

Relationship between Social support as Perceived by Adolescent and their Psychological well-being

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Abstract: social support play an important role in influencing students' psychological well-being . Purpose of the study was to assess the relationship between perceived social support and psychological well-being among adolescents. **Design:** - was descriptive co-relational research design. Multi-stage random sample of 361 students was randomly selected This study was conducted at one mixed secondary and other mixed preparatory school at Daragil, Al-Shohada, Menoufyia Governorate and one mixed secondary and other mixed preparatory school at Daragil, Al-Shohada, Menoufyia Governorate .Two tools were used for data gathering. Structured interview questionnaire, Multidimensional Perceived Social Support Scale and Psychological wellbeing scale. **Results:** revealed that, more than half of the studied sample had moderate social support and the majority of the studied sample (80.9%) had mild psychological well-being. There was a highly statistically significant positive correlation between social support and psychological well-being of students. **Conclusion,** this study concluded that positive correlation existed between social support and psychological well-being. Therefore, it is recommended that:- (1)plan and implement an educational programme for educating parents and the other caregiver about different pictures of social support. (2) Plan and implement an educational programme for providing all sources of caregivers with knowledge about the effects of social support on development of psychological well-being of their children and skills appropriate to the needs and development of their adolescent.

Keywords: Social support, Psychological well-being, Adolescents.

1. INTRODUCTION

Adolescence is a developmental period characterized by marked transformations in psychobiological processes underlying behaviors. Adolescents' psychobiological organizations are modulated by interactions among individual and context dimensions resulting in different pattern of functioning, from positive to negative functioning. Although personality and social development is characterized by continuity, temperament and character dimensions have different development patterns with character dimensions exerting a significant influence on individuals functioning, including on wellbeing (Josefsson et al., 2013).

Throughout adolescents lives, they feel the need to communicate and interact with others and receive their support. This support has an enormous power to ensure their survival, to cope with stressful life events more easily and to develop problem-solving skills for various life periods (Gallagher, Vella-Brodrick, 2010). Adolescent well-being is fundamental to

that of society as a whole. Promoting youth well-being is not only vital in order for young people to have a good youth hood, but also as a firm basis for their future well-being as adults (Rees et al., 2012).

Perceived social support also positively affect psychological well-being. Higher perceived social support levels may affect psychological well-being. Moreover, students' psychological well-being levels may affect their ability to manage decisions that they make about their academic career and stressful situations in their professional life, and on their general mood. Strong social support system is one of the best ways for you and the people you support to maintain and build positive mental health. Thus, individual with strong support has Increasing self-confidence and feelings of value, Decreasing feelings of loneliness and isolation (Smith and Yang, 2017).

Nurses also play a vital role in improving adolescent's social support and their psychological well-being by helping parent develop new supportive techniques, developed parenting style, updated problem –solving and stress management techniques. Also she provide training to parent ,teacher and all members in community in maintaining whole mental and psychological well-being Such as mental ,physical health promotion programs ,teaching on mental health and life-skills, community-based interventions such as peer leadership or mentoring programs, Life skill training, legal support, liaison with peers, and parents ,also Counseling/curriculum in school inclusive of family life education can be benefit (Seiffge-Krenke, 2011).

The nurse should give parents tips such as developing an open, honest and close relationship with their children, boosting their self -confidence encourage positive friendships, getting to know their friends, talking about what independence really means and developing decision-making skills in them. The mental health nurse should teach parents to build Trust, A child's relationship with a parent plays a large role in a child's mental health. Developing a feeling of safety and security starts with building trust between parent and child. This means ensuring your child that you are going to meet both her physical and emotional needs. Empty threats, broken promises, and inconsistent care will make it difficult for your child to trust you (Kim, & Lee, 2013).

Significance of the study

According to the World Health Organization (WHO), adolescence comprises the 10-19 year-old age group involving all physical, sexual and psychological development and significant cognitive and social changes from the end of childhood until adulthood. Approximately half of psychological disorders begin at the end of early adolescence and the beginning of mid-adolescence, and approximately 10-25% of adolescents experience severe psychiatric problems. The most prevalent class of disturbances in adolescents is anxiety disorders followed by behavior, mood, and substance disorders (Kessler, Avenevoli, Costello et al., 2012).

