

International Journal of Psychology Research



ISSN Print: 2664-8903
ISSN Online: 2664-8911
Impact Factor: RJIF 5.69
IJPR 2026; 8(1): 01-05
www.psychologyjournal.in
Received: 01-10-2025
Accepted: 04-11-2025

Shivani Verma
Research Scholar, Department
of Psychology, University of
Lucknow, Lucknow, Uttar
Pradesh, India

Megha Singh
Assistant Professor,
Department of Psychology,
University of Lucknow,
Lucknow, Uttar Pradesh,
India

Social support as a predictor of emotional health among adolescents in the district Barabanki

Shivani Verma and Megha Singh

DOI: <https://doi.org/10.33545/26648903.2026.v8.i1a.129>

Abstract

Beginning of adolescence period is marked with puberty and ends with the attainment of physical maturity (Gautam & Madnawat, 2019). During this period, adolescents face too much stress and strain in their lives. Due to these changes in circumstances social support is an important aspect that helps the individual to get out of his turmoil. Social support is a complex, multidimensional construct that is comprised of a set of related, but distinct constructs (Gautam & Madnawat, 2019). It plays a significant role in the Emotional Health of Adolescents. Emotional Health is an emerging concept in the field of Clinical and Health Psychology and focuses on the overall wellbeing of the person (Gnana & Rani, 2018). Thus, the present research focuses on finding out the relationship between Social Support and Emotional Health of adolescents. The sample comprised of 100 adolescents with the age-range of 16-19 years. The tools consist of the Multidimensional Scale of Perceived Social Support Assessment by Zimet *et al.*, (1988) and Psychological Well-being Scale by Sisodia & Choudhary (2012). Results showed that there is a positive association between social support and emotional health of both boys and girls.

Keywords: Adolescents, emotional health, gender, social support, well-being

Introduction

Adolescents between the ages of 10 to 19 make up a big part of India's total population, about 21%, which is roughly 253 million young people. The number is steadily growing and is often referred to as India's "demographic dividend" (United Nations Population Fund, 2011; United Nations Children's Fund, UNICEF, 2001; Rashtriya Kishore Swasthya Karyakram, RKSK, 2014). India has more than 436 million children and adolescents that is the largest number in the world (United Nations, 2024). With a total population of about 1.45 billion (India Demographics, 2024), around 30% of India's people are belong to the age of 18 years. These young people have the potential to drive the country growth and progress, but this depends on their physical, mental and Emotional Health. Therefore, focusing on adolescents gives the nation a chance to strengthen its future.

Adolescence is a critical stage of life where individuals undergo significant physical, emotional, and social changes, often accompanied by various challenges. These challenges, such as peer pressure, family conflicts, and societal expectations, can negatively impact adolescents' emotional health, leading to issues like stress, anxiety, and depression (Devi & Singh, 2019) ^[5]. In such situations, social support plays a crucial role in fostering emotional resilience and overall well-being. Research shows that when adolescents have supportive relationships with parents, peers, and mentors, they feel more confident and develop a positive sense of self-worth, which helps them cope effectively with stressors and emotional hardships (Resnick, 2017; Taylor, 2011) ^[30, 39]. Research has shown that between 6% and 48% of adolescents, especially those in schools, are affected from mental health problems (Chauhan & Dhar, 2020) ^[41]. The most common problems are emotional difficulties, often called internalizing problems, which include mood disorders, anxiety, and other conditions (Grover *et al.*, 2019) ^[42].

Results from the Indian Adolescent Health Survey (2017) showed that many of the adolescents struggle with issues such as poor nutrition, mental health problems, and limited availability of health care services.

Corresponding Author:
Shivani Verma
Research Scholar, Department
of Psychology, University of
Lucknow, Lucknow, Uttar
Pradesh, India

Such factors may sometimes affect adolescents' Mental and Emotional Health. Therefore, they need to build resilience to deal with challenges in a better way. Their growth and stability improve when they follow healthy coping methods and get support from family and friends.

