

*Full Length Research Paper*

# **An exploratory study in understanding gender differences in the wellbeing of Asian adolescents in Singapore**

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**This study examined gender differences of adolescent's wellbeing needs according to Adams et al (1997) multidimensional wellness model. 261 secondary school students from Singapore participated in the study and data was collected using the Perceived Wellness Survey- Youth versions. Results revealed there were no gender differences in global wellness scores but on social wellness subscale, girls were found to have higher scores compared to boys. Focus group discussions also revealed gender differences in their perception of the importance of the various wellness subscales. Implications and future research recommendations are discussed.**

**Keywords:** Wellbeing, adolescents, Asian, wellness, gender, Singapore.

## **INTRODUCTION**

Research literature on the youth population have generally focused on youth crime, delinquency and risk behaviours that only affect a minority of the population (Ho, 2010). Hence, there is a need to add more nuances to youth research work and examine their state of wellbeing. Recent media reports about teenage violence, gang involvements and teen suicide posed us with this challenge and compels us to evaluate adolescents' wellbeing from a more holistic standpoint and examine aspects of their lives that attempt to develop their inner psyche and address their needs.

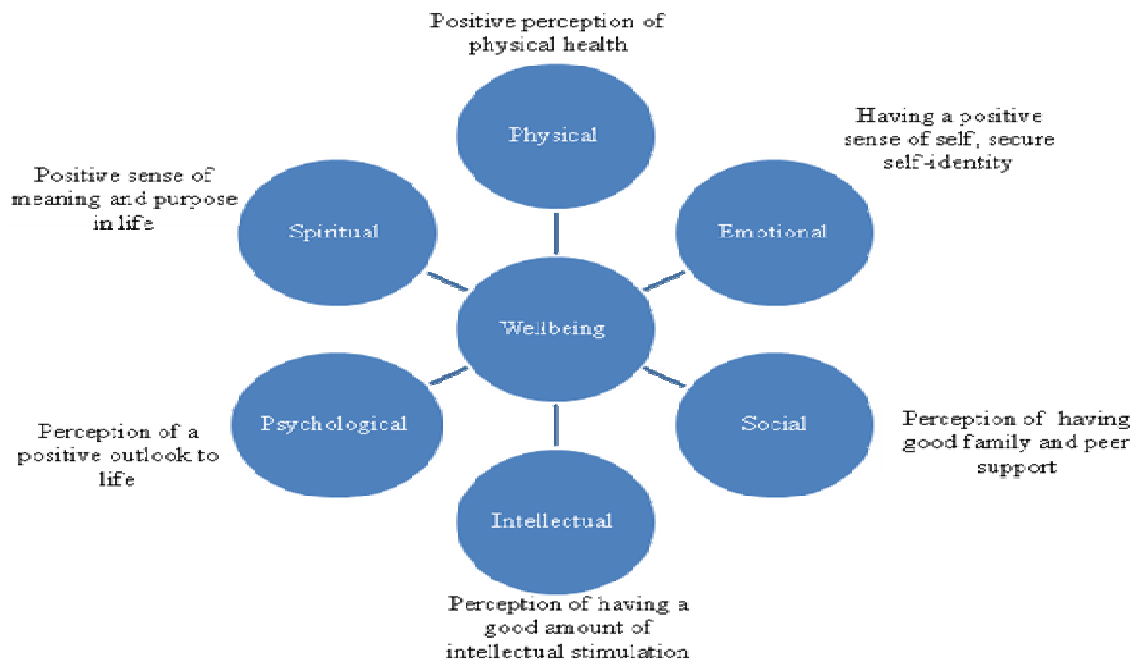
In Singapore, only a few studies have attempted to study adolescent wellbeing. Yeo, Ang, Chong and Huan (2007) found gender differences in adolescent concerns and emotional wellbeing of Singapore adolescent students. Specifically, girls reported significantly greater worries about self and emotional distress compared to boys. In another study, Ho (2010) studied wellbeing of young people aged 15 to 34 years old. Wellbeing was perceived to be affected by happiness, which is related to the 'affective aspect of wellbeing', and life satisfaction, which is related to the 'cognitive aspect of wellbeing'. These two components of wellbeing were correlated with

a number of variables including socioeconomic, demographic and stress factors. However, existing literature showed that there are multiple dimensions of wellbeing (Greenberg, 1985; Whitmer and Sweeney, 1992; Depken, 1994) and have yet to be examined in Singapore.

