

Emotional Stability and Perceived Happiness Among Adolescents: A Cross-Sectional Study at Bagalkot

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| Received: 23.04.2026 | Accepted: 15.06.2026 | Published: 17.06.2026

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Abstract

Original Research Article

Background: Adolescence is a critical developmental stage characterized by significant emotional and psychological changes. Emotional stability and perceived happiness are important indicators of mental well-being, while psychosocial factors such as depression, anxiety, and quality of life play a crucial role in influencing adolescent health outcomes. **Objectives:** The study aimed to assess emotional stability and perceived happiness among adolescents, evaluate psychosocial factors (depression, anxiety, and quality of life), determine their relationships, and examine associations with selected socio-demographic variables. **Methods:** A descriptive cross-sectional design was adopted among 114 adolescents aged 13–16 years studying at a selected high school in Bagalkot. Complete enumeration sampling technique was used. Data were collected using standardized tools: Trait Meta-Mood Scale (TMMS-24), Oxford Happiness Questionnaire, CES-D Scale, GAD-7 Scale, and WHOQOL-BREF. Data were analyzed using descriptive and inferential statistics, including correlation and chi-square tests. **Results:** The majority of adolescents had optimal emotional stability (84.2%) and high perceived happiness (80.7%). Most participants reported good quality of life (85.1%). However, a considerable proportion exhibited significant anxiety (87.7%) and depression (36.0%). Emotional stability showed a strong positive correlation with perceived happiness ($r = 0.994$) and quality of life ($r = 0.914$), and a strong negative correlation with depression ($r = -0.825$) and anxiety ($r = -0.755$). A significant association was found between emotional stability and year of study ($p < 0.01$). **Conclusion:** The study highlights that although adolescents demonstrate high happiness and quality of life, underlying psychological distress, particularly anxiety and depression, is prevalent. Emotional stability plays a key role in influencing mental health outcomes. The findings emphasize the need for school-based mental health interventions, early screening, and emotional skill development programs.

Keywords: Adolescents, Emotional Stability, Perceived Happiness, Depression, Anxiety, Quality of Life.

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INTRODUCTION:

Adolescence is a critical developmental phase marked by profound biological, emotional, and psychosocial transitions. During this period, individuals develop emotional regulation capacities and cognitive frameworks that shape long-term mental health outcomes. Emotional stability, conceptualized as the ability to regulate emotional responses effectively, plays a crucial role in adaptive functioning and resilience. Similarly, perceived happiness reflects subjective well-being and is increasingly recognized as an important indicator of positive mental health [1,2].

Despite these positive constructs, global evidence indicates a rising burden of psychological distress among adolescents. The World Health

Organization reports that depression and anxiety are among the leading causes of illness and disability in this age group [3]. In India, adolescents are exposed to additional stressors, including academic pressure, socio-economic challenges, and limited access to mental health services, which may contribute to psychological morbidity [4].

Recent research has shifted toward a dual-continua model of mental health, which suggests that the presence of well-being does not necessarily imply the absence of mental illness [5]. Adolescents may simultaneously report high levels of happiness while experiencing significant anxiety or depressive symptoms. However, there is limited empirical evidence examining this phenomenon in Indian school-based populations.

Furthermore, emotional stability has been identified as a protective factor influencing mental health outcomes, including depression, anxiety, and quality of life [6,7]. Understanding the interplay between these variables is essential for developing targeted interventions in school settings.

Therefore, the present study aimed to assess emotional stability and perceived happiness among adolescents, examine psychosocial factors such as depression, anxiety, and quality of life, and explore the relationships among these variables.

MATERIAL AND METHODS

Study Design and Setting

A descriptive cross-sectional study was conducted among adolescents studying in a selected high school in Bagalkot, Karnataka, India. The cross-sectional design was considered appropriate to assess the prevalence and interrelationships of emotional and psychosocial variables within a defined population at a single point in time.