Gottlieb (2000) ^[9, 10] emphasizes that Social Support enhances Emotional Health by improving self-esteem, belongingness, and coping abilities through meaningful interactions. Conversely, a lack of social support or a negative environment can lead to emotional and behavioural problems, such as anger, hostility, or withdrawal, as adolescents struggle to meet societal expectations (Gnana & Rani, 2018) ^[13]. Moreover, Gemmill and Peterson (2006) ^[11, 12] highlight that the rise of online platforms has opened new avenues for adolescents to seek Social Support, contributing positively to their emotional well-being. However, the absence of a caring and accepting environment can exacerbate emotional difficulties, impacting how adolescents manage their challenges (Devi & Singh, 2019) ^[5].

Adolescence is a foundational stage of life where Emotional and Psychological Well-Being play a pivotal role in shaping future outcomes. A positive atmosphere with strong support systems from parents, peers, and mentors is essential for promoting Emotional Health and reducing psychosomatic issues (Patton *et al.*, 2016; Sawyer *et al.*, 2018) ^[29, 36]. Such support systems provide adolescents with the confidence and coping mechanisms needed to manage the complexities of this developmental stage. Similarly, Well-Being encompasses various dimensions—such as Mental Health, life satisfaction, and social connections—all of which are influenced by thoughts, actions, and external support (Davis, 2019) ^[4].

Psychological Well-Being (PWB) is an integral part of overall well-being and includes aspects like positive emotions, life satisfaction, and the absence of distress (Diener & Smith, 1999) ^[6]. Support systems during adolescence significantly contribute to these dimensions of well-being, fostering a sense of belonging, self-esteem, and resilience against stressors. As Bhogle and Prakash (1995) ^[1] suggest, Psychological Well-Being involves factors like personal control, meaning in life, and the absence of tension—all of which are enhanced by nurturing relationships and a supportive environment.

Moreover, the Indian perspective on well-being, focusing on relatedness, compassion, and avoidance of conflict, aligns with the need for adolescents to experience acceptance and empathy during challenging times (Bhogle & Prakash, 1995) ^[1]. Such support not only improves Emotional Health but also lays a strong foundation for overall well-being in later life. Hence, addressing the challenges faced by adolescents with adequate Social and Emotional Support is crucial to ensuring their holistic development and long-term well-being.

Review of Literature

Reviewing the literature is a critical component of any research endeavor, as it identifies existing gaps in empirical knowledge and highlights areas requiring further exploration. There is a wealth of research on topics such as Stress, Depression, Social Support, Mental Health, Well-Being, Parent-Child Relationships, Peer Pressure, Adjustment, and Anxiety. Social Support, in particular, has been widely acknowledged as a key determinant of both

Physical Health (Malinauskas, 2008) ^[23, 24] and Psychological Well-Being (Holt & Hoar, 2006). Studies suggest that the perception of available Support is a stronger predictor of Health and Well-Being than the actual support received (House, Landis, & Umberson, 1988; Sarason, Sarason, & Pierce, 1990) ^[17, 34, 35].

Research indicates that female adolescents experience higher levels of life stress despite receiving more peer support. However, they also report poorer Emotional and Physical Well-Being, more negative emotions, and a greater number of psychosomatic symptoms (Burke & Weir, 1978) ^[2, 3]. Furthermore, adolescents who experience frequent bullying combined with low Social Support are at a greater risk of developing poor Mental Health outcomes (Rigby, 2000) ^[33, 33]. A lack of familial support has also been linked to increased distress, higher problem behaviors, and lower life satisfaction in adolescents (Holahan *et al.*, 1995; Weigel, Devereux, Leigh, & Ballard-Reisch, 1998; Dumont & Provost, 1999) ^[14, 40, 7]. According to Rickwood, Deane, Wilson, and Ciarrochi (2005) ^[31], young individuals tend to turn to family and friends as their primary sources of Emotional Support. On the other hand, the absence of adequate social support is often associated with negative moods and heightened psychological distress (Palinkas, Johnson, & Boster, 2004) ^[27].

Gender differences also play a role in Social Support dynamics. For example, Ikiz and Cakar (2010) ^[18] found significant differences in perceived peer and teacher support levels among adolescents based on gender. Additionally, studies have shown a positive relationship between Social Support and Psychological Well-Being (Lavassani *et al.*, 2011) ^[21, 22].

