said to have high subjective wellbeing if he or she experiences life satisfaction which occurs from frequent happiness and joy and the absence of sadness, anger, and unpleasant emotions. An individual is said to have low subjective wellbeing if he or she is not satisfied with his life, finds little joy and affection and has a negative feeling and emotions such as anger or anxiety.

The general wellbeing of an individual increases with the support of the family and general support of others. When the support from the family and others remain constant for the sampled subjects their socio-economic statuses have little effect on wellbeing. One dimension

of socio-economic status which is the family annual income has a positive influence on general wellbeing, but in consideration of the social support and interaction terms of socio-economic status, influence on wellbeing is no longer significant (Ndambi & Garcia 2008).

Singh & Udainiya (2009) conducted a study on the 'Self-Efficacy and Wellbeing of Adolescents'. The study investigated the effects of type of family and gender on self– efficacy, and wellbeing of adolescents and state that there is a significant effect of type of family and gender on self-efficacy. The interaction between the type of family and gender was also found to be significant. The study also concluded that both the family type and gender had a significant effect on the measure of wellbeing.

Sandhu and Singh (2012) aimed to investigate the adolescent identity formation about psychological wellbeing and parental attitudes on acceptance, concentration, and avoidance. Psychological wellbeing was positively correlated with identity achievement while the opposite pattern emerged for dissemination.

Makiwane (2018) concluded that the quality of life among the majority of young people remains low reflecting on the society where they lived, which shows that the environment and society where an individual lived plays a crucial role in promoting the quality of life the general wellbeing.

Currie et al (1997) state that education and income are two other commonly used SES indicators in epidemiological studies, and there are many areas of overlap between these two measures and occupational status. The occupation, education, and income are the most used socio-economic status indicators though they are different but related concepts. These concepts are used for measuring multiple aspects of social class, there being both independence and interdependence among the measures of Socio-economic status (Liberatos et al., 1988).

Lillo & Daniela (2015) stated that there is a positive association between socio-economic status and satisfaction with income and PWB. The associations were stronger with the psychological wellbeing facets related to relational, control and self-esteem processes, and have a weaker association with the purpose of life, growth, and autonomy. When the satisfaction with socio-economic status and power decreased but did not reduce the effect of socio-economic status on personal wellbeing. There is a consistent direct effect model of socio-structural position on wellbeing, but when there is significant satisfaction with the social position as an appraisal process which indicates that there is high psychological wellbeing.

Varga, Piko, & Fitzpatrick (2014)examined the association between parental involvement and mental wellbeing among adolescents Parental involvement (homework checking, parental understanding of their children's problems, and parental knowledge of their

children's free-time activities) was reported by students to decrease with age, while poor mental health (loneliness, insomnia due to anxiety, and sadness and hopelessness) increased with age.

Site & Gay(2001) found out that parental socio-economic status was strongly associated with the adolescent academic and current socio-economic status. The effects of the parental socio-economic status of adolescents differ based on gender, among the female's adolescents, the parental socio-economic status remained significant for self-esteem and when their socio-economic status was taken into account. Among males, the effect of parental socio-economic status remained significant for physical leisure time.

The socio-economic status is measured based on the following aspect: parent's educational status, family income, relative deprivation, subjective social status, and community level inequality. Almost all measures of SES are interrelated among themselves but not so strong. To study the association between the adolescent's mental health and socio-economic status, all the SES indicators could not be taken as the variables. The study reveals that socio-economic status does not influence the adolescent mental disorder besides the educational status to have a significant influence on the mental health of the adolescent. The determinants of the SES are measured in terms of their social status and their school status (Mclaughlin et al., 2012).

Karelia & Project(2004) examined that parental socio-economic status was not significantly associated with the subjects' smoking in adolescence or adulthood. The adolescent own socio-economic status was strongly related to smoking, those who were most educated in adulthood had smoked the least already. Parental socio-economic status or social mobility does not have direct effects on smoking. The socio-economic differences in smoking should be understood as an important determinant of health inequalities.

Varga et al., (2014) opined that there was a little association between adolescents' family SES and mental wellbeing. When there is an increase in the subjective' socio-economic status it has a direct contribution in promoting the mental health of a person. The absolute socio-economic status measures including the occupational statuses of parents where manual employment and unemployment have little effect on some aspects of mental wellbeing. The parents' educational status was the weakest predictor among family socio-economic status variables. Both gender and age were significantly interrelated with mental wellbeing in adolescence.

Cheng & Furnham (2013) discussed that all the personality factors such as emotional stability, agreeableness, extraversion, conscientiousness, and intellect are some of the predictors of mental wellbeing, after controlling for parental and own social factors, as well as

childhood intelligence. It is well recognized that gender is rated to personality (females are higher on Agreeableness and Neuroticism) which relates directly to wellbeing. The higher mental wellbeing is significantly interconnected with the higher socio-economic status and higher status in the society.

Chen et al., (2004) examined the role of stress interpretations among adolescents based on their socio-economic status and health condition. The study states the SES of the children influences their stress interpretation. Lower socio-economic have greater threat interpretations when something occurs unexpectedly and has a higher heart rate. The adolescent's physical health was affected by the social environment and how they approach new social satiations.

The socio-economic circumstances of the family had only a limited effect on repeated drunkenness in adolescence. Regarding parental occupation, significant differences in episodes of drunkenness were found in nine countries for boys and in six countries for girls. Compared to family affluence, which was positively related to the risk of drunkenness, a decreasing occupational status predicted an increased risk of drunkenness. This pattern was identified within several countries, most noticeably for boys (Richter, Leppin, & Gabhainn, 2006)

Roy & Chaudhuri (2008) stated that women report worse health and higher healthcare utilization than men, but the health disadvantage diminishes with age; gender differences in self-rated health often vanish or are reversed in older ages. The socio-economic characteristics such as education, income, and economic independence are the contributors to gender differences in their health status; health is the main indicator of wellbeing.

Statement of the problem

Socio-economic status is an important determinant of health and wellbeing; it varies according to age and stages of life. There are higher rates of wellbeing with higher socio-economic status but there is no consensus factor in this regard (Rita, 2014). The adolescence is a stage of life when they started entering into adulthood mostly youth, it is a stage where they mostly depend on their parents, the relationship with their peers, family and the environment has a great influence on promoting their wellbeing. To enhance the wellbeing of the young generation, a set of skills and competencies are needed so that a successful transition into adulthood can be done and to make them active citizens. The adolescents also face challenges in society like an identity crisis, poor parenting, academic stress and other related problem of unemployment and financial constraints which can hinder their general wellbeing. To promote the wellbeing of adolescents, there is a need to study the relationship between socio-economic status and wellbeing of adolescents in the present context and to have intervention among adolescents.

Objectives

1. To find out the socio-economic status of adolescents in Lunglei.
2. To assess the wellbeing of adolescents in Lunglei.
3. To understand the relationship between the wellbeing and socio-economic status of adolescents in Lunglei.
4. To suggest possible policy measures for social work practice.

Hypothesis

The below hypothesis is derived from the literature (Divya and Paul, 2016).

There is a relationship between gender and the wellbeing of adolescents.

Chapter scheme

Chapter I: Introduction

Chapter II: Review of Literature

Chapter III: Methodology

Chapter IV: Results and Discussion

Chapter V: Conclusion

The next chapter presents the review of literature on the study at global, national, regional and state levels. The review of the literature will provide the existing studies conducted and facilitate to identify and examine the research gaps based on the available literature.

CHAPTER II
REVIEW OF LITERATURE

Review of literature is essential and it helps the researcher to understand the theoretical background and findings of different scholars in different aspects. For any type of scientific research work, theoretical knowledge is needed to understand the concepts thoroughly. The secondary source helps the researcher to get the information as well as to analyze the present situation of the problem in the theoretical context as well as empirically. The purpose of the current review is to find out the research gap for further research on the socio-economic status

and wellbeing of adolescent school students. The chapter presents the review of available literature on the subject matter related to the present study.

2.1. Socio-economic status and Adolescents

Kumar &Roma, (2018) conducted a study on the Educational Aspiration and Socio-Economic status among Secondary school students. In the study, a multistage sampling technique is selected. The sample of the present investigation was drawn from the 10th class student studying in Government schools of Jammu district of Jammu and Kashmir State of India. It was confined to a sample of only 351 students. The study reveals that there is a significant difference in the low SES and high SES in their educational aspirations. The educational aspiration of a student is mostly influenced by the socio-economic status of the family, which is mainly the educational attainment of the parents as well as the occupation of the parents.

Engel, (2017) stated that the low socio-economic status has an adverse effect on the physical and mental health of a person both men and women. The study examined the relationship between income and health and focus mainly on gender differences, but there is no significant difference in the depressive symptoms with regards to gender. Since the study includes 125 respondents who have low income not taking samples with high income, this can be the limitation of the study. Concerning the level of anxiety, a female is more prone to experience anxiety than males.

Devenish, Hooley & Mellor, (2017) conducted a systematic review on the pathways between socio-economic status and adolescent outcomes, a total of 84 articles were screen by full text and 59 articles met the inclusion criteria. The studies recruited participants from both rural and urban areas. The studies were divided into different categories viz., individual-level pathway, family level pathway, school level pathway, and peer-level pathway. The result shows that adolescents from low socio-economic home and community have a negative outcome in their psychosocial development which can hamper their behaviors, at the same they also conclude that it may also reduce the likelihood of graduating from high school. The study also revealed that there is a significant difference among male and female adolescents on the pathway between socio-economic status and psychosocial outcomes where male adolescents may exhibit more risky behavior like delinquency or changes in behavior, while the female adolescents may internalize into psychological distress.

Naranda, Kuruppuge & Nedelia, (2016) conducted case studies on the socio-economic determinants of the wellbeing of urban households in Sri Lanka. The sample was randomly selected and consists of 132 households in the Matale municipal area of Central province in Sri

Lanka. The structured questionnaire and interview schedule were used to collect data among the respondents. The main focus of the study is to examine the determinants of wellbeing among the urban household. The social capital including, participating in the community activities, membership of the community association and network with outside the community and the indicator of household savings: savings with formal financial factors and savings with informal financial factors were used to examine the wellbeing of the household. The result indicates that most of the heads of the family reported that they have prosperous living conditions. The saving practices within the household have a positive effect on wellbeing, the household savings using the formal financial sector are more likely to have a happy living and satisfaction. The indicators of wellbeing like the social capital show that the head of the family who participates regularly in the community activities are more likely to have a happy family than those who do not participate in the community activities. The study concluded that the general happiness of the family increases with the formal financial sector, participation in the community activities, and network with the outside community have a positive and significant effect on the well-being of households.

Mishran, et al., (2012) conducted a study on the influence of socio-economic status among matriculation students in selecting University and undergraduate programme among Malaysian students and conclude that the socio-economic status of the students does not have much influence in selecting their university for their further studies. However, those students coming from a low socio-economic status are more determined to pursue their further studies which show that their economic status influences their determination to be well educated and earn their living.

According to Bradley & Cartwyn, (2002) the socio-economic status of children includes family income, parental education, and occupational status. The socio-economic status is also influenced by the neighborhood of residence which has an association with socio-economic indicators like health, achievement, and behavior of children. There are various mechanisms of SES that affect the wellbeing of children it can be both family and neighborhood. The effects of the socio-economic status were administered based on the characteristics of children, family, and social support systems. The children brought up to form high socio-economic status are expected to be healthier as they can afford basic nutrition, supplements, medication and health care facilities than the children with low socio-economic status.

Pratt, (1971) conducted a study on the relationship between socio-economic status and health. The study is based on information obtained from detailed interviews with a sample of

401 mothers with children aged 9 to 13, from households having a husband in the residence and living in a northern New Jersey city. The data were taken from the personal report and their mother's report which were not medically tested. Result reveals that high socio-economic groups tended to have more health equipment than the low socio-economic group; however, the differences among the economic groups were not large or consistent. The health knowledge and health-related equipment in the home were positively related to socio-economic status. However, there was no evidence to suggest that these factors are mechanisms through which poverty adversely affects health. The socio-economic statuses have no consistent relationship with the use of medical services for illness.

2.2. Wellbeing of Adolescents

Brouzos, Vassilopoulos & Boumpoulin, (2016) reveals in their study on the Adolescent subjective and psychological wellbeing: the role of meaning in life. The sample was taken from 477 Greek adolescents, the age group of 14 to 17 years, with the mean age of 15.52 years. The sample consists of the upper higher secondary school students having a good socio-economic background. The meaning in life and the two dimensions of wellbeing subjective wellbeing and psychological wellbeing were measured with the help of scales. The study states that there is a positive correlation between meaning in life and the two different dimensions of wellbeing. The adolescents who experienced a meaningful life have experienced high psychological and subjective wellbeing. The meaning in life has a positive influence on wellbeing rather than negative. Fair treatment was the first predictor of adolescent's wellbeing, followed by achievement in life.

Thomas, Liu & Umberson. (2017) states that the relationships within the family play a significant role in well-being across the life course. The types of family relationships discussed in the study include marital, intergenerational, and siblings, the relationship within the family have influence and affect the well-being either positively or negatively. The study also focuses on the quality and diversity of family relationships to understand its impact on the well-being of adults across the life course. The family relationship facilitates an individual to have better well-being by promoting the coping mechanism, engaging in healthier activities and enhancing self-esteem. Similarly, when there is a poor family relationship, including extreme care giving and divorce of parents can be a form of a stressor that has a negative effect on the well-being.