Participants and Sampling

The study included 114 adolescents aged between 13 and 16 years. A complete enumeration sampling technique was adopted to ensure comprehensive inclusion of eligible participants from 8th, 9th, and 10th standards. Inclusion criteria comprised students willing to participate and provide informed consent, while those who were ill or unable to respond were excluded.

Instruments

Trait Meta-Mood Scale (TMMS-24)

Emotional stability was assessed using the Trait Meta-Mood Scale (TMMS-24), a widely used self-report instrument designed to measure perceived emotional intelligence. The scale consists of 24 items divided into three dimensions: emotional attention, emotional clarity, and emotional repair, with each domain containing eight items. Responses are rated on a 5-point Likert scale ranging from strongly disagree to strongly agree. Higher scores indicate better emotional awareness and regulation abilities. The TMMS-24 has demonstrated strong psychometric properties, with Cronbach's alpha values ranging from 0.85 to 0.90, indicating excellent internal consistency. In the present study, the scale was used to operationalize emotional stability as the ability to understand and effectively regulate emotions.

Oxford Happiness Questionnaire

Perceived happiness was measured using the Oxford Happiness Questionnaire (OHQ), a reliable and valid instrument developed to assess subjective well-being and overall life satisfaction. The questionnaire consists of 29 items; each rated on a 6-point Likert scale. The total score is obtained by summing the responses, with higher scores indicating greater levels of happiness

and positive affect. The OHQ has demonstrated excellent internal consistency, with Cronbach's alpha values typically exceeding 0.90. This instrument was selected for its ability to capture both cognitive and affective components of happiness in adolescent populations.

Center for Epidemiologic Studies Depression Scale (CES-D)

Depression was assessed using the Center for Epidemiologic Studies Depression Scale (CES-D), a widely used screening tool for depressive symptoms in community and clinical settings. The CES-D consists of 20 items that evaluate the frequency of depressive symptoms experienced over the past week. Responses are recorded on a 4-point Likert scale ranging from rarely or none of the time to most or all of the time. The total score ranges from 0 to 60, with a score of 16 or above indicating clinically significant depressive symptoms. The CES-D has demonstrated high reliability, with Cronbach's alpha values ranging from 0.88 to 0.97, and strong validity across diverse populations. In this study, it was used to identify the presence and severity of depressive symptoms among adolescents.

Generalized Anxiety Disorder Scale (GAD-7)

Anxiety was measured using the Generalized Anxiety Disorder Scale (GAD-7), a brief and widely used self-report instrument designed to assess generalized anxiety symptoms. The scale comprises 7 items, each rated on a 4-point Likert scale from not at all to nearly every day. Total scores range from 0 to 21, with a score of 10 or above indicating clinically significant anxiety. The GAD-7 has demonstrated excellent internal consistency (Cronbach's alpha = 0.92) and strong convergent validity. Its brevity and ease of administration make it particularly suitable for use in school-based studies.

WHOQOL-BREF

Quality of life was assessed using the WHO Quality of Life-BREF (WHOQOL-BREF), a standardized instrument developed by the World Health Organization. The WHOQOL-BREF consists of 26 items that measure quality of life across four domains: physical health, psychological health, social relationships, and environmental conditions. Each item is rated on a 5-point Likert scale, and domain scores are calculated and transformed, with higher scores indicating better quality of life. The instrument has been widely validated across different cultural settings, including India, and demonstrates high reliability with Cronbach's alpha values around 0.90. In the present study, it provided a comprehensive measure of overall well-being among adolescents.

Socio-demographic Variables

The socio-demographic data were collected using a structured questionnaire developed by the investigator to obtain baseline characteristics of the

participants. This proforma included variables such as age, gender, religion, parental education and occupation, type of family, number of siblings, birth order, family income, and area of residence. The information obtained through this tool was used to describe the sample characteristics and to examine possible associations with emotional stability and perceived happiness.