In 2011, Sekhri & Lal studied depression and social assistance in teenagers between the ages of 17 and 20 years and found that depression and social support differed significantly by gender.

In another research done by Kleiman & Liu (2013) ^[20] investigated the role of social support as a factor which is associated with decreased likelihood of a lifetime suicide attempt and analysed the relationship between social support and lifetime history of a suicide attempt, controlling for a variety of related psychopathology and demographic variables.

Farrell, Bolland, & Cockerham (2015) ^[8] found that while a 9-year-old child's probability of suicide attempt decreased with increasing peer support, it increased with a greater sense that violence was inevitable. 36% of extremely low socio-economic status teenagers make suicide attempts by the age of 19 years. As a result, social support and environment have a significant impact on suicidal behaviour in teenagers from highly impoverished backgrounds.

More recent research emphasizes the role of family cohesion and connectedness in fostering adolescent Well-Being. For instance, Manjunatha and Bhuvaneshwaran (2019) ^[25] found that higher family support correlates with reduced anxiety and depressive symptoms among Indian adolescents. Similarly, Sharma and Agarwal (2020) ^[38] highlighted the protective role of peer support in mitigating academic stress in Indian high school students. Cultural factors such as collectivism in Indian society may also influence the way adolescents seek and perceive Social Support (Kaul & Rishi, 2018) ^[19]. However, much of this research has been conducted in Western contexts, leaving a significant gap in the Indian context, where cultural and societal factors may

uniquely influence these relationships. Addressing these gaps is crucial for understanding the unique challenges faced by Indian adolescents and for designing culturally relevant interventions to enhance their Well-Being.

Methodology

Objectives

- To find out the relationship between Social Support and Emotional Health of adolescents of Barabanki.

Hypothesis

- There will be a positive relationship between Social Support and Emotional Health of adolescents of Barabanki.

Research Design

Correlational Research design was used to understand the relationship between Social Support and Emotional Health of adolescents in the present study.

Sampling Technique

The Incidental Sampling Technique was applied.

Sample

The Sample of the present study comprised of 100 adolescents. The subjects were selected from four Private Schools of the district Barabanki, Uttar Pradesh. The subjects were taken from 12th grade belonging to the age group of 16-19 years.

Inclusion Criteria

- Only School going adolescents were included in the study.
- Adolescents studying in 12th grade only were taken.
- Those adolescents who were studying in private schools only were part of the study.
- Adolescents studying in Hindi medium were taken as sample.
- Adolescent sample was drawn from the urban areas only.
- Those adolescents who did not have any mental health problem were part of the present study.

Exclusion Criteria

- Adolescents who identified as any gender other than male or female were excluded in the study.
- Adolescents enrolled in classes other than the selected academic standard or grade were not the part of the study.
- Adolescents who were studying in government schools were excluded from the present study.

Variables

Predictor Variable-

Social Support

Conceptually, Gottlieb (2000) ^[9, 10] defined Social Support as the “process of interaction in relationship which improves coping, esteem, belonging, and competence through actual or perceived exchange of physical or psychological resources”.

Operationally, Social Support is defined as the scores obtained on Multidimensional scale of Perceived Social Support Assessment developed by Zimet *et al.* (1988) ^[43].

Criterion Variable

Emotional Health

Conceptually, Florence (2017) defined Emotional Health as “the ability to understand and be responsive to one’s emotional experiences, to be able to feel the full range of one’s emotions and be at ease with it”.

Operationally, Emotional Health is defined as the scores obtained on the Psychological Well-being Scale developed by Sisodia & Choudhary (2012).

Tools used

1.) Multidimensional Scale of Perceived Social Support

Assessment: The Multidimensional Scale of Perceived Social Support Assessment was developed by Zimet *et al.*, (1988) ^[43]. It is a brief self-report measure which consists of 12 statements with a 7-point likert-type rating scale that ranges from very strongly agree (7) to very strongly disagree (1). The Multidimensional Scale of Perceived Social Support Assessment was developed to test the perceived adequacy of support from the three areas i.e., Family (item no. 3, 4, 8, 11); Friends (item no. 6, 7, 9, 12); and Significant Others (item no. 1, 2, 5, 10).

