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Research Article

Psychological Capital, Parenting Stress and Well-Being Among School Adolescents

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ABSTRACT

Background: Adolescent well-being remains an underexplored area in the Indian context, particularly regarding the interplay between psychological capital and parenting stress. Understanding these interrelationships is essential for developing targeted interventions.
Purpose: The aim of this study was to examine the relationship of psychological capital comprising four constructs, hope, self-efficacy, resilience, and optimism (HERO), parenting stress and wellbeing of school adolescents.
Method: A cross-sectional study was conducted with 976 school-going adolescents (Mean age = 15 years) from schools in Chandigarh and Panchkula. Standardized psychological measures assessed adolescent well-being, psychological capital, and parenting stress. Pearson correlation and multiple regression analyses identified significant associations and predictors, while an independent samples t-test examined gender differences.
Results: Resilience and optimism were found to be strong predictors of adolescent well-being, while higher maternal parenting stress was associated with lower well-being. Hope and self-efficacy also showed significant positive associations with well-being. Additionally, fathers of male adolescents reported greater parenting stress than fathers of female adolescents.
Conclusion: The study highlights the need for interventions that enhance the overall well-being of adolescents focusing on harnessing the internal resources of adolescents and lowering parenting stress in both mothers and fathers.

***Keywords*:** parenting stress, adolescents, well-being, PERMA, psychological capital, psycap

Introduction

Adolescence is the period between childhood and adulthood, between the ages of 10 and 19 (World Health Organization, 2019).It is a stage when an individual undergoes a variety of biological, social, moral, and psychological changes and encounters several emotions. Globally, one in six people are adolescents, whereas in India adolescents make up around 21 percent of overall population (Government of India Ministry of Health and Family Welfare, 2014). It is estimated that 14 percent of all adolescents experience mental health disorders where anxiety disorder is prevalent amongst 4.65 percent of 15–19-year-olds, and 3.6percent of 10–14-year-olds, while 2.8percent of 15-19 year olds, and 1.1percent of 10-14 year olds are estimated to suffer from depression(Global health data exchange). Suicide is the fourth leading cause of death in 15–19-year-olds globally (WHO Global Health Estimates 2000-2019) with India alone witnessing more than 10,000 suicides under the age of 18 in the year 2022 (National Crime Records Bureau, 2022). This alarming data demonstrates the acute need of promoting well-being in adolescents. The quest for understanding well-being encompasses both internal and external factors which can be put as, the 'antecedent' for the occurrence of well-being. Internal factors include individual traits like genetics, emotional regulation, and resilience (Haworth et al., 2021; Luthar et al., 2020), while family support, socioeconomic status, and access to healthcare services constitute external factors that influence well-being (O'Hara et al., 2022; Patel et al., 2018)). Family support,

affection, and overall attitude determine how well an adolescent will adjust outside of the home—being loved, valued, trusted, or acknowledged as a person(Stout & Langdon, 1950).Most adolescents want autonomy for all the decisions they make. During this period, they give greater importance to friends, sometimes wanting to be alone, and may even reject parental authority or supervision. Therefore, adolescence is a very difficult and confusing period for parents. This is a time when effective parenting skills are needed the most (Chturvedi, 2021).

In the Indian context, a few decades back joint families were heard to be stress busters, as a large group of people lived together and helped each other in child-rearing. However, India has seen tremendous change in the past decade affecting people in all spheres of life. Urban regions in India are now home to an increasing number of nuclear families (Singh, 2003). This shift in family structure subject to parenting stress may have effects on the well-being of adolescents.