In recent years, there has been a dramatic increase in the scientific study of well-being and positive aspects of mental health and although theoretical models differ in how researchers define optimal well-being, they all agree that deep and meaningful close relationships play a vital role in human flourishing. a large body of empirical work supports this view, showing that people who are more socially integrated and who experience more supportive and rewarding relationships with others have better mental health, higher levels of subjective well-being, and lower rates of morbidity and mortality. In Egypt there is little researcher talking about perceived social support and psychological well-being. The study can help provide perspective understanding to parent ,teacher and all community caregivers in how to increase their adolescents support and hence their psychological well-being (Miller, Chen, & Cole, 2011).

Purpose

The purpose of the study is to assess the relationship between social support and psychological well-being as perceived by adolescents.

Research Questions

1. What is social support as perceived by adolescents?
2. What is psychological well- being among adolescents?
3. What is the relationship between social support and psychological well- being as perceived by adolescents?

Theoretical definition and operational definitions

Perceived Social Support: - defined as the experience being valued, respected, cared about, and loved by others who are present in one's life. It may come from different sources such as family, friends, teachers, community, or any social groups to which one is affiliated (Duman, 2016) . The Perceived Social Support in the present study is operationally defined as an individual's social contacts and network of relationships ,it involves how an individual is integrated and influenced either directly or indirectly by another person and the score of adolescence perceived Social support that measured by Multidimensional Scale of Perceived Social Support Questionnaire was originally developed by(Zimet, Dahlem, Zimet & Farely, 1988). Psychological wellbeing: is defined as the capacities of all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. (Demaray and Maleck,2012). Psychological wellbeing in the present study is operationally defined as the score of adolescence Psychological wellbeing that measured by Psychological wellbeing developed by Al- Jammal (2013).

2. METHODS

1- Research design:- Descriptive co-relational design was utilized to achieve the aim of the study.

2-Research setting:- This study was conducted at one prep school(Al-Ahmady) and one secondary school (Mubarak) in (Shebin El-Kom) city ,the both are mixed and one prep (mixed daragil prep school) and one secondary (mixed daragil secondary school) in (Daragil) village (Shohada city) in Menoufia governorate.

Sampling:- Multi-stage random sample of 361 students was randomly selected from the previously mentioned setting. Sample size has been calculated using the following equation: $n = (z^2 \times p \times q) / D^2$ at power 80% and CI 95%.The sample size will be 361 students. A simple random sample was used to assign the students in the study.

Inclusion criteria:

1. Both sexes.
2. Age ranges from 11-18 years.
3. Ready and accept to participate.

Exclusion criteria: the students who have

1. Any chronic physical illness.
2. Any history of substance abuse.
3. History of psychiatric diseases.
4. History of neurological problems.

4- Instruments: Three instruments were utilized for data collection.

1. Structured interview questionnaire

It was divided into two parts:-

First part (1) : This part to assess socio- demographic characteristics of the students including age, sex, place of residence and information about family such as father and mother's occupation, age, income and educational level., etc.,

Second part (2): Multidimensional Scale of Perceived Social Support Zimet (1988). It was translated by Tashtoush (2015) into Arabic, also validated by researcher. MSPSS is one of the most widely used instruments for assessing adolescents' perception of social support .The MSPSS consisted of a 12-item scale with three subscales of Family (Fam), Friends (Fri) and Significant Others (SO) with equal number of items. Responses are on a 4 -point Likert scale ranging from 1 (strongly disagree) to 4(strongly agree).

Scoring system

Score ranged from 12 to 48 for every social support the higher score determine good social support provided.

Total scoring system for perceived social support.

