



Relationship Of Protective Factors With Psychological Well-Being Among The College Students Of Kashmir

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Abstract

The cardinal aim of the present study was to examine the relationship of protective factors (perceived social support, hope and self-esteem) with psychological well-being among Kashmiri college students, India. Across sectional co-relational research design was employed in the current study. The study comprised a sample of 480 college students from various districts of Kashmir who completed the survey questionnaire including psychological well-being scale by Ryff's Multidimensional scale of perceived social support, Adult Hope, Self-esteem. Data was analyzed by Pearson's correlation to test the relationship among various study variables. The findings revealed that there was a positive correlation of protective factors with all over psychological well-being. Therefore of the finding propose that the enhancement of social support, self-esteem and development of role of hope to promote the psychological well-being among college students of Kashmir was validated in the present study.

Keywords. Protective factors Psychological wellbeing, College Students, Kashmir

Introduction

Kashmir has been observed by many as paradise on Earth. Despite the occasional political disturbances. It is also known as the crown of India. People call it "The Switzerland of Asia" Its splendid beauty and hospitable population is legendary. The Kashmir dispute which has turned out to be the most conflicted zone dates from 1947, with the partition of Indian subcontinent into India and Pakistan (Ganguly, 1997). Kashmir remains a bone of contention between India and Pakistan since its inception in 1947 and four majors have been fought for its control (Bose, 2003) The aim the study was to explain how psychological well-being is important protective factor for student development particularly in conflicts related areas were they face uneven shutdowns, turmoil; internet shut down on daily biases will lose hope for future. The research throws light on the impact of conflict on psychological well-being with special reference

to Kashmir. It explains health, psychological well-being, the indicators of mental health and how there is more focus on mental illness rather than mental health. The current study highlights how positive psychology will help to enhance the psychological well-being, perceived social support, hope and self-esteem among college students. Furthermore students will experience various uncertainty regarding their next steps in both personal and professional life during their college years. Therefore it is essential need of the hour to foster and build such protective factors like perceived social support, hope and self-esteem among college students to face these situations (Dar & Deb, 2020).

Psychological dimension of well-being is the combination of positive affective state such as happiness and functioning with optimal effectiveness in individual and social life (Amalu, 2018). The Psychological well-being is a multi-dimensional concept it includes various aspects such as optimism, self-control, happiness, sense of interests, free of failures, anxiety and loneliness have been considered as the special aspects of well-being (Bordbar et al., 2011). Well-being is a dynamic concept that includes subjective, social and psychological dimensions as well as health related behavior. The concept of well-being refers to optimal psychological functioning and experience however historically mental health research has been dramatically weighted on the side of psychological dysfunction and health has been connected with absence of illness rather than the presence of wellness; although health was defined as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity' by the WHO in recent years (2010). Positive Psychology is paying to a more precise definition of the outline of human well-being and is fully incorporating studies on positive elements (strengths and positive emotions) that are without doubt amplifying the framework of research and conduct of psychology, in particular that of Clinical Psychology and Health Psychology. Psychological well-being is essential concern to lead a happy productive life. Psychological wellbeing is a multidimensional concept that cheerfulness, optimism, playfulness, self-control, a sense of detachment and freedom from frustration, anxiety and loneliness are indicators of psychological well-being Sinha and Verma, (1992). According to Ruff's the Psychological well-being is conceivably the most widely used construct among psychologists and mental health professional. The emergence and growth of positive psychology has led to an increase in well-being research, which has produced two theoretical approaches: hedonic and eudemonic Ryff's and Deci, (20017).

Psychological well-being is essential concern to lead a happy productive life. Psychological well-being is beneficial for adults to live a healthy life; building it an important aspect of one's life in the college years from various studies on College life can frequently be confused and full of psychological stress. College students' stresses have increased tremendously over the past decades (Chao 2012). Hence these studies enhance positive constructs among the college students such hope, self-esteem perceived social support and psychological well-being. Positive psychology is important

in mental health and psychological well-being because it emphasizes psychological dysfunction and protective factors among college students.(Shahira et al., 2018)

Perceived social support refers to the process of getting support from institutions and people around us such as family, friends and neighbours. Social support can improve psychological well-being and help in affective, physical and cognitive aspects of individual development. Also, it fulfils individuals' physical and psychological and social needs through self-esteem, loyalty, love and the sense of belonging to a group (Panahi, 2016). The term "Social Support" is defined as "the perception or experience that one is loved and cared for by others, esteemed and valued, and part of a social network of mutual assistance and obligations" (Taylor, 2019).