Scoring: The scale consists of 12 statements related to Perceived Social Support. For each item related to Perceived Social Support score 1 is given for very strongly disagree, 2 is given for strongly disagree, 3 is given for mildly disagree, 4 is given for neutral, 5 is given for mildly agree, 6 is given for strongly agree, and 7 is given for very strongly agree. Participant may get a maximum score of 84 and minimum score of 7. The High score (69-84) indicates high perceived social support, Moderate score (49-68) indicates moderate Perceived Social Support, and the low score (12-48) indicates low Perceived Social Support.

Reliability & Validity: The Test-retest reliability coefficient values of the test ranged from .72 to .85 and the scale had good internal consistency of 0.88 with Cronbach’s alpha from 0.85 to 0.91. The Multidimensional scale of Perceived Social Support Assessment has good Construct and Concurrent Validity also.

2.) Psychological Well-being Scale:

This scale was developed by Sisodia & Choudhary (2012). It comprised of 50 statements with five sub-dimensions of Well-Being like Satisfaction, Efficiency, Sociability, Mental Health, and Interpersonal Relations. Each dimension contains 10 statements with a 5-point Likert type rating scale.

Scoring: The scale contains 50 positively worded statements. Scoring is done by assigning 5 marks to strongly agree, 4 marks to agree, 3 marks to undecided, 2 marks to disagree, and 1 mark to strongly disagree. The sum of marks is obtained for the entire scale. Participants can get a minimum score of 50 and maximum of 250. The high score indicates high Well-Being.

Reliability & Validity: The Test-retest reliability of the test was 0.87 and the Internal consistency reliability was 0.90. The scale has high content validity. It was validated against the external criteria and coefficient obtained was 0.94.

Results

For statistical analysis, Pearson's r correlation was applied to see the relationship between Social Support and Emotional Health.

Table 1: Showing Correlation coefficient between Social Support and Emotional Health of Adolescents

Variable		Social Support	Emotional health
Social Support	Pearson's Correlation	1	-
	Sig. (1-tailed)		
Emotional health	N	100	1
	Pearson's Correlation	.498**	
	Sig. (1-tailed)	.006	
	N	100	100

** Correlation is significant at the 0.01 level (1-tailed)

The above table represents the correlation coefficient between social support and emotional health of adolescents. Relationship found between social support and emotional health is positive and significant at the 0.01 level. Thus, the hypothesis which says that there will be a significant positive relationship between Social Support and Emotional Health of adolescents is accepted.

Discussion

The result clearly shows that Social Support plays a key role in Emotional Health. Therefore, it is essential to create a positive environment for adolescents to improve their Emotional Well-Being, which can greatly impact all areas of their lives. Research also suggests that adolescents with low Social Support are at a higher risk of developing Mental Health issues (Rigby, 2000) [33, 33]. During adolescence, children often face many personal and social challenges, which is why this stage is known as a time of "storm and stress." However, with enough support from those around them, they can handle stress more effectively. Studies have found that the perception of having support is a strong predictor of good health and well-being (House, Landis, and Umberson, 1988; Sarason, Sarason, and Pierce, 1990) [17, 34, 35]. Since adolescents are considered the future of every nation, they should be given priority and treated with care. Boster (2004) [27] found that a lack of Social Support can lead to negative moods. Adolescence is a critical time of rapid growth and development, making it a crucial phase in life.

Conclusion

Adolescence is a very important stage in life and should be given high priority. To live a happy and healthy life, it is essential to have supportive people around who can help whenever needed. Social support plays a key role in the Emotional Well-Being of teenagers. The findings show a strong positive connection between social support and Emotional Health in adolescents.

Limitations & Suggestions

- The study included only 100 adolescents, which means the results may not fully represent a larger population, therefore future research should take a much larger and more diverse sample to enhance accuracy and generalizability.

- The sample came from urban areas that means rural adolescents were not represented, so future studies should include participants from both rural and urban regions to get a clear picture.
- Important socio-demographic factors such as socio-economic status, parental education, and living conditions, may have influenced the findings, and further research should carefully address and analyse these factors.
- Sample in the study was limited to school-going adolescents, so the results may not be applicable to young people who are in college or university therefore, upcoming researches should expand participation to students across different educational levels.