Data Collection Procedures

Data were collected using a self-report method after obtaining ethical clearance and institutional permissions. Participants were briefed about the study and confidentiality was ensured.

Statistical Analysis

Data were analyzed using SPSS version 25. Descriptive statistics (frequency, percentage, mean, standard deviation) were used to summarize data. Pearson correlation was applied to examine relationships among variables, and chi-square tests were used to assess associations. A p-value <0.05 was considered statistically significant.

RESULTS

Descriptive analyses of sample characteristics

Table 1 Shows the characteristics of adolescents in terms of frequency and percentage.

Table 1: Socio-demographic characteristics of adolescents

Sl. No.	Variables	N	%
1	Age (Years)		
	13-14 years	61	53.5
	15-16 years	50	43.9
	17-18 years	3	2.6
2	Sex		
	Male	68	59.6
	Female	46	40.4
3	Religion		
	Hindu	99	86.8
	Muslim	15	13.2
4	Father Education		
	Illiterate	3	2.6
	Primary Education	12	10.5
	Secondary Education	26	22.8
	PUC/ Higher Secondary Education	44	38.6
	Degree and above	29	25.4
5	Mother Education		
	Illiterate	3	2.6
	Primary Education	10.94	9.6
	Secondary Education	40.01	35.1
	PUC/ Higher Secondary Education	33.97	29.8
	Degree and above	25.99	22.8
6	Father Occupation		
	Coolie	11	9.6
	Agriculture	12	10.5
	Employed	34	29.8
	Self Employed	57	50.0
7	Mother occupation		
	House Wife	80	70.2
	Coolie	2	1.8
	Agriculture	2	1.8
	Employed	16	14.0
8	Year of Study		
	8th Std	38	33.3
	9th Std	40	35.1
	10th Std	36	31.6
9	Area of Residence		
	Urban	97	85.1
	Rural	17	14.9

Sl. No.	Variables	N	%
10	Area of Residence		
	Urban	97	85.1
	Rural	17	14.9
11	Type of Family		
	Nuclear Family	67	58.8
	Joint Family	47	41.2
12	No of Siblings		
	1	32	28.1
	2	57	50.0
	3 and above	25	21.9
13	Birth Order		
	First	53	46.5
	Second	43	37.7
	Third	15	13.2
	Fourth and above	3	2.6
14	Family History of Mental Illness		
	Yes	2	1.8
	No	112	98.2
15	Family income		
	Less than Rs 10000	46	40.4
	Rs. 10000- Rs. 20000	22	19.3
	Rs. 20001 - Rs. 30000	11	9.6
	Rs.30001 and above	35	30.7

Table 2: Distribution of Key Mental Health Variables (n=114)

Variable	Category	Frequency	Percentage
Emotional Stability	Optimal	96	84.2%
	Low	17	14.9%
	High	1	0.9%
Perceived Happiness	High	92	80.7%
	Very High	19	16.7%
	Moderate	3	2.6%
Depression	Mild/None	73	64.0%
	Clinical	41	36.0%
Anxiety	Clinical	100	87.7%
	Mild/None	14	12.3%
Quality of Life	Good	97	85.1%
	Poor	17	14.9%

Table 3: Mean and Standard Deviation of Emotional Stability, Perceived Happiness and Psychosocial factors (Depression, Anxiety and Quality of Life) among Adolescents n=114

Variables	Mean	SD
Emotional Stability	48.28	8.837
Perceived Happiness	106.04	17.189
Depression	14.82	2.785
Anxiety	14.61	2.983
Quality of Life	80.54	17.045

Table 4: Correlation between Emotional Stability, Perceived Happiness and Psychosocial factors (Depression, Anxiety and Quality of Life) among Adolescents. n=114