Moreira et al., (2015) conducted a study on the personality and well-being of adolescents among Portuguese adolescents. The sample consists of 1540 adolescents. The personality was tested using the Temperament and Character Inventory (TCI) test and the well-being was evaluated based on the composite perspective of life satisfaction, satisfaction with

social support and health-related quality of life among the adolescents. Variable-centered and individual-centered were also analyzed in this study, and the study was also evaluated based on the previous study conducted among adults. The well-being of adolescents has significant differences by age on the different dimensions of personality. Younger adolescents have a higher level of wellbeing. Self-directedness personality was strongly associated with all the dimensions of wellbeing. The results also confirm that the three dimensions of character measured by the Temperament and Character Inventories influence effective and non-effective well-being among adolescents.

Savoye, (2015) has a study based on the 9th Health Behavior in School-aged Children (HBSC) study. The purpose of this study is to understand the gender differences in psychological complaints through well-being factors including sell-confidence, helplessness, life satisfaction, and body image. These factors help in examining the gender differences based on the age categories, and a different investigation on the female was done after taking into account of each factor of well-being. The results showed that boys tend to have better well-being in terms of life satisfaction, helplessness, self-confidence and body image than girls. and showed that there is a significant association between each well-being factor and psychological health symptoms. The gender differences remained significant only in sleeping difficulties among 13–to 15-year-olds. The study concludes that self-confidence is an important factor in decreasing the gender difference.

Zukauskene, (2013) conducted a review of literature on the adolescence and wellbeing. The literature shows that the wellbeing of adolescents is related to both individual and contextual factors. The health of adolescents is shaped by the environment in which they grow and develop. The adolescents living conditions and dwelling places may affect the wellbeing of a person. Those who came from lower-income and higher-income may vary to a great extent.

Bakar & Sidek, (2013) conducted a study on the wellbeing of adolescence: a fitting measurement. The study was conducted among 650 students in Malaysia; they developed a self-administered scale for wellbeing which includes the three dimensions of physical, psychological and social wellbeing. The scale was given five points each. This study will bridge a gap between the bodies of literature concerning Positive Psychology and well-being. Well-being was found to mediate the relationship between satisfaction with support and parenting satisfaction. Psychological well-being promotes optimal parenting. Poor mental health and low perception of well-being may lead to burdensome physiological symptoms. This means a positive perception of psychological well-being contributes to fewer physical problems.

Hasumi, et al. (2012) studies the 'Parental Involvement and Mental Well-Being of Indian Adolescents. The study examines the relationship between parental involvement and mental wellbeing among school-going children between the age group of 13-15 years. The 6721 students who participated in India's nationally- representative Global school-based Student Health Survey (GSHS) were selected for the sample. The parental involvement including homework checking, understanding of the children's problem, and parental knowledge of the adolescent's free time was reported to decrease with age, while poor mental health (loneliness, insomnia due to anxiety, and sadness and hopelessness) increased with age. Among the adolescents school-going in Indian who reported high levels of parental involvement in their lives to tend to report lower levels of depression, loneliness, and anxiety. Age-adjusted logistic regression models showed that high levels of parental involvement were consistently associated with a decreased likelihood of poor mental health for both boys and girls. This study shows an important perspective of Indian adolescents.

Jeba & Premraj, (2015) reveal that social and emotional wellbeing is a multifaceted concept encompassing both individual capacities and social competencies, it refers to the way an individual thinks and belief about themselves. The effect of the social and psychological wellbeing differ based on the development stages of a person, the effect on children or adolescent may differ in their behavior, thoughts, and feelings. There is no single measure for the social and emotional wellbeing of children and adolescents. Depending on how people report on their overall life satisfaction or happiness is a common measurement used to assess social and emotional wellbeing. Across childhood and Adolescence, socio-economically disadvantaged backgrounds are less likely to have positive social and emotional wellbeing. The wellbeing includes being able to adapt and deal with daily challenges (resilience and coping skills) while leading a fulfilling life.

Pravitha & Sembiyan, (2015) conducted a study on the psychological well-being of adolescents in the current scenario. The sample consisted of 50 adolescents from engineering college, they were randomly selected, and the sample age range falls between 18-21 years respectively. The Ryff psychological wellbeing scale was administered to assess the wellbeing of an adolescent. The findings state that socio-demographic variables like income, age, and gender are negatively related to the psychological wellbeing of adolescents. At the same time, the study hypothesis is stating to be true that hosteller adolescents may have good psychological wellbeing at some point.

Spencer & Thanh, (2012) conducted a review on the Adolescence Well-being: fitting measurement. The review demonstrates there is only a limited extent of published literature on

the impact of low income/SES on the well-being of adolescents. The review reveals that the income and socio-economic background of children affect children until they attain adulthood. The early childhood low income/SES experience with later undesirable physical health outcomes. The impact of different duration of low income/SES and mediators and moderators were not studied.

Yeo, et al. (2007) examined the gender differences in adolescents' concerns and emotional wellbeing among Singaporean adolescent students. The study reveals that girls are more concerned about their emotional wellbeing than boys. The adolescent girls tend to have a better relationship with their peers, classmates, and parents than boys this may be because of their socialization process, the roles played in the family may also increase the relationship with their parents. However, girls are more worried about themselves and have emotional distress compared to boys. About the coping mechanism of their emotional distress, adolescent girls may have more difficulty in coping than male adolescents.

Trzcinski & Holst, (2007) examine the Subjective Well-being among Young People in Transition to Adulthood among young people in Germany. The study focuses on the socio-demographic characteristics of young people and their parents, personality traits, quality and quantity of relationship with others, their life satisfaction. The result indicates that there is stability in the different domains of life satisfaction. The adolescents who have a good relationship with their mothers are probably having a higher level of subjective wellbeing than those with a lower quality of the relationship with parents or mothers. The qualities of relationships within the family and friends have a positive association with subjective life satisfaction. The study also indicates that there is no consistent relationship between the wellbeing and the household income, but a little sign on the mother's report of financial worries are expected to have a negative influence on the wellbeing of adolescents. The employment status of the mother also has a little influence on wellbeing.

This study examined meaning in life and psychological well-being in male and female students of pre-adolescence and adolescence periods. A total of 104 students were randomly selected from various schools, 54 students were from class 12 and 50 students from class 9. Two questionnaires, one Personal Meaning Profile (PMP) by Wong and another Well-Being Manifestation Measure Scale (WBMMS) by Masse et al. were administered in this study. It was hypothesized that there will be significant differences in the perception of life as meaningful and psychological well-being of different groups of students; t-test was used to analyze the data. Besides discussing the results, applied aspects of a meaningful life and psychological well-being are also discussed.

The main aim of the study is to have a look at meaning in life and the psychological wellbeing of different groups of students especially concerning gender differences and grades of students. Meaning in life is highly correlated with psychological well-being. This shows that if a person perceives his or her life to be meaningful then he or she will feel more psychologically well off than those who do not perceive their life to be meaningful. There can be various factors such as the developmental level of the person, family and social environment and relationships, schooling, career orientation, grade and gender that influences meaning in life and psychological well-being of an individual. (Rath. & Rastogi, 2007).

Karastzias, et al. (2006) conducted an exploratory study among the Scottish adolescents on predicting general wellbeing from self-esteem and affectivity. The study reveals that affectivity and self-esteem are important predictors of general well-being in adolescents, although home self-esteem seems to be one of the most important predictors of well-being. The two well-being domains' mood and self-efficacy also affect the total well-being. The study reveals that familial factors including the home environment, communication, and relationship within the family are contributing factors in promoting the well-being of adolescents. Also, the school self-esteem was the best predictor of physical well-being domain and negative affectivity was the best predictor of anxiety well-being

2.3. Socio-economic status and wellbeing of Adolescents

Ting, (2018) conducted a study on the effect of 'socio-economic status on children's psychological wellbeing in China: the mediating role of family social capital'. The result shows that socio-economic status was not significantly related to the psychological wellbeing of children. Moreover, the two indicators of social capital parental involvement and parent-child relationship play a crucial role in the development of the mental and psychological wellbeing of children.

Frasquilho, et al,. (2017) conducted a cross-sectional study on the factors affecting the well-being of adolescents living with unemployed parents, the study was conducted to improve the wellbeing of adolescents related to their parental unemployment. The study reveals that there is a higher rate of unemployment among the mother than the father and states that the mother's unemployment status has little effect on the well-being of adolescents. Girls from lower socio-economic status reported that their well-being is less effect by their parental unemployment. The study also highlighted that the feelings of father's unemployment is negatively affected among the older adolescents boys and the mother's unemployment is negatively affected among older adolescents girls which shows that the older adolescents are

more concerned about their family economic condition and how the employment status of the parents have affected on their life as the parents are the role model during the adolescents.

Divya & Paul (2016) conducted a study on the Socio-economic status and wellbeing among early adolescents. The study consists of 200 adolescents (100 male and 100 female) from the private and government school of South India, they were selected purposively. The Socio-economic Status scale (SESS) and Personal Wellbeing index School Children were administered to measure socio-economic status and wellbeing respectively. The study shows that the wellbeing and socio-economic status do not influence each other, depending on the individual's perception of happiness, the level of wellbeing is considered to be higher. There has found to be significant differences in the wellbeing of boys and girls, girls tend to be better than boys in their wellbeing.

Khanna P. & Singh K., (2015) examined the perceived factors affecting well-being among urban Indian adolescents. The participants were students and teachers from both government and private school Schools, the qualitative data was collected from 900 students among the age group of 10-15 years and the semi-structure interview schedule was employed among 17 teachers about adolescent's problems and interventions.   The study reveals that due to lack of parental guidance, peer pressure, influence of social media and technology and academic pressure harm the wellbeing of adolescents, at the same time the teachers also reveal that the as the adolescents are in the transitional phases into adulthood where there is a drastic change physically and psychologically, due to these the adolescents may encounter problem in development of their general wellbeing. To improve their wellbeing and happiness the adolescent's students reported that the quality of relationships within the family, the relationship with their school teacher and with their peers and to have more activity-based learning.

Chu et al., (2015) conducted a study on the Effects of Socio-economic Status and Social Support on Well-being. Cluster sampling methods were used for the investigation. 600 questionnaires were distributed to high school students aged 12 − 18 from two senior high schools chosen in Beijing, with 541 questionnaires returned and 520 valid (male 226, female 294). The valid response rate is 86.67. The study indicates that socio-economic status does not have a significant effect on well-being when social support is taken into consideration. Without consideration of social support, it is found that family income has some influence on children's well-being, while parents' degree of education and occupation do not. However, when social support is taken into consideration, the influence of family income becomes insignificant. This implies that socio-economic status may influence well-being through social support. The

family support and interaction within the family can develop the wellbeing of a person this applies to both with higher and lower socio-economic status, which shows that the socio-economic status does not have a greater influence on the wellbeing of an individual. One dimension of socio-economic status i.e., the family income has a positive influence on the wellbeing of a person.

Verga et al, (2014) conducted a cross-sectional study on socio-economic inequalities in mental well-being among Hungarian adolescents. The sample was taken from three schools, where 471 students were selected from 22 classes. There is a positive, inconsistent association between adolescent's family SES and mental wellbeing of adolescents. The occupational status of parents' particularly unemployed and manual employment was considered to be the determinant of mental wellbeing. The educational status of parents was the weakest predictor of the family SES. Both gender and age have a significant correlation on the mental wellbeing of adolescents.

Bergman & Scott (2001) in their studies of Young Adolescent wellbeing health risk behavior: gender and socio-economic differences conclude that there is a little gender difference on the wellbeing of young generation, which can be explained through their socialization process, gender identity as well as the existing inequality between men and women in the society. The study also states that age is also an important predictor of happiness in family life regardless of gender. The older adolescents are less happy with the family life, presumably because of their desire to autonym and freedom from their parents. The socio-economic predictors like home background, social class, and household income have little effect on the wellbeing of adolescents.

Peiro, (2005) examine the relationship between socio-economic condition and happiness or satisfaction of an individual and conclude that age, health, and marital status have correlated with happiness and satisfaction. Moreover, unemployment is significant with financial satisfaction not with happiness, as income is related to financial satisfaction, the relationship with happiness and life satisfaction are somewhat weaker. The distinct spheres of wellbeing: happiness and satisfaction are affected by both economic and social conditions.

Lillo & Daniela (2015) stated that there is a positive association between socio-economic status and satisfaction with income and PWB. The associations were stronger with PWB facets related to relational, control and self-esteem processes, and weaker with the purpose of life, growth, and autonomy. The satisfaction with socio-economic status and power reduced but did not eliminate the effect of socio-economic status on personal wellbeing. There is a reliable direct effect model of socio-structural position on wellbeing, but also with the

relevance of satisfaction with a social position as an appraisal process to indicate high psychological wellbeing.

Villarroel, et al., (2015) conducted a study on the association between indexes of socio-economic status, satisfaction with income and status, and psychological well-being (PWB) were examined in a representative sample of Chileans. 'Results confirm a positive association between socio-economic status and satisfaction with income and status and PWB. Associations were stronger with PWB facets related to relational, control and self-esteem processes, and weaker with the purpose of life, growth, and autonomy. Results are consistent with a direct effect model of socio-structural position on well-being, but also with the relevance of satisfaction with a social position as an appraisal process to indicate high psychological well-being. SES associates more strongly in the same with eudemonic well-being as evaluated by Ryff's scale than with HWB. This means that the influence is greatest in the aspects of personal growth, sense of life, positive relations with others, self-esteem, autonomy and control of the means of well-being'.