Implications

- Parents can attend workshops to learn how to support their children emotionally.
- Schools can train teachers to identify students who need emotional support.
- Training programs can help parents recognize stress, anxiety, and depression in adolescents.
- Local organizations can conduct workshops to teach coping and life-skills to adolescents.
- School-based programs can provide counselling, peer-support, and life-skills sessions.
- Communities can organize awareness programs or workshops to reduce stigma related to mental health.
- When parents, schools, and communities work together, adolescents receive stronger emotional support.

References

- Bhogle S, Prakash II. Development of the psychological well-being (PWB) questionnaire. *J Pers Clin Stud.* 1995;11(1-2):5-9.
- Burke RJ, Weir T. Benefits to adolescents of informal helping relationships with their parents and peers. *Psychol Rep.* 1978;42(3 Suppl):1175-1184. doi:10.2466/pr0.1978.42.3c.1175.
- Burke RJ, Weir T. Stress and social support in adolescence: The effects on health and well-being. *J Adolesc.* 1978;1(1):29-45.
- Davis T. Understanding well-being: Health, happiness, and prosperity. *J Posit Psychol Stud.* 2019;14(3):120-135.
- Devi N, Singh S. The impact of family and peer dynamics on adolescent behavior. *J Adolesc Dev.* 2019;12(2):87-94.
- Diener E, Suh EM, Lucas RE, Smith HL. Subjective well-being: Three decades of progress. *Psychol Bull.* 1999;125(2):276-302. doi:10.1037/0033-2909.125.2.276.
- Dumont M, Provost MA. Resilience in adolescents: Protective role of social support, coping strategies, self-esteem, and social activities on experience of stress and depression. *J Youth Adolesc.* 1999;28(3):343-363. doi:10.1023/A:1021637011732.
- Farrell CT, Bolland JM, Cockerham WC. The role of social support and social context on the incidence of attempted suicide among adolescents living in extremely impoverished communities. *J Adolesc Health.* 2015;56(1):59-65. doi:10.1016/j.jadohealth.2014.08.015.