"Parenting stress refers to the stress that arises when a parents' perception of the demands of parenting exceeds their resources."(Coulacoglou & Saklofske, 2017). A parenting stress model, established by Abidin, 1992 hypothesized that the overall stress a parent experiences is a combination of particular kid temperament traits, parental traits, and family situational variables, all of which are directly tied to the job of being a parent (Phillips, 2004).There is mounting proof that parenting stress might lead parents to adopt negative parenting practices (Crnic & Low, 2002) specifically, higher levels of parenting stress have been associated with an increased likelihood of using physical punishment (Deater-Deckard, 1998).These negative parenting practices have been consistently linked to adverse child development outcomes, including internalizing and externalizing behavior problems (Mak et al., 2020;Stormshak et al., 2000; Pinquart, M., & Kauser, R., 2018).Parenting stress has been shown to adversely affect adolescents' well-being and the quality of the parent-child relationship. This relationship, in turn, significantly influences adolescents' psychological capital. "When we are engaged perhaps, we are investing, building psychological capital for our future"(Seligman, 2002) "Psychological capital is beyond human and social capital. It is a Positive and developmental state of an individual characterized by high self-efficacy, optimism, hope, and resiliency"(Luthans & Youssef, 2004).Adolescents who experience a weaker relationship with their parents are more likely to have diminished psychological capital(Alfonso et al., 2016; Furrer et al., 2003; Guay et al., 2008; Shweta, 2010).Nafees & Jahan, 2017 studied Psychological Capital's influence on medical students' mental health and found that medical students with higher levels of hope, optimism, self-efficacy, and resilience were better equipped to handle challenging environments, perceiving their academic settings as less stressful than their peers with lower Psychological Capital. Finch et al., 2020 studied psychological capital in 456 Australian school adolescents and its connection to mental health and subjective well-being and discovered significant links between hope, self-efficacy, resiliency optimism and flourishing. It was also shown that psychological capital was a more accurate predictor of higher student flourishing and lower student anxiety and hopelessness.

For ages, the focus of psychology has been on curing the mentally ill or repairing the harm within a disease model. Positive psychology focuses on the flourishing and well-being of normal individuals rather than merely treating those who are suffering (Seligman & Csikszentmihalyi, 2014).Most research in this arena of late has zeroed in on subjective well-being that encompasses mainly positive and negative emotions and life satisfaction. However, Seligman, (2011) expanded these indices to include "positive and negative emotions (subjective well-being), engagement, good relationships, meaning and purpose, and accomplishment (collected under the acronym PERMA)".

The current research consisting of both the adolescents and their parents aimed at confirming the relationship between external factors in the form of parenting stress and the well-being of adolescents as well as how internal factors in the form of psychological capital affect the well-being of the adolescents

Based on the review of the literature present study hypothesised that Parenting Stress would be negatively correlated with overall well-being, positive well-being dimensions (positive emotions, engagement, relationship, meaning in life, accomplishment, and health) and positively correlated with negative well-being dimensions (loneliness of the adolescents. Psychological capital will be the predictor of positive well-being among adolescents and there would be no significant gender differences among parents of adolescents on parenting stress.

Methodology

For the current study, participants were contacted from various schools of Tri-city after obtaining the required permission from the school principals. Informed consent was obtained from parents and Adolescents. A total of 97 adolescents in the age group of 14-16 years from public schools were contacted to fill in the responses. A sample of 80 high school adolescents (males 41, females 39) was finally included based on the inclusion and exclusion criteria of the study. Only those adolescents were included whose both parents had responded. Adolescents with any history of psychological concerns were excluded from the study. Adolescents then were administered the PERMA profiler, Children's Hope Scale, Resilience Scale, Life Orientation Test – Revised, General Self-Efficacy Scale, and their parents were administered and Parenting Stress Scale (Berry and Jones, 1995) aalong with a demographic profile sheet for parents and adolescents. Further, demographic variables were analyzed for descriptive findings. Bivariate correlation analyses were used to generate Pearson's correlation coefficients to evaluate the relationships between adolescents' well-being, parental stress, and

psychological capital scores Gender differences were calculated using a t-test and to determine the predictors of well-being, multiple regression analysis was computed on SPSS, 2023

Results

Descriptive Statistics and Correlations

Table 1 presents the bivariate correlations between well-being indicators (hope, efficacy, resilience, optimism), parenting stress (mother and father), and positive psychology constructs. Positive emotion was significantly positively correlated with hope ($r = .365$, $p < .01$), efficacy ($r = .434$, $p < .01$), resilience ($r = .480$, $p < .01$), and optimism ($r = .419$, $p < .01$), while showing significant negative correlations with parenting stress in both mothers ($r = -.392$, $p < .01$) and fathers ($r = -.342$, $p < .01$). Engagement demonstrated significant positive correlations with hope ($r = .206$, ns), efficacy ($r = .365$, $p < .01$), resilience ($r = .389$, $p < .01$), and optimism ($r = .348$, $p < .01$), and significant negative associations with parenting stress (mother: $r = -.577$, $p < .01$; father: $r = -.567$, $p < .01$).