Huurre, (2002) conducted a study to investigate the impact of parental socio-economic status (SES) on subjects' well-being and health behavior in adolescence, early adulthood and adulthood, and whether these impacts remained after controlling for the person's own SES. The sample consists of all 16-year-old from ninth grade school pupils who completed questionnaires at school. They conducted a followed up study using postal questionnaires when the respondents were aged 22 and 32 years.

Results indicate that the 'female adolescents brought up from the manual class family have lower self-esteem and distress symptoms from their adolescence to adulthood than those brought up from the non-manual background. Likewise, the male adolescents brought up from the manual class families also have lower self-esteem during their adolescent and early adulthood. In terms of depression, health status or prevalence of chronic illness there are no significant differences with regards to gender. Unhealthier behaviors regarding smoking and physical activity were more prevalent among both genders of manual class origin, and females of this group had higher rates of overweight and higher body mass index scores. After controlling for the person's own SES, the effect of parental SES diminished but remained significant for smoking in both genders and physical activity in males up to 22 years, and self-esteem and BMI in females up to 32. The follow-up study contributes to the health inequality debate investigating parental SES differences in health behavior and somatic health, and particularly in psychological health, which is relatively rarely investigated. The results also indicate that parental SES has effects on early adult and adult well-being and health behavior

other than those mediated by current SES. The impact of parental socio-economic status on self-esteem remained significant for females until their thirties, even when their socio-economic status was controlled for'.

Shek, (2008) conducted a longitudinal study on the Economic disadvantages, perceived family life quality and emotional well-being in Chinese adolescents. The sample was taken from secondary students experiencing economic disadvantage and the high socio-economic background was also included. The studies also focus on the quality of parenting and parent-child relationship as well as the differences between a mother to child and father to child relationship is also considered.

The study states that two possible mechanisms are contributing to the relatively weaker parental control in families experiencing economic disadvantage. First, the economic disadvantage of parenting deteriorated the psychological well-being of the parents. Second, as parents in poor families may be preoccupied with economic stress and other related issues, they would spend less time on their parenting tasks, which in turn impairs the psychological well-being of adolescents. Furthermore, adolescents with no economic disadvantage differed from adolescents experiencing economic disadvantage in terms of their psychological well-being. The findings also indicate that the psychological well-being of adolescents experiencing economic disadvantage was poorer than those adolescents who have not to experience economic worries. Emotional well-being was also different in adolescents with and without economic disadvantage. Although adolescents experiencing the different intensity of economic disadvantage differed on some paternal parenting processes, no related differences were observed for other measures of family life quality and emotional well-being.

Nettle, (2011) conducted a study on "socio-economic status and subjective well-being', the study reveals that when the socio-economic status has increased the level of the subjective wellbeing will automatically increase, there is an association between these variables. The study is cross-sectional based on the British population. The study also reveals that subjective well-being is associated with physical and mental health. The people with higher socio-economic groups are more satisfied with life and have fewer psychosomatic symptoms as well as higher levels of perceived personal control of their lives. Income alone does not appear to be causally important since low earners with high perceived control have greater subjective well-being than high earners with low control.

There are various studies on the wellbeing of the adolescent at the international level, but a few studies on the national level relating to the socio-economic status and wellbeing of an adolescent. There are no significant studies in the area of research correlating on the socio-

economic status and wellbeing of adolescents in rural areas. There are M. Phil dissertations conducted on adolescent's life skills, socio-economic challenges, parental bonding, etc, in Mizoram, but no studies related to their wellbeing and socio-economic status. These are the research gaps found out based on the review of the literature. Thus, the present study attempts to fulfill the research gaps in terms of studying the socio-economic status and wellbeing of adolescents

The present chapter reviewed the available literature on the socio-economic status and the wellbeing of adolescents. The next chapter presents the methodology applied to carry out the present study

CHAPTER-III

METHODOLOGY

In this chapter, the description of the methodology of the study is presented. The earlier chapter presented a critical review of the literature and major research gaps therein. The present chapter describes the setting of the study and methodology, description of the study process and the techniques used. The chapter deals with the profile of the study area, methodological aspects such as research design, sampling, tools of data collection, sources of data analysis and limitations.

Field of the Study

The study is conducted in Mizoram, Mizoram is a mountain area covering approximately 21,089 square kilometers, about 91% of the state is cover with green forest. Like many other states in India, Mizoram was previously part of Assam till 1972 and curved as the Union territory.
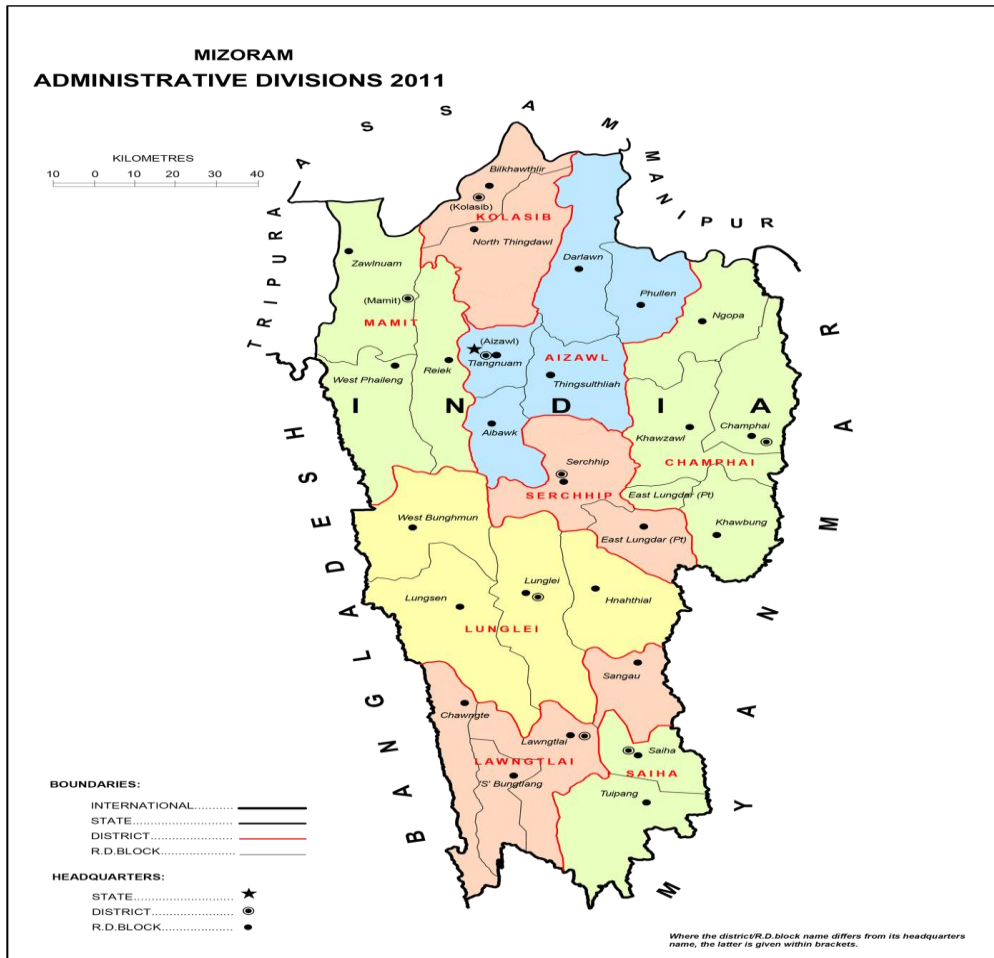

Figure 3.1. Map of Mizoram

Mizoram became the 23rd state of the union on February 29, 1987. According to the 2011 census, Mizoram holds the second least populous state in India having 1.09 million population comprising o.55.males and 0.54 females. With a literacy rate 19.6 percent ranking 3rd in the country. Male and female literacy rates are 93.7 and 89.4 percent respectively.
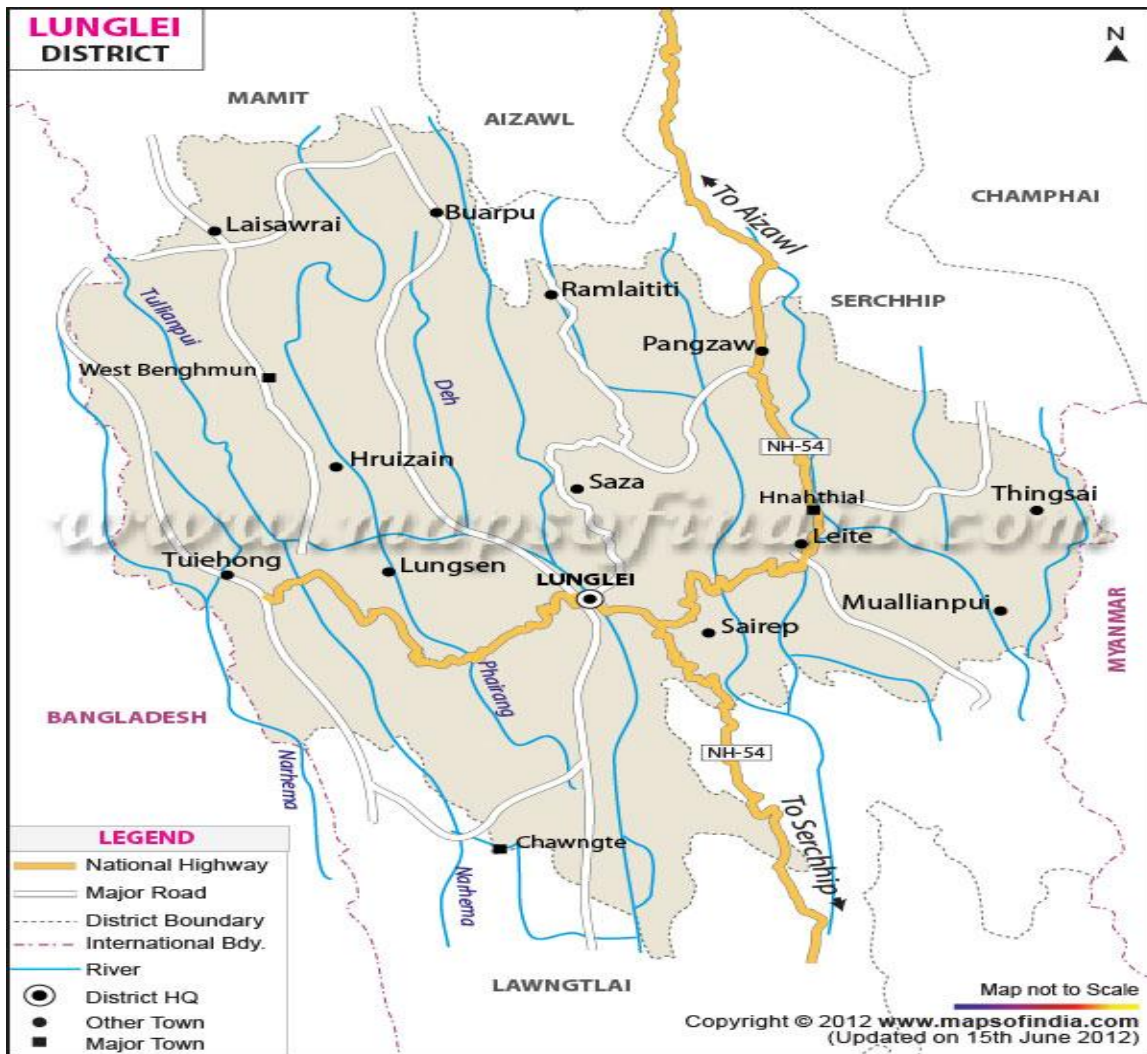
Figure 3.2. Map of Lunglei

The area of the present study is Lunglei town; it is located around 180 km away from Aizawl to the southern part of Mizoram. It is the second capital of the state under the administration of the deputy commissioner. The total population of Lunglei according to the Census report of 2011 is 154,094, the district has a population density of 36 inhabitants per square km (93/sq. m). The population growth rate over the decade of 2001-2011 was 17.64 percent with a sex ratio of 947 females for every 1000 males. According to the 2011 Census, the average literacy rate of Lunglei is 88.86. At gender wise, male and female literacy were 92.04 and 85.49 respectively (Census, 2011).

Lunglei is the second capital of the state; it is far behind in terms of development and infrastructures as compared to the state capital.

Profile of the Study Area

The present study was conducted in four schools on the core and peripheral community of Lunglei, Mizoram. Two schools Government Leitlangpui High school, Electric Veng and

Sacred Heart School students are selected representing core area and two schools Eklavya Higher secondary school, Pukpui, and Faith Hill high school are selected as a peripheral area. The schools are selected based on the location, distance, and availability of students.

Pilot Study

The pilot study was conducted during September 2019 among higher and high school students. Further, the researcher distributed on the related subject on core and periphery area adolescents to find out the feasibility of the study. Ten respondents are selected for pretesting the questionnaire and the tool used in the present study.

Research Design

The study is cross-sectional in nature and descriptive in design. The unit of the study is adolescent. Mixed methods research is applied which involves philosophical assumption and an approach to inquiry that contains qualitative and quantitative approaches. Both quantitative and qualitative data are collected. The primary data were collected through the field survey using a structured questionnaire, focused Group Discussion and Case study.