Parameters	Score
Poor	12-24
Moderate	25-37
Good	38-48

Psychological wellbeing scale

This scale was originally developed by Rosemary Abbott (2006) translated into Arabic and validated by Al- Jammal (2013) ,also validated by researcher. It was used to measure psychological well-being of adolescence. It consists of 41 items, covers (6) subscales, these subscales are (Autonomy, Environmental mastery, Self-acceptance, Personal growth, Purpose in life, Positive relations with others): Answered on a four point likert scale, labelled from 'disagree ' to 'agree strongly'. High values indicate high psychological well-being scored.

Scoring system:-

Score ranged from 40-168, with 168 indicating the highest possible score.

Total scoring system for psychological well-being;

Parameters	Score
Low	42-74
Mild	75-107
Moderate	108-140
High	141-168

Procedure

- 1 -Before starting any step in the study, an official letter was addressed about the purpose of study from the faculty of nursing, Menoufia University to the director of selected school
- 2 - All of the authorized personnel provided the needed information about the purpose and the importance of the study
- 3 -The investigator started data collection by introducing himself to the participant .
- 4 -A brief description of the purpose of the study and the type of questionnaire required to fill was given to each participant.
- 5-Data collection was done through interviewing with the students
- 6- The researcher collected the data during the morning at two days/week. Each interview lasted for 30-40 minutes, depending on the response of the students.
- 7- Before starting, the data collection tools were tested for the content validity by a group of experts in psychiatric nursing and medicine to check the relevance, coverage of the content and clarity of the questions. The required modification was carried out accordingly.
- 8- Tools used in this study were tested for its reliability using test-retest reliability and all tools proved to be strongly reliable (for tool 1($r = 0.7$), for tool 2($r= 0.9$))

9- A pilot study was undertaken after the development of the tools and before starting the data collection. It was conducted on 10% of the total sample (34) students using tools (1) and (2). The purpose of the pilot study was to test the applicability, feasibility and clarity of the tools. In addition, it served to estimate the approximate time required for interviewing the students as well as to find out any problems that might interfere with data collection. After obtaining the result of the pilot study, the necessary modifications of tools as (excluded questions, added questions & revised) were done then the final format was developed under the guidance of supervisors. Those students were excluded from the actual study.

10- For ethical considerations, An oral consent was taken from each student in the study after explaining the purpose and the importance of the study. The subjects who agreed to participate in the study were assured about confidentiality and anonymity of the study. They were informed about their right to withdraw from the study at any time without giving a reason.

3. DATA ANALYSIS

Data entry and statistical analysis were done using the statistical package for social sciences (SPSS version 20). Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, mean and standard deviation for quantitative variables. Qualitative variables were compared using the chi – square, Kruskal Walliss test and test correlation coefficient is used to measure the direction and strength of the correlation between variables. A significant level value was considered when P-value <0.05 and highly significant level value was considered when P value < 0.001 while P value of >0.05 indicated non-significant.

4. RESULTS

Table (1) shows that, more than half of the studied adolescents aged between 13 to 15 years (53.2%) with mean of 15.4 ± 1.4 years, 54.3% were males, 55.4% were in primary (Elementary) school, 44.6% of them were at secondary schools or a technical diplomat, 54.3% live in rural area and 61.8% have convenient and well ventilated house. As regards their type of family, 58.7% of them were living with nuclear family while 41.3 % were living with extended family.

Table (2) shows that, approximately half of the studied adolescents 'fathers aged between 31 to 40 years (49.3%) with mean of 42.5 ± 7.0 years, 36.3% were illiterate & Read and Write, 34.6% were in primary (Elementary) school, and only 4.4% of them were had University education. 85.6% of fathers were work, while 11.6% were not work, which is opposite to mothers job where the majority of them were not working (58.2%). As regards maternal education, 66.6% of them were illiterate & R& W, while only 1.7% were had University education.

Table (3) showed that there was a highly statistically significant positive correlation between perceived social support and total psychological well-being of studied students.