Relationship scores were significantly positively associated with resilience ($r = .216$, ns) and optimism ($r = .241$, $p < .05$), and significantly negatively associated with parenting stress (mother: $r = -.267$, $p < .05$; father: $r = -.247$, $p < .05$). Meaning correlated significantly with all four well-being indicators, ranging from $r = .316$ to $r = .541$ (all ps $< .01$), and was negatively related to parenting stress (mother: $r = -.485$, $p < .01$; father: $r = -.405$, $p < .01$). Accomplishment showed significant positive correlations with hope ($r = .325$, $p < .01$), efficacy ($r = .452$, $p < .01$), resilience ($r = .393$, $p < .01$), and optimism ($r = .300$, $p < .01$), while being negatively related to parenting stress (mother: $r = -.375$, $p < .01$; father: $r = -.268$, $p < .05$).

Negative emotion was negatively correlated with hope ($r = -.374$, $p < .01$), efficacy ($r = -.232$, $p < .05$), and optimism ($r = -.250$, $p < .05$), while positively associated with parenting stress (mother: $r = .291$, $p < .01$; father: $r = .208$, ns). Loneliness demonstrated a significant negative correlation with optimism ($r = -.268$, $p < .05$). Happiness was significantly associated with resilience ($r = .386$, $p < .01$) and optimism ($r = .263$, $p < .05$), and negatively related to parenting stress (mother: $r = -.288$, $p < .05$).

Finally, overall well-being was strongly and positively correlated with hope ($r = .340$, $p < .01$), efficacy ($r = .428$, $p < .01$), resilience ($r = .528$, $p < .01$), and optimism ($r = .464$, $p < .01$). Conversely, overall well-being was negatively associated with parenting stress for both mothers ($r = -.525$, $p < .01$) and fathers ($r = -.444$, $p < .01$).

Table 1. Pearson Correlations of Adolescents' Well-being with Psychological capital and Parenting Stress

Well-being	Hope	Efficacy	Resilience	Optimism	Parenting stress (Mother)	Parenting stress (Father)
Positive emotion	.365**	.434**	.480**	.419**	-.392**	-.342**
Engagement	.206	.365**	.389**	.348**	-.577**	-.567**
Relationship	.150	.122	.216	.241*	-.267*	-.247*
Meaning	.316**	.377**	.541**	.490**	-.485**	-.405**
Accomplishment	.325**	.452**	.393**	.300**	-.375**	-.268*
Negative emotion	-.374**	-.232*	-.040	-.250*	.291**	.208
Health	.207	.245*	.180	.123	-.095	.001
Loneliness	-.101	-.048	-.147	-.268*	.030	.158
Happiness	.090	.125	.386**	.263*	-.288*	-.149
Well-Being overall	.340**	.428**	.528**	.464**	-.525**	-.444**

***significance level at the 0.01 level*
**Significance level at the 0.05 level*

Multiple Regression Analysis

Table 2 displays the coefficients for each predictor variable in Model 1, Model 2, and Model 3.

In Model 1, resilience emerged as a significant predictor of the wellbeing ($\beta = 0.528$, $p < 0.0001$), indicating that higher levels of resilience were associated with higher scores on well-being.

In Model 2, both resilience ($\beta = 0.415$, $p < 0.0001$) and mother stress ($\beta = -0.409$, $p < 0.0001$) were significant predictors of the outcome variable, with higher levels of resilience associated with higher scores and higher levels of mother stress associated with lower scores.

Model 3 included resilience ($\beta = 0.331$, $p = 0.001$), mother stress ($\beta = -0.372$, $p < 0.0001$), and optimism ($\beta = 0.239$, $p = 0.011$) as predictors of the outcome variable. Resilience and mother stress remained significant predictors, while optimism also emerged as a significant predictor of the outcome variable.

Table 2. Stepwise Multiple Regression Analysis of significant predictors for overall well-being

Coefficients								
Model		Unstandardized Coefficients		Standardized Coefficients	t-value	p-value	95.0% Confidence Interval for β	
		β	Std. Error	βeta			Lower Bound	Upper Bound
1	(Constant)	2.763	.822		3.360	.001**	1.125	4.400
	Resilience	.062	.011	.528	5.462	.0001**	.040	.085
2	(Constant)	6.099	1.037		5.883	.0001**	4.034	8.164
	Resilience	.049	.011	.415	4.613	.0001**	.028	.070
	Mother stress	-.061	.013	-.409	-4.555	.0001**	-.088	-.034
3	(Constant)	5.151	1.064		4.843	.0001**	3.032	7.269
	Resilience	.039	.011	.331	3.582	.001**	.017	.061
	Mother stress	-.055	.013	-.372	-4.232	.0001**	-.081	-.029
	Optimism	.102	.039	.239	2.605	.011*	.024	.180

a

Table 3 presents the model summary statistics for each regression model. In Model 1, the model demonstrated 27% of the variance in the outcome variable (Adjusted R^2= .27). Model 2 demonstrated an improvement in explanatory power, explaining 42% of the variance (Adjusted R^2= 0.419). Model 3 further increased the explanatory power, explaining 46% of the variance (Adjusted R^2= 0.46). All models showed statistically significant F-values ($p < 0.0001$), indicating that the models were a good fit for the data.