Social support is an essential factor which encourages positive behaviours and contributes to positive outcomes of mental health and wellbeing in response to life crisis or at the times of adversity in the form of friends, family and the community at large. It plays a vital role in bringing positive psychological changes in the individual that are essential for the maintenance of their mental health.(Dar & Dar, 2021)

Hope is an individual perception that one can reach desired goals(Singh & Singh, 2013)Hope is an important construct which aids people to withstand in adverse conditions like war, diseases, injury or the armed conflicts tradition and help them to move towards the positive adjustment and growth. Feeling of hope helps an individual to develop a positive attitude towards one's life, which in turn has a positive impact on his/her, mental health (Dar & Dar, 2021). Hope is an individual perception that one can reach desired goals. One of the major areas covered by positive psychology is the concept of hope. Hope has positive effect on development of positive health related habits and behaviours since it has positive impact on mental health and psychological well-being of young adults (S. Singh, 2019) However, the factors such as social support and feelings of hope and self-esteem will be imperative in promoting psychological well-being by mitigating the negative impact of risk factors like adversities during childhood and exposure to conflict.

The term "Self-esteem esteem" was firstly introduced by William James in 1890, in The Principles of Psychology".it is defined as person's positive or negative evaluation of the absolute value of his/or own personality. In simple words self-esteem can be defined as an attitude towards self. Self-esteem is define as 'the disposition to experience oneself as competent to cope with the basic challenges of life and as worthy of happiness' .Self-esteem is defined as the emotional evaluation individuals make about themselves, which is generally in the form of approval or disapproval (Malinauskas & Dumciene, 2016) .Therefore, in the same line, the current study was undertaken to examine the relationship of protective factors with psychological well-being young adults studying in different colleges of Kashmir.

Method

The current study comprised sample of 480 college students comprising of both male and female in the age group of 18 to 24 years. Purposive sampling approach was used for the recruitment of the study participants. The college students participated in the present study both male and female college students from various districts of Kashmir. Before the start of data collection, an approval to carry out this study was obtained from respective college principals. Once a permission to carry out the study was granted, the participants were approached in their classrooms. The information sheet, consent form and a questionnaire set were given to participants by the researcher. The participants filled the questionnaire set under the supervision of the researcher. No monetarily. Compensation, such as gifts, money or food was provided for their participation. The participants were asked to return the completed set of questionnaires to the researcher and the students who had any prior mental illness were not included in this study.

Tools used in the study

The study adopted a self-report measure comprised of five questionnaires, such as demographic details form (, a) Psychological-Wellbeing (Pswb), The Ryff's Scales of Psychological Well Being (Ryff's 1989). (b) Perceived social support scale (c) Hope adult scale and (d) self-esteem scale

3.7.1 Demographic details form

A demographic questionnaire was prepared, using questions, to collect demographic information related to Gender, age, area of residence, marital status family type, and year of education, educational stream and monthly family income and father education of the respondents. These items were dichotomized (Male=1 vs. Female=2, 18 to 21 years age=1 vs. 21 to 24 years age=2; area of residence rural= 1, urban = 2. nuclear family vs. =1 joint family =2; and year of education; marital status-married=2 vs. unmarried= 1, 1st =1 2nd =2 3rd =3 educational stream arts =1 science =3 and income (in Indian rupees) below 10,000=1 vs. income above 10,001=2. In order to safeguard privacy, identifying information of the participants, such as name, contact and address details which could probably identify the participants was not collected in this study. The demographic information in this study was collected by demographic details form prepared by the researcher as per the objectives of the study.

Psychological well-being scale (PSBW) had been developed by Ryff's and Keyes (1995) to determine the psychological well-being levels. It has 42 items in 6 factors. It is a 6 point Likert scale type scale .it has six sub scales exposure to among the participants, the Ryff's Scales of Psychological Well-Being is a theoretically sound instrument that focuses on measuring multiple aspects of PWB (SPWB, Ryff's, 1989). The higher scores on each dimension showed the greater Well-being on that dimension. This scale showed significant reliability and validity in the researchers reported from

different countries. The overall Cronbach's alpha is 0.88 and had high internal consistency.