Table (4) there was highly statistically Relationship between social support as perceived by adolescents and their psychological well-being, The table show a significant association between groups of total score of perceived social support and the psychological wellbeing groups of studied adolescents. The majority of adolescents had mild psychological well-being (292/361=80.9%), while 19.1% had moderate psychological well-being. The majority of mild psychological well-being (55.5%) had moderate perceived social support, while 66.7% of adolescents who had moderate psychological well-being, had moderate social support. The difference was highly significant statistically (P=0.000).

Figure (1) showed that the total score of perceived social support was moderate (57,6) among studied adolescents.

Figure (2) demonstrate that majority of studied sample had mild psychological well-being (80.9%), while approximately one fifth of them had moderate psychological well-being (19.1%). There was no high psychological well-being among studied adolescents.

Table (1): Distribution of the studied adolescents according to their Socio -demographic characteristics (N = 361)

Socio demographic characteristics	No.	%
Age (Years):		
• 13 ≤ 15 years	192	53.2
• 15 ≤ 18 years	169	46.8
Mean ± SD (years)	15.4 ± 1.4	
Gender:		
• Male	196	54.3
• Female	165	45.7
School type:		
• Preparatory	200	55.4
• Secondary	161	44.6
School year:		
• 1 st year	115	31.9
• 2 nd year	129	35.7
• 3 rd year	117	32.4
Residence:		
• Urban	165	45.7
• Rural	196	54.3
Housing:		
• Appropriate	223	61.8
• Inappropriate	138	38.2
Groups of sisters & brothers:		
• 1-3	166	46
• 4-7	195	54
Birth order of adolescent:		
• First	200	55.5
• Middle	98	27
• Last	63	17.5
Type of family:		
• Nuclear Family	212	58.7
• Extended Family	149	41.3
Relationship between father & mother:		
• Good & Understanding	267	74
• Father in control	94	26
Does a parent have chronic illnesses?		
• Yes	162	44.9
• No	199	55.1
Family income per month		
Enough and save from it	185	51.2
Enough	90	24.9
Not enough	86	23.9
Total	361	100

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Table (2):Distribution of the studied sample ‘families according to their Socio -demographic characteristics (N = 361)

Families’ socio demographic characteristics	N0.	%
Father age groups(Years)		
• ≤30 - < 45 years	251	69.5
• 45 – 60 years	110	30.5
Mean ± SD (years)	42.5 ± 7.0 years	
Education (father):		
• Illit.&R&W	131	36.3
• Elementary edu	125	34.6
• 2ry edu	89	24.7
• High Education	16	4.4
Job (father):		
• Works	309	85.6
• Does not work	42	11.6
Mother age groups(Years)		
• ≤25 - <40 years	273	75.6
• 40 – 55 years	88	24.4
Mean ± SD (years)	36.5±6.2 years	
Education (mother):		
• Illit. & R&W	235	66.6
• Elementary edu	96	27.2
• 2ry edu	16	4.5
• High Education	6	1.7
Job (Mother):		
• Works	141	39.0
• Does not work	210	58.2
Total	361	100

NB: 10 fathers were dead. Also 10 mothers were dead

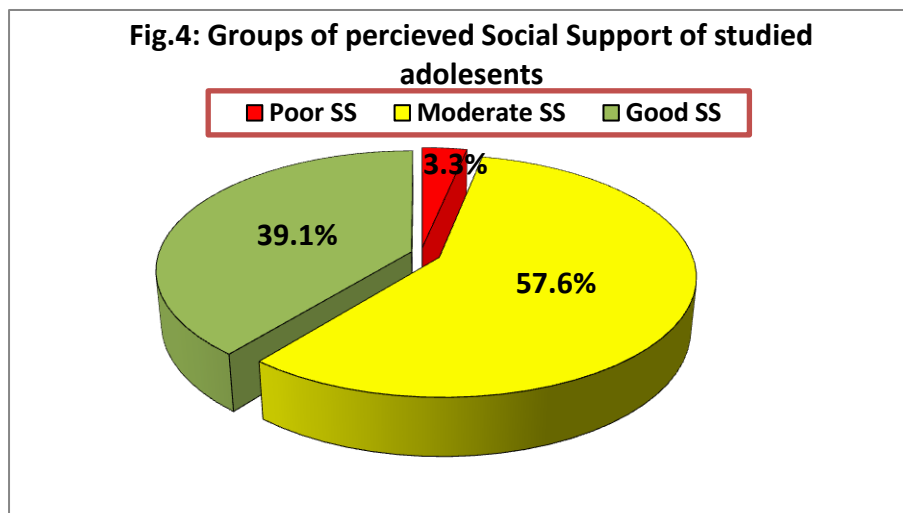
Table (3):Correlation coefficient between total score of social support and total score of psychological well-being among studied adolescents