Table 3. Stepwise Multiple Regression Analysis of significant predictors for overall well-being

Model Summary						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	F-value	p-value
1	0.528	.279	.270	1.277	29.829	.0001**
2	0.659	.434	.419	1.139	29.112	.0001**
3	0.693	.481	.460	1.098	23.149	.0001**

Table 4. Comparison of Fathers' Parenting Stress Levels Between Male and Female Adolescents

	Sex	N	Mean	Std. Deviation	t-value	p-value
Father's Parenting stress	Male	41	41.683	10.386	3.129	.002**
	Female	38	35.158	7.862		

The results of the t-test analysis reveal a notable distinction in father stress levels between males and females ($t = 3.129$, $df = 78$, $p = .002$). Specifically, male adolescents reported a mean father stress level of 41.683 (SD = 10.386), while female adolescents reported a lower mean father stress level of 35.158 (SD = 7.862). This finding suggests that there is a notable disparity in the perceived stress levels experienced by male and female adolescents in relation to their fathers.

Discussions

The goal of the current study is to understand the covariates and predictors of adolescents' well-being. Resilience and optimism were found to be the major predictors of well-being in adolescents. The positive correlations produced between positive psychological constructs and well-being are in line with research conducted in the past(Afzal et al., n.d.; Finch et al., 2020b; Nafees et al., 2017) Similarly, results were consistent with studies conducted by Park & Walton-Moss, 2012; Shweta, 2011.

Additionally, maternal parenting stress emerged as a significant negative predictor of adolescent well-being. This finding reinforces previous research that excessive parental stress negatively impacts adolescent emotional adjustment (Compas et al., 2017; Kapur et al., 2022) Despite an increase in working women, mothers continue to bear the primary burden of child-rearing, contributing to higher stress levels. Given that mothers are more involved in daily caregiving, their stress levels may have a more profound impact on adolescent well-being compared to paternal stress.

The study also found significant gender differences in paternal parenting stress, with male adolescents reporting higher perceived stress from fathers than female adolescents. This could be attributed to traditional gender roles and societal expectations, where fathers may place higher performance-related pressures on their sons (Pleck, 2010). Fathers may also experience stress due to concerns about their son's success, societal expectations of masculinity, and challenges related to aggression or risk-taking behavior. However, the lack of

extensive research on this topic suggests a need for further exploration into the unique stressors experienced by fathers and their differential impact on male and female adolescents.

Limitations

The lives of adolescents may be influenced by a variety of events at any one time, therefore it is not feasible to take into consideration every element in a single study. The current research was conducted on the urban sample and in further studies rural sample can be taken up. We would have a greater understanding of how the well-being of adolescents evolves with further long-term longitudinal research
Despite the growing body of research on adolescent wellbeing, psychological capital, and parenting stress in India, several gaps remain to be addressed. Future studies should adopt longitudinal designs to elucidate the temporal dynamics of these constructs and explore potential mediating and moderating factors.

Future Directions/Implications

This study sheds light on the complex interplay between psychological capital, parenting stress, and adolescent well-being. It provides valuable guidance for mental health professionals in designing interventions to cultivate resilience and optimism in adolescents while alleviating parental stress, particularly among mothers who bear a significant burden in adolescent upbringing.
Moreover, the study reaffirms that overall adolescent well-being and all its positive constructs are positively associated with psychological capital. This underscores the need for a paradigm shift in psychological practice towards empowering adolescents with internal resources rather than focusing solely on treatment. Additionally, the study underscores the importance of addressing parenting stress in both parents, as neglecting this aspect could contribute to negative emotions in adolescents, potentially eroding their psychological capital.
This study's findings offer valuable insights into fostering adolescent wellbeing and highlight the importance of holistic approaches that consider both internal and external factors shaping adolescent development. Additionally, culturally sensitive interventions aimed at bolstering parental support, fostering adolescents' psychological resilience, and mitigating parenting stress are needed to cultivate positive family environments and enhance the overall wellbeing of adolescents in India.

Informed consent

Informed written consent was obtained from all subjects before recruitment.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

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