Multidimensional Scale of Perceived Social Support (MSPSS): The MSPSS developed by Zimet et al. [29] in 1988, was used to assess the perceived social support among respondents. There are 12 items in MSPSS which are rated on a 7-point Likert scale. The response of the scale items ranges from 1 meaning "strongly disagree" to 7 meaning "strongly agree". The score on MSPSS ranges from 12 to 84. The reliability of MSPSS was obtained with the help of Cronbach's alpha coefficient that was ascertained to be 0.85.

Adult Hope Scale (AHS): The AHS developed by Snyder et al in 1991 was administered to measure the hope among participants. The AHS is a measure of 12 items including four filler items. The AHS items are rated on a Likert scale of 8-point that ranges from 1 which indicates "definitely false" to 8 which indicates "definitely true". The Cronbach's alpha coefficient was used to measure the reliability of the AHS that was found to be 0.75.

Rosenberg's Self-Esteem Scale

The self-esteem of the students was measured by the Self-Esteem Scale constructed and standardized by Rosenberg (1965). The scale has 10 items with four alternatives from strongly agree to strongly disagree.

Scoring: The scoring for item 1, 3, 4, and 10 is 4 for strongly agree, 3 for agree, 2 for disagree, and 1 for strongly disagree. For item 2, 5, 6, 8, and 9 the scoring is reversed, that is 1 for strongly agree, 2 for agree, 3 for disagree, and 4 for strongly disagree respectively. The minimum score of scale is 10 and maximum is 40.

Reliability and Validity: The reliability of the scale was measured through test-retest method and Cronbach's alpha method which is found statistically significant; synchronically, the values were found 0.82 to 0.85 and 0.77 to 0.88 respectively. The scale was also found valid through criterion and construct validity methods.

Result.

Table 1 illustrates the demographic details of the participants (n= 480) in which more than half of them were females 250 (52.1%) and less than half were males 230 (47.9%). Most of the students i.e. 251 (52.3 %) of the respondents were aged 18 to 21 years while 229 (47.7 %) were aged 22 to 24 years. Regarding the area of residence 282 (58.8%) belonged to rural areas whereas 198 (41.3%) belonged to urban areas. Majority of the respondents 305 (63.5%) were from nuclear families and the remaining 175 (36.5%) came from joint families. Maximum students 459 (95.6%) were unmarried and 21 (4.4%) were married. More than half of sample 255 (53.1%) had monthly family

income of below 10000 rupees and less than half 225(46.9%) had monthly income of above 10,000 INR. As for as education stream is concerned 131(27.3%) were 1ST year students, 256 (53.3%) were 2nd year students and 93(19.4%) were final year students. Beside more than this 223(46.5%) were arts students and 257(53.5%) were science students.

It is evident from Table 2 that the mean psychological well-being score of the sample was found to be (mean =156.16; SD= 14.54).Regarding its dimensions of psychological well- being the mean autonomy (mean =25.98; SD= 4.45),regardingthe meanenvironmental mastery (mean =25.81; SD= 4.29),Personal growth (mean =25.58; SD= 4.47),Positive relations (mean =25.95; SD= 4.60), Purpose in life (mean =25.80; SD= 4.68), Self -acceptance (mean =27.03; SD= 4.10), in the range of 112- 212 falls in average for all the sub scales of thereof.

Table 3shows that mean score of psychological well-being reported by the research participants was found to be (mean = 59.11; SD= 15.53) in the range of 16.-83 and that of hope (mean = 64.00; SD=11. 98) in the range 12-64whereas, the mean sore of self-esteem was found to be (mean = 53; SD= 26.90) in the range of 16-53 respectively.

Table 4 depicts the correlation of perceived social support, hope self-esteem with psychological well- being were positively correlated with autonomy, and environmental mastery, positive relations, self-acceptance whereas they were negatively correlated purpose in life and over psychological well-being. On the contrary hope was positively correlated autonomy, and environmental mastery, personalrelations, self-acceptance and over all psychologicalwell-being. In addition to this self-esteem were positively correlated with environmental mastery, self-acceptance and overall psychological well-being.