Variables	Emotional Stability	Perceived Happiness	Depression	Anxiety
Perceived Happiness	0.994**	-	-	-
Depression	-0.825**	-0.819**	-	-
Anxiety	-0.755**	-0.746**	0.949**	-
Quality of Life	0.914**	0.900**	-0.783**	-0.730**

**P<0.01, *P<0.05, 0.3–0.5 indicates moderate correlation, 0.5-0.7 indicates large correlation, 0.7-0.9 indicates very large correlation

Table 4 displays that, emotional stability and perceived happiness scores were positively correlated ($r=-0.994$), indicating that higher the emotional stability there will be increase in perceived happiness scores. Furthermore, emotional stability scores were negatively correlated with depression ($r=-0.825$) and with anxiety score ($r=-0.755$) indicating decrease in emotional stability, there will be an increase in depression and anxiety scores. The quality-of-life scores were positively correlated with emotional stability ($r=-0.914$) indicating that as emotional stability increases, there will be an increase in quality of life.

Perceived happiness and depression were negatively correlated ($r=-0.819$) indicating, decrease in perceived happiness leading to increase in depression.

Perceived happiness and anxiety were negatively correlated ($r=-0.746$) indicating, decrease in perceived happiness leading to increase in anxiety. Perceived happiness was positively correlated with quality of life of adolescents ($r=0.900$) indicating increased perceived happiness and leads good quality of life.

Depression was positively correlated with anxiety ($r=0.949$) indicating that increase in depression and increases anxiety. There was a negative correlation between depression and quality of life ($r=-0.783$) indicating increase depression decreased quality of life. Anxiety and quality of life were negatively correlated ($r=-0.730$) indicating increase anxiety decreased quality of life.

Table 5: Association of Emotional Stability with selected socio-demographic variables of Adolescents. n=114

Sl. No.	Socio- Demographic Variables	DF	Chi Square Value	P Value
1	Age	4	3.746	0.229
2	Sex	2	1.927	0.415
3	Religion	2	0.488	0.737
4	Father education	8	8.380	0.313
5	Mother education	8	8.715	0.285
6	Father occupation	6	4.645	0.507
7	Mother occupation	8	6.021	0.434
8	Year of study	4	11.512	0.008**
9	Family monthly income	6	6.923	0.305
10	Area of residence	2	0.284	1.000
11	Type of family	2	1.771	0.496
12	No. of Siblings	4	7.784	0.061
13	Birth order	6	8.640	0.156
14	Family history of mental illness	2	0.382	1.000

**P<0.01 (Significant)

Findings displayed in the table 5 shows that, there was a significant association between emotional stability and year of study ($\chi^2= 11.512$, $P< 0.01$) and

there was no significant association found between emotional stability and other socio-demographic variables of adolescents.

Table 6: Association of Perceived Happiness with selected socio-demographic variables of Adolescents. n=114

Sl. No.	Socio- Demographic Variables	DF	Chi Square Value	P Value
1	Age	4	5.969	0.189
2	Sex	2	3.011	0.223
3	Religion	2	0.646	0.831
4	Father education	8	7.914	0.390
5	Mother education	8	5.171	0.700
6	Father occupation	6	10.056	0.118
7	Mother occupation	8	3.559	0.840
8	Year of study	4	4.111	0.375
9	Family monthly income	6	2.885	0.859
10	Area of residence	2	2.366	0.287
11	Type of family	2	2.206	0.406
12	No. of Siblings	4	4.540	0.344
13	Birth order	6	1.682	0.977
14	Family history of mental illness	2	0.487	1.000

Findings displayed in the table 6 shows that, there was no significant association found between

DISCUSSION

The present study aimed to assess emotional stability, perceived happiness, and psychosocial factors such as depression, anxiety, and quality of life among adolescents. The findings are discussed in relation to previous studies.

The present study revealed that the majority of adolescents (84.2%) had optimal emotional stability, with only 14.9% showing low emotional stability. The mean score (48.28 ± 8.837) also indicates moderate emotional regulation. These findings are consistent with studies by Salovey P and Mayer JD, who emphasized that adolescents generally develop emotional regulation abilities during mid-adolescence [8].