The population of the study focused on all adolescents in Lunglei town, while the target populations from within the town the schools located in the core and periphery area respectively.

Sampling

The study is conducted in Lunglei, Mizoram. The unit of the study is adolescent school-going children. The study is based on the field survey conducted in four schools based on the characteristics of the core and periphery in Lunglei. A total of 100 adolescent's schools going children (47- male and 53-female) were accessed and the questionnaire was distributed to them. The respondents selected by using a stratified proportionate sampling technique.

Tools of Data Collection

The quantitative data is collected through a structured questionnaire from the respondents. The questionnaire consisted of five parts. The first part was the profile of the respondents which included their personal and familial characteristics. The second part was the socio-economic status and household possessions. The third part was the scale to measure the Personal Wellbeing index developed by Cummins and Lau (2005), which is assessing the dimensions of wellbeing (whole), standard of living, personal health, achievement in life, personal relationship, personal safety, feeling part of the community, future security, and spirituality/religion. The fourth part was covering the physical wellbeing, psychological wellbeing, emotional wellbeing, and social wellbeing by and large. The tool was tested for its

reliability by conducting the statistic test for Cronbach's alpha and the value was0.79 it was found to be reliable since the value was almost 8, and the Guttman split-half is 0.70 hence the scale is reliable to measure the dimensions. The qualitative data was collected by conducting a focus group discussion and case study and PRA technique of Daily Activity Schedule.

Sources of Data

The primary source of data was collected with the help of a questionnaire, focus group discussion, case study, and PRA- a technique using the daily activity schedule. The secondary sources of data include the journals, articles, books and web resources that were about the present study.

Data analysis

The collected data were initially edited and entered into Microsoft Excel and SPSS is used to analyze the data. The collected data were then analyzed with descriptive statistics, simple frequency table, correlation, and non- parametric tests used for analyzing the data for interpretation based on the objectives of the present study.

Limitations of the study

The study is conducted with a small sample size and only with limited adolescents in the core and periphery areas of Lunglei town which is difficult to give a generalization of the findings to all the respondents in the district, Mizoram as well. Respondents for this study, the adolescent do not represent the whole population of youth in Mizoram, Northeast India. The present study is restricted to only adolescents.

This chapter has presented the methodology adopted to carry out the study in detail the research design, sampling and tools of data collection and data analysis. In the next chapter, the results of the analysis of quantitative and qualitative data collected are discussed.

CHAPTER IV

RESULTS AND DISCUSSION

This chapter presents the results of the analysis of the data collected through questionnaires, case studies and focused group discussions in 4(four) schools of both private and government in Lunglei, Mizoram.

Profile of the respondent is presented into 5 categories viz., age group, gender, religion, denominations, and tribe. The profile of the respondents is also presented based on the area of the study (See Table 4.1).

Age is an important variable in the study. The respondent's age is divided into two categories: i) 13-16 years and ii) 16-19 years. Among the age group of 13-16 yrs, less than three fourth of the respondents (70.83%) are from the core area, while more than half (63.46%) are from the peripheral area. More than two-thirds of the respondents (68%) fall under the age group of 13-16 yrs while one-third of the respondents (33%) fall under the age group of 16-19 yrs. The mean age of the respondents is 15.74 yrs. respectively.

Gender is also an important variable in the study while more than half (54.17%) of the male respondents reside in the core and almost half (47%) of the respondents reside in the periphery. Among, male more than half of the respondents (59.62%) reside in the peripheral area of Lunglei town. A little more than half (53%) of the respondent is female and almost half (47%) of the respondents are male.

Since the study is conducted in a society where Christianity is the main religion of the state, it is not surprising that almost all of the respondents (92%) belong to Christianity, less than a tenth (6%) are Buddhist and only (2%) are Hindu. Almost one-tenth (8.33%) of the respondents reside in the core area following Buddhism as their religion.

4.1 Profile of the Respondents by Domicile

Sl.No	Characteristics	Domicile		Total
		Core	Periphery	
		n=48	n=52	N=100
I	**Age in Years**			
I	13-16 years	34 (70.83)	33 (63.46)	67 (67.00)
	16-19 years	14 (29.17)	19 (36.54)	33 (33.00)

	Mean	15.74		
II	**Gender**			
	Male	26 (54.17)	21 (40.38)	47 (47.00)
	Female	22 (45.83)	31 (59.62)	53 (53.00)
III	**Religion**			
	Christian	43 (89.58)	49 (94.23)	92 (92.00)
	Hindu	1 (2.08)	1 (1.92)	2 (2.00)
	Buddhist	4 (8.33)	2 (3.85)	6 (6.00)
IV	**Denomination**			
	Baptist	25 (52.08)	31 (59.62)	56 (56.00)
	Presbyterian	7 (14.58)	8 (15.38)	15 (15.00)
	UPC Mizoram	4 (8.33)	3 (5.77)	7 (7.00)
	UPC NE	2 (4.17)	4 (7.69)	6 (6.00)
	Salvation Army	1 (2.08)	2 (3.85)	3 (3.00)
	Others	5 (10.42)	2 (3.85)	7 (7.00)
	NA	4 (8.33)	2 (3.85)	6 (6.00)
V	**Tribe/Sub tribe**			
	Lushei	41 (85.42)	49 (94.23)	90 (90.00)
	Hmar	0 (0.00)	1 (1.92)	1 (1.00)
	Lai	1 (2.08)	0 (0.00)	1 (1.00)
	Others	6 (12.50)	2 (3.85)	8 (8.00)

Source: Computed   Figures in parentheses are percentages

Religion plays a vital role in the life of every individual, likewise, the religious denomination is also an important factor in the study and the denomination varies. More than half of the respondents (56%) are affiliated to the Baptist church of Mizoram, followed by more than a tenth (15%) Presbyterian, less than one-tenth (7%) are affiliated to the United Pentecostal Church of Mizoram, a little (6%) belong to united Pentecostal church North East and the others respond include the denomination which is not presented in this variable, while the not applicable include the Buddhist and Hindu religion. With regards to the denomination

of the respondents more than half (59.62%) who are affiliated in the Baptist church resides in the peripheral area and more than a tenth (14%) of the respondents affiliated in the Presbyterian Church resides in the core area of Lunglei town.

The tribe is divided into four categories Lushei, Hmar, Lai, and others. More than three fourth of the respondents (78%) belongs to the Lushei tribe, followed by more than a tenth (12%) Hmar tribe, only 2% belong to the Lai tribe and the others (8%) belong to Chakma and Mara tribe respectively. Almost all of the respondents (78%) belong to the Lushei tribe.

Table 4.2 shows the educational status of the respondents by domicile, since, the study was conducted among higher secondary and high school sections from both government and private schools. Their educational standard/class is an important categorical variable in the study. Class-XII have the highest respondents comprising (30%), one fourth (26%) are in their Class-X standard, followed by (24%) reading in class-IX. Meanwhile, one fifth (20%) of the respondents are class-XII students. The table shows that both high and higher secondary are equally distributed.

As mentioned earlier the samples are taken from both government and private schools. More than half of the respondents (53%) are from government school while almost half (47%) of the respondents are from a private school.

The type of their schooling is also taken; more than half of the respondents (65%) are day scholar and more than one third (35%) are residing in the hostel. With regards to their schooling almost half (47.92%) of day, scholar resides in the core area of the town.

Means of going to school show the respondent's economic status whether they afford a vehicle or they go on foot. Less than three fourth of the respondents (66%) goes to school on foot and almost one third (29%) go to school with their private transportation. A little less than one-tenth (5%) go with public transportation or school bus.

The school performance is divided into four categories viz., excellent, very good, good and bad. More than half (67%) of the respondents had a 'good' performance in school, followed by a very good performance with more than a fifth (22%), while a tenth (10%) have an excellent performance, only (1%) had a bad performance in school.

4.2. Educational status of the Respondents by Domicile

Sl. No	Characteristics	Domicile		Total N=100
		Core n=48	Periphery n=52	
I	Class			
	Class IX	12	12	24
		(25.00)	(23.08)	(24.00)
	Class X	11	15	26

		(22.92)	(28.85)	(26.00)
	Class XI	11	9	20
		(22.92)	(17.31)	(20.00)
	Class XII	14	16	30
		(29.17)	(30.77)	(30.00)
II	**Type of School**			
	Gov't	20	33	53
		(41.67)	(63.46)	(53.00)
	Private	28	19	47
		(58.33)	(36.54)	(47.00)
III	**Type of schooling**			
	Hosteller	23	12	35
		(47.92)	(23.08)	(35.00)
	Day scholar	25	40	65
		(52.08)	(76.92)	(65.00)
IV	**Means of going to school**			
	By foot	29	37	66
		(60.42)	(71.15)	(66.00)
	Private	17	12	29
		(35.42)	(23.08)	(29.00)
	Public	0	3	3
		(0.00)	(5.77)	(3.00)
	School bus	2	0	2
		(4.17)	(0.00)	(2.00)
V	**School performance**			
	Excellent	7	3	10
		(14.58)	(5.77)	(10.00)
	Very good	9	13	22
		(18.75)	(25.00)	(22.00)
	Good	32	35	67
		(66.67)	(67.31)	(67.00)
	Bad	0	1	1
		(0.00)	(1.92)	(1.00)

Source: Computed   Figures in parentheses are percentages

4.3. Parental Educational status by Domicile

Sl.No	Education	Domicile		Total
		Core	**Periphery**	**Total**
		n=48	**n=52**	**N=100**
I	**Fathers'**			
	Post Graduate	7 (14.58)	5 (9.62)	12 (12.00)
	Under Graduate	7 (14.58)	11 (21.15)	18 (18.00)

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	HSSLC	14 (29.17)	7 (13.46)	21 (21.00)
	HSLC	16 (33.33)	14 (26.92)	30 (30.00)
	Upper primary	6 (12.50)	11 (21.15)	17 (17.00)
	Not Applicable	0 (0.00)	2 (3.85)	2 (2.00)
II	**Mothers'**			
	Post Graduate	4 (8.33)	4 (7.69)	8 (8.00)
	Under graduate	2 (4.17)	9 (17.31)	11 (11.00)
	HSSLC	15 (31.25)	5 (9.62)	20 (20.00)
	HSLC	16 (33.33)	22 (42.31)	38 (38.00)
	Upper primary	9 (18.75)	9 (17.31)	18 (18.00)
	Lower primary	2 (4.17)	3 (5.77)	5 (5.00)

Source: Computed   Figures in parentheses are percentages

The above table (4.3) shows the respondents' parental education by domicile. The educational status of the respondents' parents have been classified into eight levels: Ph.D., postgraduate, undergraduate, Higher Secondary School Leaving Certificate (HSSLC), High School Leaving Certificate (HSLC), upper primary (classes 5-7), lower primary (classes 1-4) and Illiterate. Among the respondents, Almost one third, (30%), of the respondents' father's educational level was High School Leaving Certificate (8-10) and a little more than one third (38%) of the respondents' mother's educational level was High School Leaving Certificate (classes 8-10). The analysis of the father's and mother's educational status shows there was no much difference until the postgraduate level. The educational statuses of the parents also show that there is no significant difference based on the domicile particularly the core and periphery. Therefore, from the data, both father's (30%) and mother's (38%) education status are less equal in percentages in HSLC (8-10), which shows that the majority of respondents' parents' education level is HSLC (8-10).

Moreover, the table reveals that there were no many differences between the father's and mothers' educational status in percentages. Therefore, from the data, we conclude that both father's (30%) and mother's (38%) education status are less equal in percentages in HSLC (8-10), which shows that the majority of respondents' parents' education level is HSLC (8-10).

The highest educational attainment of both father and mother were high and higher secondary school.