Table 1 .Demographic detail of the participants (N = 480)

Variable	n (%)	Variable	n (%)
Gender		Age	
Male	230 (47.9)	18 to 21 years	251 (52.3)
Female	250 (52.1)	22 to 24 years	229 (47.7)
Area of Residence		Family type	
Rural	282 (58.8)	Nuclear	305 (63.5)
Urban	198 (41.3)	Joint	175 (36.5)
MaritalStatus		Monthly family Income	
Unmarried	459 (95.6)	Below 10000	255 (53.1)
Married	21 (4.4)	10000 & above	225 (46.9)

Year of Education		Education stream	
First year	131 (27.3)	Arts	223 (46.5)
Second year	256 (53.3)	Science	257 (53.5)
Third year	93 (19.4)		

Table 2. Description of Psychological well-being(N =480)

Variable	Actual range	Possible range	Mean	SD
Psychological well-being	112-212	42-252	156.16	14.54
Dimensions				
Autonomy	14-40	7-42	25.98	4.45
Environmental mastery	14-39	7-42	25.81	4.29
Personal growth	16-60	7-42	25.58	4.47
Positive relations	13-41	7-42	25.95	4.60
Purpose in life	14-41	7-42	25.80	4.68
Self –acceptance	14-41	7-42	27.03	4.10

Table 3. Description of perceived social support, Hope and self- esteem(N =480)

Variable	Actual score range	Possible range	Mean	SD
Perceived social support	16.-83	12-84	59.11	15.53
Hope	12-64	8-64	64.00	11.98
Self – esteem	16-53-	10-40	53.00	26.90

Table 4The correlation between social support and psychological wellbeing(N =480)

	AUNTY (r)	EM (r)	PG (r)	PR (r)	PIL (r)	SA (r)	PSWB (r)
Perceived social support	.222**	.115*	.000	.215**	-.102*	.100*	.148**
Hope	.214**	.230**	-.052	.205**	-.088	.112*	.185**
Self esteem	.054	.104*	.066	.024	.064	.118**	.129**

Note: *p< 0.05 and **p< 0.01

Discussion

The cardinal aim of the current study was undertaken to examine the relationship of protective factors with psychological well-being a sample of college students from Kashmir. The mean score of overall psychological well-being was found 156.1(SD =14.54) in the range of 112-212, demonstrating the moderate level of psychological well-being among Kashmiri college students. With respect its dimensions of psychological well-being of the participants showed the above average level psychological well-being autonomy (mean=25.98; SD= 4.45),regarding the mean environmental mastery (mean =25.81; SD= 4.29),Personal growth (mean =25.58; SD= 4.47),Positive relations (mean =25.95; SD= 4.60), Purpose in life (mean =25.80; SD= 4.68), Self -acceptance (mean =27.03; SD= 4.10), in the range of 112- 212 falls in average for all the sub scales of thereof . Hence it evident from the findings thus good psychological well-being does not mean that He/she is free from psychological distress supported by other research findings.

The findings revealed that perceived social support were associated with autonomy, environmental mastery,Personal growth,Positive relationsPurpose in life, Self - acceptance and over all psychological well-being. This finding is supported by other studies.

Similarly, the findings indicating that hope was positively associated with autonomy, environmental mastery, Personal growthSelf -acceptance and over all psychological well-being.

Furthermore our findings revealed that self-esteem was positively associated with autonomySelf -acceptance and over all psychological well-being. On the contrary perceived social support and hope emerged as the strongestprotectivefactor of overall psychological wellbeing among Kashmiri college students.

Conclusion

To conclude, the relationship of psychological well-beingand protective factors was validated in the present study among Kashmir college students. Whereas, social support and hope emerged as the protective factors of psychological well- being in the context of Kashmir. The findings of the present study confer the importance of protective factors in promoting psychological well-being and preventing disorders. Therefore, understanding these factors will be helpful for mental health professionals to provide necessary resources, knowledge and skills to the youth of Kashmir that will promote their psychological well-being.

Conflict of Interest

The author declares that there is no conflict of interest involved

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