Adams, Bezner, and Steinhardt (1997) have attempted to study wellbeing using a multidimensional approach. They have conceptualized a model of perceived wellness model with dimensions of social, emotional, psychological, physical, intellectual and spiritual wellbeing. The perceived wellness model is based on systems theory, which states that each part of a system is both an essential sub element of a larger system and at the same time an independent system with its own sub elements. The various elements are interrelated to one another such that a disruption of homeostasis will require adaptation of the entire system. The wellness model also takes on a salutogenic orientation, meaning that complete wellbeing is not merely an absence of disease but is also about maximizing the potential of which the individual is capable. Another assumption that is made is that perceptions of wellbeing are strong predictors of health outcomes which have had strong empirical support. This is the foundation on which the six dimensions of wellness are based. For an explanation of the six wellness

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**Figure 1.** The Perceived Wellness model

dimensions, Please refer to Figure 1.

In addition, gender differences have been found in a few dimensions of wellbeing such as emotional dimension (Diener, Suh, Lucas and Smith, 1999; Wong, Ang and Huan, 2007; Yeo et al, 2007) and social dimension (Eschenbeck, Kohlmann, and Lohaus, 2007). Studies have generally shown that females report more emotional distress compared to males and females would have better social support compared to males. Several studies have consistently showed that there are no gender differences for psychological wellbeing (optimism) (Boman, Smith and Curtis, 2003; Huan, Yeo, Ang and Chong, 2006). Studies on gender differences in other aspects of wellbeing are lacking.

Therefore, the purpose of this descriptive and nonexperimental study is to explore the following research questions: Are there gender differences in global and subscale wellness scores? Are there gender differences in adolescents' report on which dimension of wellbeing is most important to them?

## METHODOLOGY

### Participants

A total of 261 students from a secondary school in a central location of Singapore completed the survey. Quota sampling procedure was employed so that students from different levels and academic levels will be represented. The age range of the students was from 13 to 15 years old. 59% of the sample consists of males and

41% consists of females. Most of the students (80%) come from intact families followed by single parent families (16%). 5% of the sample had other living arrangements. 16% of the sample belong to Secondary 1 level, 30% of the sample belong to Secondary 2 level, and 54% of the sample belong to Secondary 3 level. 65% of sample belongs to the Express stream, 30% to the Normal Academic stream and 5% to the Normal Technical stream. Racial component of the sample is comparable to national norms; Chinese (76%), Malay (14%), Indian (6%), and Others (4%). Participants' wellness scores range from 4.82 to 21.08. Mean wellness score of participants was 13.81 and standard deviation was 2.33.

## MATERIALS

The perceived wellness survey-youth version (PWS-Y) is a 36 item questionnaire measuring perceived wellness perceptions in the physical, spiritual, psychological, social, emotional, and intellectual dimensions. Each dimension consisted of six statements which are scored from 1 "Very Strongly Disagree" to 6 "Very Strongly Agree". The items add up to a dimension subscale score. A wellness composite score is obtained by adding the means of 6 subscale scores with the standard deviation among dimensions and 1.25. The addition of 1.25 serves to prevent deviation of zero to occur.

The PWS-Y differs from the Perceived Wellness Survey (PWS) in that the wordings of questions were simplified and contextualized to youth population. For

example, "There have been times when I felt inferior to most of the people I knew." was changed to "Sometimes I have felt like my friends or classmates were better than me." There has been no validation studies done for PWS-Y but the PWS has shown to possess excellent estimates of factorial and construct validity, as well as internal consistency reliability (Adams et al., 1997).