4.4. Respondent's Parental occupational status by Domicile

Sl.No	Occupation	Domicile		Total
		Core	Periphery	
		n=48	n=52	N=100
I	**Father's**			
	Govt. Servant.	26 (54.17)	30 (57.69)	56 (56.00)
	Cultivator	8 (16.67)	6 (11.54)	14 (14.00)
	Self-employed	6 (12.50)	8 (15.38)	14 (14.00)
	Others	2 (4.17)	5 (9.62)	7 (7.00)
	Daily Wage Laborer	4 (8.33)	2 (3.85)	6 (6.00)
	Business	2 (4.17)	1 (1.92)	3 (3.00)
II	**Mother's**			
	Unemployed	29 (60.42)	28 (53.85)	57 (57.00)
	Government Service	6 (12.50)	8 (15.38)	14 (14.00)
	Cultivator	8 (16.67)	5 (9.62)	13 (13.00)
	Self Employed	1 (2.08)	6 (11.54)	7 (7.00)
	Daily Wage Laborer	1 (2.08)	3 (5.77)	4 (4.00)
	Business	3 (6.25)	0 (0.00)	3 (3.00)
	Petty Trade	0 (0.00)	2 (3.85)	2 (2.00)

Source: Computed Source: Computed   Figures in parentheses are percentages

Table 4.5.Socio-economic Status by Gender

Characteristics	Gender		Total N= 100
	Male n = 47	Female n = 53	
Education (Family Head)			
Illiterate	0	4	4
	0.00	(7.55)	(4.00)
Middle	6	11	17

	(12.77)	(20.75)	(17.00)
High School	17	13	30
	(36.17)	(24.53)	(30.00)
Higher Secondary	7	14	21
	(14.89)	(26.42)	(21.00)
Graduate	9	9	18
	(19.15)	(16.98)	(18.00)
Post Graduate	8	2	10
	(17.02)	(3.77)	(10.00)
	df	Asymp. Sig. (2-sided)	
Chi-Square Tests	5	.040	
Occupation			
Unskilled	2	11	13
	(4.26)	(20.75)	(13.00)
semi-skilled	7	7	14
	(14.89)	(13.21)	(14.00)
Skilled	1	2	3
	(2.13)	(3.77)	(3.00)
Skill Jobs (Arithmetic)	4	10	14
	(8.51)	(18.87)	(14.00)
Semi-Professional	33	23	56
	(70.21)	(43.40)	(56.00)
Chi-Square Tests	df	Asymp. Sig. (2-sided)	
	4	.031	
Monthly income (Family)			
Rs. 2391-7101	0	4	4
	0.00	(7.55)	(4.00)
Rs. 7102-11836	12	5	17
	(25.53)	(9.43)	(17.00)
Rs.11837-17755	0	2	2
	0.00	(3.77)	(2.00)
Rs.17756 -23673	6	2	8
	(12.77)	(3.77)	(8.00)
Rs.23674 – 47347	14	15	29
	(29.79)	(28.30)	(29.00)
Rs. 47348 and above	15	25	40
	(31.91)	(47.17)	(40.00)
Chi-Square Tests	**df**	**Asymp. Sig. (2-sided)**	
	5	.022	
Socio-Economic Class			
Upper Middle	23	25	48
	(48.94)	(47.17)	(48.00)
Lower Middle	23	22	45
	(48.94)	(41.51)	(45.00)

Upper Lower	1	6	7
	(2.13)	(11.32)	(7.00)
Chi-Square Tests	**df**	**Asymp. Sig. (2-sided)**	
	2	.189	

Source Computed   **P<0.01   *P<0.05

The table (4.5) shows the socio-economic status by gender, among the respondents, family head educational status more than half (51%) were high and higher secondary school. Further, by analyzing the chi-square test there is a relationship between gender and education at 0.05 level of significance.

Among the respondents, the head of the family in occupation majority (56%) were semi-professionals (government servants, teachers) in which the majority of them were male while the least were unskilled. On the other hand, by analyzing the chi-square test there is a relationship between gender and occupation at 0.05 level of significance.

Among the respondents the head of the family income, majority (40%) income ranges Rs. 47348 and above and there was no difference between the gender. Again, in terms of the chi-square test, there is a relationship between gender and income at 0.05 level of significance.

As regards the socio-economic status, the majority half (48%) of the respondents were upper middle class and lower middle class. Further, it was found out that there was no upper class.

The economic status of the respondents is an important variable in this study as it denotes the socio-economic condition of the respondents which is the main focus of the study. The respondent's economic category is divided into three viz, APL, BPL and nonpoor. The **table 4.6** economic status of the respondents by domicile, a vast majority (66%) of the respondents were under the APL category, where the domicile of the respondents has no variation with both pertaining (33%) in this regard. One fourth (26%) of the respondent's family belong to BPL category and the rest one-tenth (8%) are nonpoor. From the table, we can conclude that most of the respondents belong to the APL category.

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Table 4.6 Economic Status of the Respondent by Domicile

Sl.No	Variables	Domicile		Total N=100
		Core n=48	Periphery n=52	
I	**Economic category**			
	APL	33 (68.75)	33 (63.46)	66 (66.00)
	BPL	10	16	26

40

		(20.83)	(30.77)	(26.00)
	Nonpoor	5 (10.42)	3 (5.77)	8 (8.00)
II	**Monthly household expenditure (Rs)**			
	5000-10000	20 (41.67)	10 (19.23)	30 (30.00)
	10000-15000	10 (20.83)	18 (34.62)	28 (28.00)
	15000-20000	9 (18.75)	14 (26.92)	23 (23.00)
	20000-25000	3 (6.25)	8 (15.38)	11 (11.00)
	25000-30000	4 (8.33)	1 (1.92)	5 (5.00)
	30000-35000	2 (4.17)	1 (1.92)	3 (3.00)
III	**Saving habit**			
	Yes	39 (81.25)	34 (65.38)	73 (73.00)
	No	9 (18.75)	18 (34.62)	27 (27.00)
IV	**Mode of savings**			
	Self	30 (62.50)	18 (38.46)	48 (48.00)
	Bank	9 (18.75)	16 (30.77)	25 (25.00)
	Not Applicable	9 (18.75)	18 (38.46)	27 (27.00)

Source: computed   Figures in parentheses are percentages

The household monthly expenditure of the respondent's family includes all the expenses incurred in their family through their self-report. The sum of the monthly expenditure was taken and measured to identify the characteristics of the expenditure based on income. It is divided into six categories: Rs. 5000-10000, Rs. 10000-15000, Rs. 15000-20000, Rs 20000-25000, Rs. 25000-30000, Rs. 30000-35000 respectively. Almost one third (30%) of the respondent's expenditures range from Rs. 5000-10000 per month, more than one fourth (28%) expenditure was between Rs. 10000-15000 per month. More than one fifth (23%) expenditure range from Rs. 15000-20000, while more than a tenth (11%) monthly expenditure was between Rs. 20000-25000, only 5% of the respondent's family expenditure range from 25000-30000 and only (3%) of them have expenditure between Rs. 30000-35000.

Saving habits is one of the best habits, which is very useful for everyone for future purposes. People of all age groups, from children to aged, are interested in saving. The table shows the saving habits of the respondents by gender. A vast majority (73%) of them have the saving

habits and the remaining (27%) of them did not have the habit of savings. With regards to domicile, there is no variation and thus, we can conclude that the majority (73%) of the respondents have the habit of saving money.

The respondents' mode of saving by domicile is also presented in this table. The mode of saving is divided into five categories namely bank, post office, chit fund, self, and others. Almost half (47%) of the respondents saved on their own like keeping safe at home or giving to the elders, one fourth (25%) of the respondents saved in the bank. The rest (27%) did not have the habit of saving. The characteristics of both the core and periphery vary with regards to the mode of savings, almost one third (30%) who have the habit of saving with self-resides in the core while only (18%) from the peripheral area have the habit of savings. The data reveal that the saving habit among the respondents was good and the most common mode of saving was in the form of self or own, the characteristics of core-periphery have variation with regards to the mode of saving.

Table 4.7 Familial characteristics of the Respondents by Domicile

Sl. No	Characteristics	Domicile		Total
		Core	Periphery	
		n=48	n=52	N=100
I	**Head of the family**			
	Father	44 (91.67)	41 (78.85)	85 (85.00)
	Grand parents	4 (8.33)	6 (11.54)	10 (10.00)

	Mother	0 (0.00)	4 (7.69)	4 (4.00)
	Uncle	0 (0.00)	1 (1.92)	1 (1.00)
II	**Family size**			
	5-10	34 (70.83)	43 (82.69)	77 (77.00)
	1-5	9 (18.75)	7 (13.46)	16 (16.00)
	10-15	5 (10.42)	2 (3.85)	7 (7.00)
III	**Type of family**			
	Nuclear Family	31 (64.58)	40 (76.92)	71 (71.00)
	Joint Family	17 (35.42)	12 (23.08)	29 (29.00)
IV	**Form of family**			
	Stable	44 (91.67)	44 (84.62)	88 (88.00)
	Single	1 (2.08)	4 (7.69)	5 (5.00)
	Reconstituted	1 (2.08)	3 (5.77)	4 (4.00)
	Broken	2 (4.17)	1 (1.92)	3 (3.00)
V	**Position in birth order**			
	Middle	20 (41.67)	26 (50.00)	46 (46.00)
	Eldest	18 (37.50)	18 (34.62)	36 (36.00)
	Youngest	9 (18.75)	6 (11.54)	15 (15.00)
	Only child	1 (2.08)	2 (3.85)	3 (3.00)

Source: Computed   Figures in parentheses are percentages

Family is the first social institution, where the child learns the culture, norms, and sanction. Table 4.7 shows the familial characteristics of the respondents whereas the family plays a vital role in this study. The head of the family plays a vital role in decision making and family life. Result shows that vast majority (85%) of the respondents reveal that the head of the family is 'father', a tenth (10%) reveal that the family is headed by their grandparents, only (4%) had 'mother' as the household head and alone respondent had 'uncle' as the household head.

Families differ in size; the size of the family varies from place to place and from region to region. The table shows the size of the family by domicile. The size of the family is divided into small (1-5), medium (5-10) and large (10-15). A little more than three fourth (77%) of them belonged to medium size families whereas less than 16 percent of them belonged to small size families. From the table, it is clear that in the core area the size of the family is smaller than in rural areas. Among the three sizes of families, the vast majority (77%) of them belonged to the medium size of the family.

There are two types of family in the study namely joint family, nuclear family, and extended family. The table shows the respondents' familial characteristics by domicile. The data shows that the majority (71%) of the respondents belonged to a nuclear family and more than one fourth (29%) of the respondent's families belonged to a joint family. About the type of family, the table also indicates that there is no much difference in the characteristic of the core and periphery in terms of the type of family.

The form of family is divided into four categories: stable, single, reconstituted and broken family. The table represents the form of the family by domicile. The vast majority (88%) of the respondents belong to a stable family, with having the same percentage on the characteristics of the core and periphery and less than one-tenth (5%) were a single-parent family, followed by (4%) reconstituted family and only 3% belong to a broken family. Hence, we conclude that most of the respondents are born and brought up in a stable family.

The respondent status in the family was also taken and reveals that almost half (46%) of the respondents are the middle child, more than one third (36%) of the respondents are the eldest child in the family while more than a tenth (15%) is the youngest child and only 3% of the respondents are only child in the family.

Table 4.8 Housing and land by Domicile

Sl. No	Variables	Domicile		Total
		Core	Periphery	
		n=48	n=52	N=100
I	**Type of house**			
	Assam type	29 (60.42)	39 (75.00)	68 (68.00)

	Concrete	15 (31.25)	9 (17.31)	24 (24.00)
	Mixed	4 (8.33)	4 (7.69)	8 (8.00)
II	**Ownership of house**			
	Owned	36 (75.00)	33 (63.46)	69 (69.00)
	Rented	11 (22.92)	17 (32.69)	28 (28.00)
	Quarter	1 (2.08)	2 (3.85)	3 (3.00)
III	**Size of house**			
	Big	32 (66.67)	44 (84.62)	76 (76.00)
	Small	10 (20.83)	7 (13.46)	17 (17.00)
	Very small	6 (12.50)	1 (1.92)	7 (7.00)
IV	**Separate study room**			
	Yes	28 (58.33)	19 (36.54)	47 (47.00)
	No	20 (41.67)	33 (63.46)	53 (53.00)
V	**Content with the housing and infrastructure**			
	Yes	42 (87.50)	42 (80.77)	84 (84.00)
	No	6 (12.50)	10 (19.23)	16 (16.00)
VI	**Land ownership**			
	Owned land	33 (68.75)	24 (46.15)	57 (57.00)
	No land	15 (31.25)	28 (53.85)	43 (43.00)

Source: Computed   Figures in parentheses are percentages

House and land are the prime indicators for assessing economic development. People reside in different types of houses; the houses are classified based on their roof. Table 4.8 shows the housing and land by domicile there are three types of houses mentioned in table viz. Assam type/ tin roof, Reinforced Cement in Concrete (RCC) and Mixed. Assam type house is made of asbestos and iron sheets or tin sheets and the mixed-used both concrete and iron sheet. The table (4.7) shows the types of houses found in Mizoram. More than two-thirds (68%) of the respondents resided in the Assam type house and almost one fourth (24%) of the respondents resided in the RCC type and less than a tenth (8%) lived in the mixed type of

house. The table reveals that the vast majority of the respondents in the core, as well as periphery areas, resided in Assam type houses. Hence, from this table, we conclude that more than two-thirds of them (68%) resided in Assam type houses.

The ownership of the house also indicates the socio-economic status of the respondent family. More than one third (69%) of the respondents lived in their own house, while more than one fourth (28%) of the respondents lived in a rented home and only (3%) lived in a quarter which is employment accommodation. There is a little variation on the characteristics of the core and periphery. Therefore the table shows that most of the respondents lived in their owned houses.

The size of the house is also an important variable in the study, the size of the house is divided into three categories: Big (3-4 rooms), small (1-2 rooms) and very small (no separate room). Three fourth (76%) of the respondents lived in a big house, less than one fourth (17%) of the respondents lived in a small house and only (7%) lived in a very small house. The table shows that the respondents from the periphery (84.62%) lived in a big house while (66.67%) resides in the core area. There is a little variation about the size of the house by domicile. This shows that more than three fourth (76%) of the respondents lived in a big house. Though most of them lived in a big house more than half (53%) did not have a separate study room. And almost all (84%) of the respondents were content with the housing and infrastructure.

The land ownership pattern of the respondent family that more than half (57%) have land and 33 from the core (68.75%) have owned land. Less than half (43%) of the respondents have no land.