Similarly, a study conducted among Indian adolescents reported that most students demonstrated moderate to good emotional competence, with only a smaller proportion exhibiting emotional instability [9]. This similarity may be due to comparable school environments and developmental stages.

In the present study, the majority of students (80.7%) had high perceived happiness, with a mean score of 106.04 ± 17.189 . This finding is in line with the work of Argyle M and Hills P, who reported that adolescents often report moderate to high levels of happiness when social and academic environments are supportive [10].

A similar cross-sectional study among school students also found that the majority reported high subjective well-being, indicating that adolescence is often associated with positive emotional experiences despite stressors [11].

The study showed that 36.0% of adolescents had significant clinical depression, while 64.0% had mild or no depression. The mean score (14.82 ± 2.785) was close to the clinical cut-off, indicating risk.

These findings are comparable with studies using the Center for Epidemiologic Studies Depression Scale, where a substantial proportion of adolescents were found to be at risk for depression [12]. Another Indian study reported similar prevalence rates ranging from 30–40% among school-going adolescents [13].

This may be attributed to academic pressure, peer influence, and psychosocial stressors common during adolescence.

A significant finding of the present study is that 87.7% of students had significant clinical anxiety, with a

perceived happiness and any of the socio-demographic variables of adolescents.

mean score of 14.61 ± 2.983 . This indicates a high burden of anxiety among adolescents.

These findings are consistent with studies using the Generalized Anxiety Disorder Scale (GAD-7), which have reported high prevalence of anxiety symptoms among adolescents [14]. Similar findings were reported in Indian school-based studies, where anxiety prevalence ranged between 60–80% [15].

The high anxiety levels may be related to academic stress, examination pressure, and future uncertainties.

The present study revealed that the majority (85.1%) had good quality of life, with a mean score of 80.54 ± 17.045 . This suggests that despite psychological distress, overall life satisfaction remains relatively good.

These findings are supported by studies using the WHO Quality of Life-BREF, which reported moderate to good quality of life among adolescents [16]. This may be due to family support, school environment, and social relationships.

The present study found:

- Strong positive correlation between emotional stability and perceived happiness ($r = 0.994$)
- Strong negative correlation between emotional stability and depression ($r = -0.825$) and anxiety ($r = -0.755$)
- Positive correlation between quality of life and both emotional stability and happiness

These findings are consistent with previous research, which indicates that higher emotional intelligence is associated with greater happiness and better quality of life, and lower levels of depression and anxiety [17].

A similar study reported that adolescents with better emotional regulation skills had lower psychological distress and higher well-being [18].

The present study found a significant association between emotional stability and year of study, while no significant association was found with other demographic variables.

This finding is partially supported by previous studies, which suggest that academic level and developmental stage influence emotional maturity, whereas variables such as gender and family type may not show consistent associations [19].

CONCLUSIONS

The present study found that most adolescents had good emotional stability, high levels of happiness, and a good quality of life. However, many adolescents also experienced symptoms of anxiety and depression, showing that psychological difficulties can exist even when overall well-being appears positive. Emotional stability was positively related to happiness and quality of life and negatively related to anxiety and depression, indicating its important role in adolescent mental health. A significant association was found between emotional stability and year of study, while no association was observed with other socio-demographic factors. These findings highlight the importance of promoting emotional well-being and conducting early mental health screening and support programs in schools.

Ethical Consideration

Ethical approval was obtained from the Institutional Ethics Committee before conducting the study. Permission was obtained from the school authorities, and informed consent from parents/guardians and assent from adolescents were secured. Participants' confidentiality, privacy, and voluntary participation were ensured throughout the study.

Conflicts of Interest: There are no conflicts of interest.

Source of Funding: Rajiv Gandhi University of Health Sciences, Bengaluru

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