## Procedure

This study is part of a larger study investigating correlates of demographic variables, stress factors and life goals with wellbeing scores. In line with the purposes of this study, only relevant data will be reported here. Permission for conducting research and data collection is granted by the principal. After weighing the risks and potential benefits, the school has the autonomy to approve or reject research proposals. The researchers obtained approval from the school. Students were given an explanation of the objectives of the study and were told that their participation was voluntary and that they may leave at any point they deem uncomfortable.

The PWS-Y was uploaded to the school's server. Teachers facilitated the process. Students were scheduled to take the test in the school's computer laboratory and it took approximately 15 minutes to complete. It was administered in English. The introduction and instructions on how to take the test were given to participants with the electronic version of the survey. Following data collection, student responses were entered into SPSS version 18 and analyzed by the researcher.

Out of the sample of 261 participants, 32 participants were randomly selected by the researcher to take part in the focus group discussion held on a separate day in a discussion room held in the school library. Participants were divided into groups of 6-10 per group. Discussion was facilitated by a main facilitator. A co-facilitator was also present to take down notes during the discussion. During the focus group discussions, participants were asked to choose the most important dimension of wellbeing and reasons why they thought so. Before answering the question, students were given a brief description of what each dimension of wellbeing meant as shown in Figure 1.

## RESULTS

### Gender differences in perceived wellness scores

An independent samples t test was conducted to compare global perceived wellness scores between males and females. Difference between scores for males ( $M=13.88$ ,  $SD=2.16$ ) and females ( $M=13.71$ ,  $SD=2.56$ ) were not statistically significant;  $t(259) = -0.58$ ,  $P>0.05$ .

An analysis of variance showed that the effect of gender was significant for the social wellbeing subscale  $F(1, 259) = 4.15$ ,  $p < 0.05$ . Females ( $M=4.13$ ,  $SD=0.75$ ) had higher social wellbeing scores compared to males ( $M=3.96$ ,  $SD=0.67$ ). The effect of gender did not reach statistical significance for the emotional, intellectual, spiritual, physical and psychological subscales.

### Focus group discussion results

Participants were asked "Which of the six dimensions is most important to you and why?" Questions about family life were also asked during the discussion. Responses are categorized by gender and dimensions in Table 1.

### Social wellbeing

For both male and female groups, social wellbeing was most frequently talked about as being the most important wellbeing dimension. Both groups emphasized the importance of social support from family and friends and how they are beneficial to them.

Most participants reported that they had good family relationships and support. However, there were a handful of participants who faced family stress but were not willing to discuss them. Good family relationships were acknowledged a source of help, moral support and happiness.

On the topic of friendship, many participants mentioned that they valued friendship as they provided a source of companionship. One of them mentioned that "*Without friends, school would be boring*" and another mentioned that "*School is like your another home. Friends are like your second family. [I hope to see] more school bonding [and] class bonding.*" Some were also able to articulate the link between good social support in school and its mitigating effects on stress.

### Spiritual wellbeing

For both male and female participants, many of them felt that it was important to have purpose and meaning in life. However, they could not articulate their purpose and meaning in life or they were vague about it. In the words of a student, "*We know we have purpose but [we] don't know what it is.*"

### Other dimensions of wellbeing

There were few responses for physical, intellectual, psychological and emotional wellbeing dimensions. A few gender differences were observed in participant responses of some of these dimensions. A few males