Table 4.9 Respondents Household Possessions by Gender

Possession	Gender				Total N = 100	
	Male n =47		Female n = 53			
	Mean	SD	Mean	SD	Mean	SD
Internet	0.74	0.44	0.75	0.43	0.75	0.44
Computer/laptop	0.64	0.49	0.42	0.50	0.52	0.50
Air conditioner	0.06	0.25	0.02	0.14	0.04	0.20

Refrigerator	0.79	0.41	0.83	0.38	0.81	0.39
Microwave oven	0.26	0.44	0.34	0.48	0.3	0.46
Television	0.89	0.31	0.94	0.23	0.92	0.27
Landline phone	0.26	0.44	0.19	0.40	0.22	0.42
Mobile phone	0.98	0.15	0.98	0.14	0.98	0.14
Washing machine	0.85	0.36	0.66	0.48	0.75	0.44
Fan	0.83	0.38	0.83	0.38	0.83	0.38
Gas connection	0.98	0.15	0.89	0.32	0.93	0.26
Sofa set	0.72	0.45	0.45	0.50	0.58	0.50
Chairs and tables	0.96	0.20	0.96	0.19	0.96	0.20

Source: Computed

Household possession is an important variable to study socio-economic status. The table (4.9) represents the household possession of the respondents by gender, the highest score of the respondents is a mobile phone the mean score of (0.98). The least mean score of the respondent's household assets is a microwave oven with a mean score of 0.3. About gender, the highest mean score of the male is a gas connection with 0.98 scores and the highest mean score of the female is a mobile phone with 0.98.

Table 4.10 Respondents Possession of Vehicle by Gender

Vehicle	Gender				Total N = 100	
	Male n = 47		Female n = 53			
	Mean	SD	Mean	SD	Mean	SD
Bus	0.04	0.20	0.02	0.14	0.03	0.17
Truck	0.09	0.28	0.13	0.34	0.11	0.31
Car	0.36	0.49	0.32	0.47	0.34	0.48
Motor cycle	0.38	0.49	0.26	0.45	0.32	0.47
Scooter/scooty	0.64	0.49	0.32	0.47	0.47	0.50
Auto rickshaw	0.15	0.36	0.11	0.32	0.13	0.34
Any other	0.04	0.20	0.02	0.14	0.03	0.17

Source: Computed

The table (4.10) represents respondent possession of vehicle by gender. The highest vehicle possession is on scooter/scooty with a mean score of 0.47 and a standard deviation 0.32, the next vehicle possession is a car with the mean score of 034 at the standard deviation of 0.48. The least mean score is on the vehicle bus with a mean score of 0.03 and a standard deviation of 0.17. This table shows that almost half of the respondents owned vehicle scooty which is easily assessable for every family. Only a few families owned vehicle bus.

Table 4.11 Respondents Possession of Ornaments, Domestic Animals and Livestock by Gender

Possession	Gender				Total N= 100	
	Male n = 47		Female n = 53			
	Mean	SD	Mean	SD	Mean	SD
Ornaments						
Gold	0.53	0.50	0.32	0.47	0.42	0.50
Silver	0.72	0.45	0.66	0.48	0.69	0.47
Any other	0.04	0.20	0	0.00	0.02	0.14
Domestic Animal						
Dog	0.45	0.50	0.32	0.47	0.38	0.49
Cat	0.21	0.41	0.17	0.38	0.19	0.39
Livestock						
Piggery	0.00	0.00	0.13	0.34	0.07	0.26
Poultry	0.13	0.34	0.15	0.36	0.14	0.35

Source: Computed

The table (4.11) shows the respondent's possession of ornaments, domestic animal and livestock. Most of the respondents owned silver ornament with a mean score of 0.69 and a standard deviation of 0.47. The respondent ownership on domestic animals is also taken as a variable, with the mean score of 0.38 and a standard deviation of 0.49 the respondents owned a dog. And with regards to livestock rearing poultry is the highest with the mean score of 0.14.

Table 4.12 Health Status of the Respondent and family by Gender

Sl. No	Characteristics	Gender		Total
		Male	Female	
		n=47	n=53	N=100
I	**Health**			
	Good	43 (91.49)	38 (71.70)	81 (81.00)
	Bad	4 (8.51)	15 (28.30)	19 (19.00)
II	**Chronic illness**			

	Yes	4 (8.51)	9 (16.98)	13 (13.00)
	No	43 (91.49)	44 (83.02)	87 (87.00)
III	**Type of illnesses**			
	Not applicable	44 (93.62)	43 (81.13)	87 (87.00)
	Cancer	1 (2.13)	4 (7.55)	5 (5.00)
	Diabetes	1 (2.13)	1 (1.89)	2 (2.00)
	Kidney failure	1 (2.13)	1 (1.89)	2 (2.00)
	Back pain	1 (2.13)	0 (0.00)	1 (1.00)
	Epilepsy	1 (2.13)	1 (1.89)	2 (2.00)
	Stroke	0 (0.00)	1 (1.89)	1 (1.00)
IV	**Treatment**			
	Civil hospital	30 (63.83)	30 (56.60)	60 (60.00)
	Private/clinic	11 (23.40)	12 (22.64)	23 (23.00)
	Home remedies	4 (8.51)	9 (16.98)	13 (13.00)
	PHC	2 (4.26)	2 (3.77)	4 (4.00)

Source: Computed   Figures in parentheses are percentages

Health status is an important variable in the study, as health indicates the socio-economic status. Health is often considered as wealth, a healthy individual is expected to have a high level of wellbeing (see table 4.12). A vast majority (81%) of the respondents considered that they are healthy while only (19%) of the respondents considered they are not healthy enough. A little more than a tenth (13%) has chronic illness or disability within the family. About chronic illnesses or disability, the most prevalent illness among the respondents family is cancer with (5%) respond, with alone and (2%) respond with epilepsy, stroke, diabetes, kidney failure, and back pain. In case of occurrence of illness a large majority (60%) of the respondents get treatment from civil hospital, less than one fourth (32%) of the respondents get treatment from private hospital/ clinic and more than a tenth (13%) take home remedies and only (4%) take treatment from PHC.

The above table shows that most of the respondents (81%) considered that they are healthy, only a few (13%) are down with chronic illness and cancer is the most prevalent among the illness. The majority of the respondents get treatment from the civil hospital.

Wellbeing of Adolescents

The adolescent's wellbeing is an important variable in this study. The personal wellbeing index by Cummins and Lau is used to measure and assess the respondent's wellbeing. The scale includes nine items of happiness: life as a whole, standard of living, health, achievement in life, personal relationship, personal safety, feeling part of the community and future security. The religious/ spirituality is also included. The scale is given 10 points credits from 0-10, 0 means very sad and 5 means not happy or sad and 10 means very happy.

Table 4.13 Descriptive Statistics of Wellbeing

	N	Minimum	Maximum	Mean	SD
Life as a whole	100	1	10	7.64	2.052
Standard of Living	100	1	10	7.78	2.149
Health	100	2	10	8.24	2.085
Achievement in Life	100	1	10	7.92	2.299
Personal Relationship	100	1	10	7.98	2.155
Safety	100	3	10	8.03	2.002
Feeling part of Community	100	1	10	6.97	2.584
Future Security	100	1	10	6.81	2.477
Satisfaction of Religion	100	2	10	8.57	2.066
Personal Wellbeing (overall)	100	35	100	77.92	13.801

Source: computed

The table 4.13 shows the descriptive statistics of wellbeing, among the indicators the majority of the respondents scored satisfaction of religion (8.57), health (8.24), safety (8.03) personal relationship (7.98) and the least was future security (6.8) and the overall wellbeing of the adolescence above three fourth. From the table, we, conclude that the wellbeing of the respondents was healthy and they do not worry about the future security of their wellbeing.

Table 4.14 Respondents Personal Wellbeing by Gender

| S.No. | Domain | Gender | | | | | |
		Male n =47 Mean	Rank	Female n =53 Mean	Rank	Total N =100 Mean	Rank
(i)	Life as a whole	8.40	2	6.96	8	7.64	7
(ii)	Standard of Living	8.51	1	7.13	7	7.78	6
(iii)	Health	8.17	5	8.30	2	8.24	2
(iv)	Achievement in life	7.96	7	7.89	4	7.92	5
(v)	Personal Relationship	8.28	3	7.72	5	7.98	4
(vi)	Safety	8.13	6	7.94	3	8.03	3
(vii)	Feeling part of the community	6.55	9	7.34	6	6.97	8
(viii)	Future Security	6.91	8	6.72	9	6.81	9
(ix)	Satisfaction of Religion	8.19	4	8.91	1	8.57	1

Source: computed

The table (4.14) represents the respondents' personal wellbeing by gender. The respondents' have the highest rank (8.57) on happiness or satisfaction with their spirituality/religion, followed by a mean score of 8.24 with a health condition. The next (8.03) scores on the happiness of being safe. The lowest mean score (6.81) is on their future security and the next with a little difference (6.69) on the happiness of being a part of the community. The adolescent is worried about their future security and they did not have a sense of belongingness within their community. From the above table, we can conclude that the wellbeing of adolescents is at the average level where the lowest mean score is more than 5 points.

There is a significant difference in gender, we can see that the highest score (8.91) given by the female adolescents states that they are happy with their religion or spirituality while the male adolescents state that they are happy with their standard of living with the score of 8.51. We can see that girls are more concerned with their religion or spirituality while boys are happy with their standard of living. Taking the lowest mean score of boys on the sense or feeling part of the community while girls are not much focused on their future security.

Table 4.15 Socio-economic Status by Wellbeing

Wellbeing	Socio-economic Status						Total N = 100	
	Upper Middle n = 48		Lower Middle n = 45		Upper Lower n = 7			
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Life as a whole	7.92	2.05	7.27	2.14	8.14	1.07	7.64	2.05
Standard of Living	7.69	2.26	7.82	2.16	8.14	1.35	7.78	2.15
Health	8.40	2.03	8.04	2.22	8.43	1.72	8.24	2.08
Achievement in Life	7.71	2.57	8.13	2.10	8.00	1.63	7.92	2.30
Personal Relationship	8.00	2.40	7.80	2.00	9.00	1.00	7.98	2.16
Safety	8.31	1.72	7.80	2.23	7.57	2.30	8.03	2.00
Feeling part of Community	7.25	2.37	6.78	2.73	6.29	3.20	6.97	2.58
Future Security	7.02	2.45	6.69	2.48	6.14	2.85	6.81	2.48
Satisfaction of Religion	8.69	2.11	8.36	2.13	9.14	1.21	8.57	2.07
Personal Wellbeing (overall)	78.98	13.02	76.49	14.87	79.86	12.81	77.92	13.80

The table (4.15) shows the socio-economic status by wellbeing, there are 9 indicators in terms of assessing the wellbeing where the socio-economic status was derived by using the Kuppusamy socio-economic status scale revised version 2019 in order the classification of the socio-economic status as upper (26-29), upper-middle (16-25), lower-middle (11-15) and upper-lower (5-10) and lower (<5). In these five categories, only three categories were found by analyzing the data, in which upper and lower classes were not found. While comparing the three SES it was found that there was no much variation among the classes. However, the upper-lower class was better than the upper-middle class in terms of all the indicators of wellbeing as such. Further, by comparing the upper middle and lower middle there were high variations such as the satisfaction of religion, health, safety, life as a whole and personal relationship. From the table, we come to understand that there was a high variation between the upper-middle and lower-middle-class people. The satisfaction of religion, health, and safety play a predominant as concerned with the wellbeing of the present study.

Table 4.16 Inter correlations Matrix of Wellbeing

Wellbeing Indicators	Code	Var1	Var2	Var3	Var4	Var5	Var6	Var7	Var8	Var9	Var10
Life as a whole	**Var1**	1									
Standard of Living	**Var2**	.589**	1								
Health	**Var3**	.415**	.183	1							
Achievement in Life	**Var4**	.360**	.340**	.215*	1						
Personal Relationship	**Var5**	.407**	.503**	.246*	.483**	1					
Safety	**Var6**	.406**	.269**	.306**	.310**	.316**	1				
Feeling part of Community	**Var7**	.202*	.255*	.307**	.199*	.025	.397**	1			
Future Security	**Var8**	.294**	.425**	.267**	.338**	.406**	.376**	.413**	1		
Satisfaction of Religion	**Var9**	.173	.110	.263**	.390**	.211*	.264**	.211*	.233*	1	
Personal Wellbeing (overall)	**Var10**	.665**	.664**	.543**	.657**	.724**	.625**	.508**	.679**	.483**	1

Source: Computed   **P<0.01   *P<0.05

Table 4.16 shows the inter-correlation matrix of wellbeing. Wellbeing is an important concept to understand the state of assessing human life. There are nine dimensions in the personal well-being scale namely, happy with life as a whole, standard of living, health, achievement in life, personal relationship, feeling part of the community, future security, and satisfaction of religion. The table …shows the correlation matrix of personal wellbeing. The dimension of happiness with life as a whole is positively correlated with a happy standard of living, health and achievement in life, personal relationship, safety, and future security at 0.01 level of significance while feeling a part of the community is correlated at 0.05 level of significance. The second dimension of the happy standard of living is positively correlated with Achievement in life, personal relationship, safety, and future security at 0.01 level of significance while feeling a part of the community is correlated at 0.05 level of significance. The third dimension of health is correlated with safety, feeling a part of the community, future security and satisfaction of religion at 0.01 level of significance while the Achievement in life is correlated at 0.05 level of significance. The fourth dimension achievement in life is positively correlated with a personal relationship, safety, future security and satisfaction of religion at 0.01 level of significance while feeling a part of the community at 0.05 level of significance. The fifth dimension personal relationship is positively correlated with safety and future security at 0.01 level of significance while satisfaction of religion at 0.05 level of significance. The sixth dimension of safety is positively correlated with feeling part of the community, future security, and satisfaction of religion at 0.01 level of significance. The

seventh dimension feeling a part of the community is correlated with future security at 0.01 level of significance whereas satisfaction of religion at 0.05 level of significance. Thus, the table reveals the almost all the dimensions are positively correlated.