9. Gottlieb BH. Social support measurement and intervention: A guide for health and social scientists. New York: Oxford University Press; 2000. p. 1-352.
10. Gottlieb BH. Selecting and planning support interventions. In: Gottlieb BH, editor. Social support measurement and intervention: A guide for health and social scientists. New York: Oxford University Press; 2000. p. 195-220.
11. Gemmill E, Peterson M. Technology use and sleep: The impact of interacting with technology on sleep quality. *Behav Sleep Med*. 2006;4(4):73-78.
12. Gemmill E, Peterson M. Technology use among college students: Implications for student affairs professionals. *NASPA J*. 2006;43:280-300.
13. Gnana K, Rani S. Understanding emotional health vis-à-vis mental health: Perspectives for a holistic approach to a healthy personality. *Int J Indian Psychol*. 2018;6(3):2348-5396.
14. Holahan CJ, Valentiner DP, Moos RH. Parental support, coping strategies, and psychological adjustment: An integrative model with late adolescents. *J Youth Adolesc*. 1995;24(6):633-648. doi:10.1007/BF01536948.
15. Holt NL, Hoar SD. The multidimensional construct of social support in young athletes. *J Sports Sci*. 2006;24(12):1237-1249.
16. Holt NL, Hoar SD. The multidimensional construct of social support. In: Hanton S, Mellalieu SD, editors. Literature reviews in sport psychology. New York: Nova Science Publishers; 2006. p. 199-225.
17. House JS, Landis KR, Umberson D. Social relationships and health. *Science*. 1988;241(4865):540-545. doi:10.1126/science.3399889.
18. Ikiz FE, Cakar FS. Perceived social support and self-esteem in adolescence. *Procedia Soc Behav Sci*. 2010;5:2338-2342.
19. Kaul R, Rishi P. Cultural influences on adolescent coping strategies: An Indian perspective. *Indian J Psychol*. 2018;15(2):112-120.
20. Kleiman EM, Liu RT. Social support as a protective factor in suicide: Findings from two nationally representative samples. *J Affect Disord*. 2013;150(2):540-545. doi:10.1016/j.jad.2013.01.033.
21. Lavasani MG, Borhanzadeh S, Afzali L, Hejazi E. The relationship between perceived parenting style, social support with psychological well-being. *Procedia Soc Behav Sci*. 2011;15:1852-1856.
22. Lavasani MG, Weisani M, Shariati M. The role of achievement goals, academic motivation, and learning strategies in the prediction of academic achievement. *Procedia Soc Behav Sci*. 2011;15:210-214.
23. Malinauskas R. The influence of social support on physical activity. *J Sports Sci Med*. 2008;7(1):76-81.
24. Malinauskas R. College athletes' perceptions of social support provided by their coach before injury and after it. *J Sports Med Phys Fitness*. 2008;48(1):107-112.
25. Manjunatha S, Bhuvaneshwaran J. Family support and adolescent mental health: An Indian perspective. *Asian J Psychiatry*. 2019;45:90-97.
26. Morgan CT, King RA, Weisz JR, Schopler J. Introduction to psychology. 7th ed. New Delhi: Tata McGraw-Hill Publishing Company Ltd.; 1993. p. 1-720.
27. Palinkas LA, Johnson JC, Boster JS. Social support and depressed mood in isolated and confined environments. *Acta Astronaut*. 2004;54(9):639-647. doi:10.1016/S0094-5765(03)00236-4.
28. Palinkas LA, Johnson JC, Boster JS. Social support and psychological adjustment in adolescents. *J Adolesc Res*. 2004;19(2):174-191.
29. Patton GC, Sawyer SM, Santelli JS, Ross DA, Afifi R, Allen NB, *et al*. Our future: A Lancet commission on adolescent health and wellbeing. *Lancet*. 2016;387(10036):2423-2478.
30. Resnick MD. Resilience and protective factors in adolescence: Setting the stage for future development. *J Adolesc Health*. 2017;61(4 Suppl):S1-S3.
31. Rickwood D, Deane FP, Wilson CJ, Ciarrochi J. Young people's help-seeking for mental health problems. *Aust e-J Adv Ment Health*. 2005;4(3):218-251. doi:10.5172/jamh.4.3.218.
32. Rigby KEN. Effects of peer victimization in schools and perceived social support on adolescent well-being. *J Adolesc*. 2000;23(1):57-68. doi:10.1006/jado.1999.0289.
33. Rigby K. Effects of peer victimization on mental health. *Aust J Guid Couns*. 2000;10(1):20-35.
34. Sarason BR, Sarason IG, Pierce GR, editors. Social support: An interactional view. New York: John Wiley & Sons; 1990. p. 1-528.
35. Sarason IG, Sarason BR, Pierce GR. Social support and interactional processes: A triadic hypothesis. *J Soc Clin Psychol*. 1990;9(4):395-410.
36. Sawyer SM, Azzopardi PS, Wickremarathne D, Patton GC. The age of adolescence. *Lancet Child Adolesc Health*. 2018;2(3):223-228.
37. Sekhri R, Lal R. A study of depression and social support among adolescents. *Indian J Psychol Sci*. 2011;2(2):1-10.
38. Sharma P, Agarwal M. Peer support and academic stress in Indian adolescents. *J Educ Dev*. 2020;12(3):101-116.
39. Taylor SE. Social support: A review. In: Friedman HS, editor. The handbook of health psychology. New York: Oxford University Press; 2011. p. 189-214.
40. Weigel DJ, Devereux P, Leigh GK, Ballard-Reisch D. A longitudinal study of adolescents' perceptions of support and stress: Stability and change. *J Adolesc Res*. 1998;13(2):158-177. doi:10.1177/0743554898132004.
41. Chauhan SK, Dhar M. Prevalence and predictors of mental health disorder among the adolescent living in the slums of Lucknow, India: a cross-sectional study. *Community mental health journal*. 2020 Apr;56(3):383-392.
42. Grover P, Kar AK, Janssen M. Diffusion of blockchain technology: Insights from academic literature and social media analytics. *Journal of Enterprise Information Management*. 2019 Aug 21;32(5):735-757.
43. Zimet GD, Dahlem NW, Zimet SG, Farley GK. The multidimensional scale of perceived social support. *Journal of personality assessment*. 1988 Mar 1;52(1):30-41.