**Table 1.** Focus group discussion responses grouped according to gender and wellbeing dimensions

<b>Physical</b>	Sick cannot do anything. Healthy can do something. You sick you just lay on the bed can only rest.	Nil
<b>Intellectual</b>	Because I am having a flu now. Can do something better.	Nil
<b>Emotional</b>	Nil	About feelings. Afraid emotions go wrong. Like saying wrong words. Feel guilty for saying wrong words.
<b>Social</b>	Good relationship with family and friends. Give some <b>moral support</b> . Like when we fail our test, they will say you can do better next time.	If you are mentally ready for everything, everything will go smoothly. Family and friends are the one that <b>support</b> you.
	Because of friends and family. Got to choose the right friends. Stand by your friends and family when they <b>need help</b> .	Basic building block, the foundation.
	Because if you don't have <b>support</b> from friends, you can't do anything.	If you have <b>good support</b> , whenever you are down, they can help you to build your emotional self. When you build your emotional self, it will build up in the psychological part of you, then you have your spiritual part. They can teach you, spend time with you.
	Family and friends are important because of the closeness.	If you have good relationships with your family and friends, it's connected to the emotional, you will be <b>happy</b> because you have a lot of friends. And sharing of joy also.
	Without family <b>support</b> [I] won't be here by now. Friends are not that important, not like family. But outside of the house, friends are important because they provide support.	Friends around you <b>influence</b> who you are.
	... Next will be social. When you need help, they will be there to <b>help you</b> . If not, time in school will be hard to pass.	
<b>Psychological</b>	... But I think psychological is also very important, basis for everything. If you don't have <b>healthy outlook</b> of live, if everything negative, you will want to commit suicide, then everything else won't matter.	When you have a positive mindset, you will want to take care of yourself. Because when you have a positive mindset, it <b>will affect your emotions</b> . You will feel happier. It will affect the way you think that's intellectual and spiritual part. Religion is mostly about doing good stuff. When you have a positive mindset you will do more good. It will affect your social life because you are being more cheerful, people will want you to be around you more often.
<b>Spiritual</b>	So that you know what you are doing. Spiritual is also quite important. If you have purpose in life you will know which <b>direction</b> to go. You will know what to do and <b>success</b> will come. I have purpose but haven't reached there. What's your purpose? To pass my chem. <i>Facilitator laughs.</i> "So that is your purpose?" Hmm still thinking about it.	You really need a purpose in living life. Only have one chance of living. <b>Live life to the fullest.</b> Must have purpose and goal. We know we have purpose... but we do not know what it is. Have purpose and goal.

indicated physical and intellectual dimensions to be most important but none of the female participants did. For emotional wellbeing dimension, only females responded that they were most important and none of male participants did.

## DISCUSSION

The first aim of this study was to examine gender differences on global perceived wellness scores and of physical, emotional, psychological, intellectual, spiritual and social wellness subscale scores. Our study is the first to examine gender as a function of perceived wellness using the perceived wellness model. Gender differences in global perceived wellness scores of the perceived wellness scale were not found. Therefore, it appears that males and females are equal in terms of their perceived wellbeing. The results of our study corroborates with subjective well-being studies where little or no differences were found between genders (Schmotkin, 1990; Warr and Payne, 1982).

Out of the six subscales, effect of gender on subscale scores only reached statistical significance for the social wellness subscale. Females perceived wellness scores were found to be significantly higher than males. The results of our studies support the theory that females tend to rely on social support more than boys. However, focus group discussions with male and female participants revealed that both gender groups found social wellbeing to be the most important dimension of wellbeing and responses did not yield any gender difference. Thus, our results suggest that while both male and female adolescents know the importance of social support in their lives, females have better social wellbeing compared to males. Thus, it would be of worth for future research to continue focusing on clarifying the role of social wellbeing in the different genders.

While there was no gender difference for emotional wellbeing on the perceived wellness scale, more females reported emotional wellbeing to be important compared to males in the focus group discussion. Our study also provides some evidence that males tend to place greater importance on physical and intellectual wellbeing compared to females.

There are a number of limitations to this study, one of which pertains to nonrandom sampling of adolescents. Students were sampled from one secondary school and did not include a wide range of adolescents with differing academic abilities which limits the generalizability of the results. Secondly, measurement of importance of various wellbeing dimensions was not sensitive to degrees of importance of each dimension. Future research could adopt a Likert scale on importance of each wellbeing dimension for a more precise measurement of various wellbeing needs.

In summary, findings of this study have added to existing research on the area of adolescent wellbeing in Singapore which was otherwise limited. It also extended wellbeing research by examining less studied dimensions of wellbeing of physical, spiritual and intellectual wellbeing and how the two genders placed differing importance on the six dimensions of wellbeing. This has implications for professionals working with adolescents to take into account differing wellbeing needs of the different genders.

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