Table 4.17 Correlation Matrix between Socio-economic status and Wellbeing

	Age	gender	Area	Education	Occupation	Monthly income	Socio-Economic	Wellbeing (overall)
Age	1							
Gender	.127	1						
Area	.094	.138	1					
Education	-.132	**-.222***	-.129	1				
Occupation	-.256*	**-.245***	-.010	**.218***	1			
Monthly Income	-.136	.108	.053	.000	.051	1		
Socio economic status	-.248*	-.122	.001	.000	**.626****	**.713****	1	
Wellbeing (overall)	.032	-.100	-.030	.141	.076	.022	.099	1

Source Computed   **P<0.01   *P<0.05

Table 4.17 shows the correlation Matrix between the overall wellbeing and socio-economic status, the correlation variable is tested based on the age, gender, area (domicile), education, occupation, monthly income of the family, economic status. As regards to gender were negatively correlated with education and occupation at 0.05 level of significance, which shows that as the female education level increases and the male educational level decrease in occupation as well. Further, in terms of education, there was a correlation between education and occupation at a 0.05 level of significance. As regards the family monthly income, it correlates with socio-economic status.

To test the hypothesis derived from the present study: There is a relationship between wellbeing and gender. The above table shows that the overall wellbeing is not correlated with gender and another socio-economic status.

4.3. QUALITATIVE

a. Case Vignette

Case 1

Name: Mr. Rex (*fictitious)

Age: 14

Religion: Christian

Educational standard: Class-X

Mr. Rex was the youngest child in the family. He has two elder brothers and one sister. His father is a government employee and his mother is a homemaker. He has a lot of friends; he hangs out with them in his free time. Football is one of his favorite games. Currently, he stays in a hostel where he does not have time to practice football since they are under routine. He wanted to be the best among his mates and friends, especially in sports activities, he is very conscious of his physical health, he usually wakes up early in the morning and does regular exercise. As he stayed in a hostel he used to feel lonely and have homesick especially when he falls sick. He misses his parents, grandparents, and siblings. He has a good relationship with his classmates, friends, and teacher. He feels confident and has a good performance in terms of academics. He can share his opinion and thought among his peers but not within the family. He is very optimistic about his future; he wants to have a decent job and income so that when he became an adult he will have the opportunity to look after his parents and family.

Case 2

Name: Nory (*fictitious name)

Age: 16

Religion: Christian

Educational standard: Class- XI

Miss Nory is the middle child in the family, having two siblings. The main occupation of the family is cultivator/farmer. She is currently in her class- XI standard and had a good academic performance. She has a lot of friends, she usually shares her problem with her friend, since her parents are at their farm, and they spend most of their time on their farm. Miss Nory is a genius girl, but due to her family condition, she could not afford tuition fee and at the same time, she is currently studying in a government school. She does not have confidence, especially in English usage, being brought up from a family where she could not afford a high. She has many friends she can rely on and share her opinion and thought. She hardly got a chance to spend quality time with her parents even when she had a problem; she usually shares with her friends.

She has no complaints about her health; her mother had chronic pain on her back which could not be healed for a long time, because of the mother's illness she used to worry about her even though she could not do anything. She usually copes with her problems and difficulties by sharing with her friends and by praying. Due to the low income, their living condition is lower than her friends because of which she low has self-esteem.

Case 3 (core)

Name: Zindy (*fictitious)

Age: 15

Educational standard: Class –X

Miss Zindy is the middle child of the family, and she is the only daughter. She has two siblings and both are still studying. She has a lot of friends and loves to hang out with them. Her mother is a lecturer in Government high school and her father is also working under the government. Having a good source of income, she is very content with her current life and has a good relationship with her parents as well. Being the only daughter she sometimes thinks that her parents and siblings are overprotective. She has a good performance in school, she finds it difficult to study sometime because of the distraction with her mobile phone basically social media, though she mentioned that through the media she chats with her friends which is one of the best stress relievers.

Case 4 (core)

Name: Eden (*fictitious)

Age: 16

Educational standard: XII

Mr. Eden is the younger child in the family, and he is living with his parents with his older sister. His father is a government employee and because of his occupation he usually stays out of town and his mother usually looks after them, because of which he is more connected with his mother. He started smoking during his class-XI standard due to his peer influence. Though he has the habit of smoking his parents are not aware of it and the smoking habit does not have an impact on his studies. He is very active in the church as well as in society. He has a few friends; he is very fond of them and loved them. He is very devoted to his friend. Due to his father's occupation, the socio-economic is good. He is happy with his current life and his standard of living.

From the case study, we can conclude that adolescents are very in touch with their friends and peer pressure is prevalent among them. The socio-economic status of adolescents is good and parental occupation is the main indicator of the socio-economic income. The income influence

the wellbeing of adolescents which can be seen from case-2 due to the low economic status she cannot have confidence among her friends and which in turn develops low self-esteem.

b. Focus Group Discussion

Focus Group Discussion is used as a qualitative method data collected from a selected group about the relevance and relationship of the study. The focus group discussion is conducted in a short duration by focussing on the key issues and challenges about the topic. The present study focuses on the socio-economic status and its challenges and also to have an understanding of their wellbeing. The discussion was conducted separately among the adolescent boys and girls and the group consist of nine members each, the age group is 13-19 years.

Adolescent Girls: The discussion started with an introduction and stating clearly about the research on the topic. The first discussion was on how they understand the wellbeing concept. Most of the adolescent girls state that wellbeing is a sense of happiness and contentment in their life. And discuss how happy they are with current life situations and the participant's response that most of them are happy with their current life situation. They also state that they maintain a healthy relationship with their friends and family, being a girl they liked to share their experiences and thought with their friends as well as their mother. In terms of occurrences of challenges or problems, they usually cope by sharing with others and by praying. Among the adolescents, girls the religious activity plays an important role and most of the participants are active members of the church youth as well as in the society.

The socio-economic status of the adolescent's girls is also discussed; they state that the socio-economic status particularly depends on their parent's income, employment status, and educational attainment. The participants are mostly content with their income and economic status. But a few participants reveal that sometimes their parents cannot afford what they want since they are adolescents they wanted to update themselves with the latest fashion and apparel, the cost of which is very high. Because of this, they are not happy with their parents sometimes. The participants discussed that they usually used social media like Instagram, Facebook, and WhatsApp as a means of communication with their friends at the same time due to this advancement in technology they find hard to concentrate in their studies. Most of the participants have a mobile phone and access the internet.

Adolescents Boys: Among the adolescent boys the discussion stated with introduction and clarification about the research topic. The first discussion was with the main challenges they encounter in their current life, they state that being an adolescent they hardly have quality with their parents, they do not share their feeling and opinion within the family. They are happy with their social life and most of them played internet games in their free time, which also

hinders their study life. They do not participate regularly in the church and social activities; they are more concerned with their internet games. The economic status and their physical appearance do not bother them to socialize with others and did not hold back their confidence. The most common problem mention by the adolescent's boys is that there are many substance intoxicants in the society which hampers the life of the young generation. The participants also suggest that more awareness regarding substance abuse is needed in every society. With regards to the general wellbeing, they considered themselves as having good emotional wellbeing, where they usually can encounter with the normal challenges in their life.

From the focus group discussion, we can conclude that the adolescents are happy with their income which is the indicator socio-economic condition. The girls mention that they have a healthy relationship with their parents while the boys state that they hardly have a quality time with their parents. The female adolescent is more concerned with the religious and social activities and used these as a coping mechanism, the boys do participate in the religious and social activities but they are more engage with their online games. The boys are not bothered by their economic status and their physical appearance while girls are more concerned with their appearance and the fashion.

c) Daily Activity Schedule

The daily activity schedule of the adolescent's boys and girls are taken to get information about their daily routine and to compare the daily activity with gender.
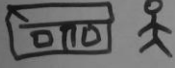
TIME	ACTIVITY	ILLUSTRATION			
6:30 AM	Zing-thawh		6:30-7:00 Pm	TV en, injion	
7:00 AM	Lehkha zir		7:30-9:30pm	Lehkhazir	
7:30 AM	Chaw ei		10:00 Pm	Nut	
8:00 AM	School kal				
3:00 Pm	School ban				
3:30 Pm	Lehkha zir				
4:00-5:00	Ei hawng bawl leh chhungte paui				
6:00 Pm	Zanriah ei				

Figure1.2. Daily Activities of Adolescent Girls

 The daily activity of the adolescent girls (see fig 1.2) shows that they wake up at 6:30 am and started studying 7:00 am, they had breakfast at 7:30 am and went to school at 8:00 am. The school closed at 3:00 pm and went straight back home. At 3:30 pm they started doing homework. They are preparing dinner and do household chores at 4:00- 5:00 pm and had dinner at 6:00 pm. After having dinner, they rest for a while and watch T.V and play with their phone. Between 7:30-9:30 pm they started studying and went to bed at 10:00 pm.

TIME	ACTIVITY	ILLUSTRATION
DAILY ACTIVITY SCHEDULE BOYS		
6:45 AM	Zing Tho lehkha ka zih nghai	
7:30	chaw ei	
8:00	School kai	
3:00 Pm	School Ban	
3:30 - 4:30 Pm	ka ngiain, Games ka khel	
5:30 Pm	Zan riah	
6:30 - 7:00 Pm	T.V. en, phone khaich	
7:30 - 9:30 Pm	Lehkha zih	
10:30 Pm	Mut hun	

Figure 1.2.Daily Activities of Adolescent Boys

The daily activity of the adolescent boys (see fig 1.2) shows that they wake up at 6:45 am and started studying; they had breakfast at 7:30 am and went to school at 8:00 am. The school closed at 3:00 pm and went straight back home. Between 3:30- 4:30 pm they play with their friends and sometimes play internet games. They had dinner at 5:30 pm and after having dinner, they rest for a while and watch T.V and play with their phone. Between 7:30-9:30 pm they started studying and went to bed at 10:30 pm.

The daily activity schedule of the respondents by gender shows that boys wake up a little late than girls and the how they spend their free is difference, girls usually spend their free time to help their parents and the adolescents boys spent most of their free time by playing with their friends and online games is very prevalent among the male adolescents. From the daily activity schedule, we can conclude that adolescents usually sleep early at night.

The present chapter presented the results and discussions of the present study and the inferences drawn from the collected data by using statistical applications. The next chapter discusses the conclusion and suggestions drawn from the results.

CHAPTER V
CONCLUSION AND SUGGESTION

5.1. Conclusion

The study attempts to understand the socio-economic status and wellbeing of adolescents in Lunglei, Mizoram. Adolescence is a period of rapid growth and development, it is the transitional stage from childhood to adulthood. During this transitional period, the adolescent encounter with different life challenges both physically and mentally which are expected to have an influence on the general wellbeing of a person. The socio-economic status is an important determinant of health and wellbeing, the socio-economic status of the adolescents is measured in terms of income, occupation, educational status, as the study is conducted among the adolescent's students who are unemployed. The socio-economic status is basically measure based on their parent's income, occupation, and educational qualification. Wellbeing is a state of complete physical, mental and psychological health and the absence of illness, the general wellbeing of a person is often described as the feeling happiness and contentment in life. The present study is based on the adolescent wellbeing promotion and the impact of socio-economic status on their wellbeing.

The study is cross-sectional in nature and descriptive in design. The unit of the study consists of all the adolescents residing in Lunglei. A total of 100 adolescent's schools going children (47- male and 53-female) were accessed and the questionnaire was distributed to them. The respondents were selected using a stratified proportionate sampling technique. The primary data were collected through the field survey using a structured questionnaire, focused Group Discussion and Case study.

The qualitative and quantitative methods of data collection were used. For a quantitative structured questionnaire was employed and qualitative method like Focus Group Discussion (FGD), Case studies and PRA technique- Daily Activity Schedule was also used to meet the objective of the study. The FGD and PRA were conducted among the boys and girls adolescents to find out the differences related to the wellbeing and socio-economic status. To assess the wellbeing of adolescents the Personal Wellbeing Index (PWI) by Cummins and Lau (2005) was used which includes eight dimensions of wellbeing measurement. The reliability of the scale was also tested by using Cronbach's alpha and the value was 0.79 it was found to be reliable since the value was almost 8, and the Guttman Split Half is 0.70 hence the scale is reliable to measure the dimensions.

The collected data were initially edited and entered into Microsoft Excel and SPSS is used to analyze the data. The collected data were then analyzed with descriptive statistics,

simple frequency table, correlation, and non- parametric tests are used for analyzing the data for interpretation based on the objectives of the present study.

The objectives of the study are to study the socio-economic status of adolescents in Lunglei; to assess the wellbeing of the adolescent in Lunglei; to understand the relationship between the wellbeing and socio-economic status of the adolescent in Lunglei and to suggest possible social work intervention.

The research observed the major findings are as follow:

Profile of the Respondents

- More than half of the respondents (53%) were female while (47%) of the respondents were male.
- The majority of the respondents fall between 13 and 19 years of age and the mean age was 15.74.
- More than half of the respondent resides in the peripheral area.
- Almost all of the respondents belong to Christianity and more than half are Baptist by denomination.
- The vast majority of the respondents belong to the Lushei tribe.
- The majority of the respondent's education was high and higher secondary school.
- The majority of the respondents were doing schooling in government schools.
- A large majority of the respondents were day scholars; almost half of them reside in the core area.
- Three fourth of the respondents went to school on foot.
- Three fourth of the respondents have good academic performance

Socio-economic

- The majority of the respondent's father's educational qualification was high and higher secondary school.
- The majority of the respondent's mother's educational qualification was high and higher secondary school.
- More than half (51%) were high and higher secondary school.
- The majority (56%) were semi-professionals (government servants, teachers) in which the majority of them were male while the least were unskilled.
- The majority (40%) income ranges Rs. 47348 and above and there was no difference between the gender.
- Majority half (48%) of the respondents were upper middle class and lower middle class.
- The vast majority of the respondents were under the APL category.

- The majority of the respondent's monthly family expenditure ranges from Rs. 5000 – 15000.
- The majority of the respondents' have saving habits.
- The majority of the respondents' have a self mode of savings.
- Three fourth of the respondents belong to a stable family.
- Two-third of the respondent's family size is 5-10 in members.
- Majority of respondents belong to a nuclear family and the vast majority of the respondent's family is headed by the 'father'.
- Three fourth of the respondents owned the house.
- Majority more than two-thirds of the respondents lived in Assam type house and most of the respondents more than one third (69%) lived in their own house.
- The majority of the respondents are content with their present housing and infrastructure.
- The majority of the respondents lived in a big house.
- Half of the respondents could not afford a separate study room.
- More than half of the respondents have their own land.

Household Possessions
- The majority of the respondents have a mobile phone, internet, television, refrigerator, gas connection, computer/laptop as their household possession.
- Two-third of the respondents received pocket money from their parents.
- Two third of the family owns the two-wheeler vehicle (scooter).
- Majority of the respondents having the possession of Silver
- The majority of the respondents have a pet animal dog.
- The majority of the respondents believe that they are physically healthy; they do not have any kind of chronic illnesses or disability. They usually take treatment from the civil hospital when illnesses occur within the family.

Wellbeing of Adolescents
- The respondents' have the highest rank (8.57) on happiness or satisfaction with their spirituality/religion.
- There is a significant difference in gender, we can see that the highest score (8.91) given by the female adolescents states that they are happy with their religion or spirituality while the male adolescents state that they are happy with their standard of living with the score of 8.51.

- The Personal wellbeing index shows that there is contrary to the wellbeing of adolescents since happiness with religion is the highest while happiness with life as a whole and standard of living remain the lowest.
- The wellbeing of adolescents is at the good where the highest mean score is 8.57 which are almost 9 on a 10 point scale.
- The different domains of personal wellbeing: happiness with life as a whole, standard of living, health, achievement in life, personal relationship, personal safety, future security, feeling part of the community and satisfaction with religion are well correlated to each other with 0.01 significant levels.

Relationship between socio-economic status and wellbeing

- There was a relationship between gender and education at 0.05 level of significance by analyzing the chi-square test.
- There was a relationship between gender and occupation at a 0.05 level of significance by analyzing the chi-square test.
- There is a relationship between gender and income at 0.05 level of significance, in terms of the chi-square test.
- The satisfaction of religion, health, and safety play a predominant as concerned with the wellbeing of the present study.
- There is no relationship between the socio-economic status and wellbeing of adolescents.

5.2. Suggestions

The suggestions that arise from the study include:

- The mean age of the respondent is 15 years; it is a significant age group of the teen so as to educate about their wellbeing in all the various dimensions.
- Since, majority of the respondents were days scholar, enhancing parental involvement in the life of adolescents for wellbeing.
- Since the majority of the respondents were educating from government schools, therefore government schools should involve in the promotion of wellbeing in the schools and improve their academic performance better.
- Since, majority of the respondent's socio-economic status were good at the same time they have good household possessions the important electronic gadgets like mobile phones, computers, and laptops. These electronic gadgets would while away their

precious time which may hamper their studies. Therefore, it is necessary that parenting skills and sensitization of time management during adolescents and to improve the parent-child relationship for a good relationship.

- Since the majority of the respondents have good and healthy wellbeing in order to sustain healthy wellbeing, the school administration enhances healthy habits like regular exercise (sports and games, yoga and meditation).

- Since majority of the respondents received pocket money from their parents so that the adolescents could be educated the healthy habits of saving practices and to organize awareness about the benefits savings and mode of saving practices in post offices and banks rather saving on their own as well as use the money for a constructive purpose to buy book and other useful things for their personal development.

- Since the majority of the respondents have two-wheelers, hence, there is a need to create a sensitization about the road and traffic rule in order to drive safely for their wellbeing.

- Since there is no relationship between socio-economic status and wellbeing so as to government institutions and other private institutions take necessary steps of the upper-middle and upper lower class society in their economic development in order to have a improve better economic status in society.

- Since the majority of the respondents had scored less in future security, therefore, the adolescents could be educated about future security on assets on sustainable livelihood promotion.

- From the case studies, the respondents have low self-esteem in this regard capacity building and personality development programs could be conducted separately in the schools apart from their extracurricular activities.

- From the FGD, it was come to know that most the respondents while away their quality time in playing games with the electronic gadgets and engaged in social media. Hence, it is the bounded duty of the parents, teachers, and educationists to educate and sensitize the ill effects of social media and games.

- The daily activity schedule also depicts that they spend less time on studies rather than using their electronic gadgets.

- In order to promote the wellbeing of adolescent social work intervention could be done in schools to emphasis on school social work through counseling and group work method for better enhancement of their wellbeing.

- Adolescents should be encouraged and rewarded for the constructive practice of time management for not using social media.
- School social workers may be appointed in order to give counseling cum career guidance service in the educational institutions and other social welfare organizations that serve the adolescents for their enrichment of wellbeing.

5.3. Social work Implication

In the present study, social work methods like social casework, social group work can be conducted among the adolescents to promote their wellbeing. The social worker can play the role of an educator as well as facilitator among the adolescents and parents about the importance of wellbeing in the life of adolescents.

5.4. Recommendation for further study

There are various scope for further studies, as the study was conducted only in Lunglei town which cannot represents the whole population of the adolescents. Studies could be conducted in other district and in Mizoram with a larger sample on the socio-economic status and wellbeing among adolescents.

Conclusion

The findings of the presents study shows that most of the adolescent socio-economic status can be categorized under middle class family. The wellbeing of adolescent is favorable and is at the average level. The socio-economic status does not have relationship with the wellbeing of adolescents.

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Sl. No……….

SOCIO-ECONOMIC STATUS AND WELLBEING OF ADOLESCENTS IN LUNGLEI, MIZORAM

Questionnaire

Dear Respondent,

Greetings! I would like to bring to your kind information that I am an M.Phil scholar and doing research on the above-mentioned topic in the Department of Social Work, Mizoram University. In this regard, I request you to kindly spare your valuable time as well as give your responses to the questionnaire. The data will be collected from you is kept CONFIDENTIAL and will be used only for academic purposes.

Thanking you in anticipation,

Research Scholar,   Research Supervisor,
Ms. RuthiLalnunthari   Prof. C. Devendiran,
Dept. of Social work,   Dept. of Social Work,
Mizoram University,   Mizoram University,
Aizawl -796 004   Aizawl -796 004

I.   Profile of the Respondent

1.	Name (optional)		
2.	Age		……….Years
3.	Gender		1.Male ◯ 2. Female ◯
4.	Religion		1.Christian ◯ 2. Hindu ◯ 3. Muslim ◯ 4. Others (specify)………………
5.	If Christian, which denomination, specify		…………….
6.	Tribe		1.Lusei 2. Hmar 3. Kuki 4. Lai 5. Others (specify)
7.	Sub-tribe, please specify		…………………
8.	Standard/class		………………….
9.	Type of school		1.Gov't 2.Private
10.	Weather hosteller/ day scholar		
11.	If day scholar, means of transportation		1.School bus 2. Public transportation 3. Private transportations
12.	School performance		1.Excellent 2.Very good 3.Good 4. Bad
13.	No. of Siblings in your family		…………………..
14.	Position in birth order		1.Only child 2. Eldest 3. Middle 4. Youngest

II.   Family Details

Educational Qualification of the family members

	Educational Qualification	Grand Father	Grand Mother	Father	Mother	Brother	Sister
1.	Ph.D						
2.	Post Graduate						
3.	Graduate						

4.	Higher Secondary						
5.	High school						
6.	Middle						
7.	Primary						
8.	Illiterate						

9.	Father's occupation		
10.	Mother's occupation		
11.	Head of the family		1.Grand Parents 2. Father 3. Mother 4. Uncle 5. Others
12.	Family size		
13.	Type of family		1. Joint family 2. Nuclear family
14.	Form of family		1.Stable 2. Broken 3.Reconstituted 4. Single parent

III.   Economic Status of the family

1.	Economic category		1.APL 2. BPL 3. Non poor
2.	Monthly income of the family from all Source		Rs ………………
3.	Do you get pocket money from your parents		1. Yes 2. No
4.	Do you have the habit of saving?		1. Yes 2. No
5.	If yes, where do you save?		1. Post office 2. Bank 3. Self 4. Chit-fund 5. Any other…………
6.	Monthly expenses incurred in the family		Rs ……………
7.	Type of House		1. Assam type 2. Concrete 3. Mixed
8.	Ownership of the house		1.Owned 2. Rented 3. Gov't, or employers accommodation
9.	Size of the house you are living		1.Very big 2. Big 3. Small 4. Mansion
10.	Do you have separate study room?		1. Yes 2. No
10.	Are you content with the house and infrastructure?		1. Yes 2. No
11.	Land ownership		1.Owned land 2. No land

IV.   Which of the following items do you have in your house (please tick () mark on whatever is applicable)

I.	Household possessions	Yes	No
1.	Internet		
2.	Computer /laptop		
3.	Air conditioner		

4.	Refrigerator		
5.	Microwave oven		
6.	Television		
7.	Landline phone		
8.	Mobile phone		
9.	Washing machine		
10.	Fan		
11.	Gas stove		
12.	Gas connection		
13	Sofa set		
14.	Chairs and table		
15.	Any other	……………	

II.	**Vehicle(s)**		
16.	Bus		
17.	Truck		
18.	Car		
19.	Motor cycle		
20.	Scooter/ Scooty		
21.	Auto rickshaw		
22.	Any other (Specify)	………………	

III.	**Ornaments**		
23.	Diamond		
24.	Golden		
25.	Silver		
26.	Any other		

IV.	**Domestic Animals**		
27.	Dog		
28.	Cat		
30.	Any other		

V. Health status

1.	Do you think you and your family members are healthy?		1. Yes 2. No
2.	Do you or any one of the family member have chronic illnesses or disability?		1. Yes 2. No
3.	If yes, please mention the type of illnesses or disability.		………………

4.	Where do you get treatment in case of the occurrence of illnesses?		1.No treatment 2.Home remedies 3. PHC 4. Civil hospital 5. Private hospital/civil
5.	Do you have a habit of smoking?		1. Yes 2. No
6.	Do you have substance abuse issue?		1. Yes 2. No
7.	If yes, what kind of substances		1.Alcohol 2. Drugs 3. Marijuana 4.Others (Specify)……………..

VI. Wellbeing of Adolescents
i. Personal Wellbeing index- School Children (Cummins and Lau)

Slno	Question	0	1	2	3	4	5	6	7	8	9	10
1.	How happy you are with your life as a whole											
2.	How happy are you about the things you have/own(standard of living)											
3.	How happy are you with your health(personal health)											
4.	How happy are you with the things you want to be good at (achievement in life)											
5.	How happy are you about getting on the people you know(personal relationship)											
6.	How happy are you with how safe you feel (personal safety)											
7.	How happy are you about doing things away from your home (feeling part of the community)											
8.	How happy are you about what happen to you later on in your life (future security)											
9.	How satisfied are you with your spirituality/religion											

PARTICULARS OF THE CANDIDATE

NAME OF THE CANDIDATE   : Ruthi Lalnunthari

DEGREE : M. Phil

DEPARTMENT : Social Work

TITLE OF DISSERTATION : Socioeconomic Status and Wellbeing of Adolescents in Lunglei

DATE OF PAYMENT OF ADMISSION : 17th August 2018

COMMENCEMENT OF SECOND SEM/ : 19th June 2019

DISSERTATION

APPROVAL OF RESEARCH PROPOSAL

1. BOS : 4th April 2019

2. SCHOOL BOARD : 10th April 2019

3. REGISTRATION NO & DATE : MZU/M. phil ./548 of 10.04.2019

4. DUE DATE OF SUBMISSION : 31st January 2020

5. EXTENTION (IF ANY) : Nil

(KANAGARAJ EASWARAN)

Head

Department of Social Work

BIO-DATA

Name : Ruthi Lalnunthari

Sex	:	Female
DOB	:	12.12.1995
Age	:	24
Educational Qualification	:	Masters in Social Work
Marital status	:	Unmarried
Contact no	:	7085753674
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Address	:	C/O H. Ropianga
		H/no 93,Vengthar
		Cherhlun ,Hnahthial District
		Mizoram-796571

Detaial of Educational Qualification

Class	Subject	Board/University	Percentages/SGPA	Division
HSLC	-	MBSE	51.2	2nd
HSSLC	Arts	MBSE	50	2nd
Bachelors	Social work	Mizoram University	64.78	1st
Masters	Social work	ICFAI	8.42	1st