Total score of psychological well being	Pearson Correlation	Significance (2-tailed)
Total score of social support	0.141**	.007

There was significant positive correlation between total score of social support and total score of psychological well-being items (r=0.141, P=0.007).

Table (4) Relationship between social support as perceived by adolescents and their psychological well being

Groups of Social supports	Groups of total score psychological well being				Total		P value
	Mild psychological well-being		Moderate psychological well-being				
Poor social support	4	1.4	8	11.6	12	3.3	X ² =25.3, P=0.000 HS
Moderate social support	162	55.5	46	66.7	208	57.6	
Good social support	126	43.2	15	21.7	141	39.1	
Total	292	100	69	100	361	100	



Figure(1):Total score groups of perceived social support of studied adolescents.

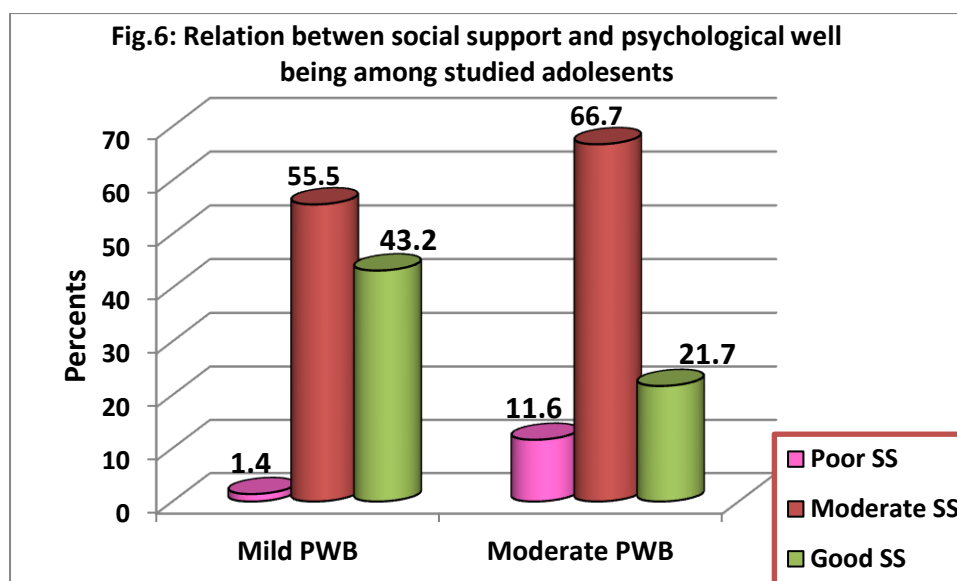


Figure (2):Relationship between social support as perceived by adolescents and their psychological well being

5. DISCUSSION

Social support has been studied as a protective factor against health-risk behaviors, such as smoking and drinking. Depressive symptoms could possibly function to decrease social support from peers and family members, which, in turn, lowers an individual's motivation to participate in physical activity, also Interpersonal relationships are indispensable in helping adolescents cope with stressors, acting as social support sources that protect them from psychological distress (Zhao, Wang and Kong, 2014). So, the aim of the study was to assess the relationship between perceived social support and psychological well-being among adolescents.

Research Question 1: What are the perceived social support among adolescents?

The results of the current study showed that the majority of studied sample had moderate levels of social support (57.6%) of social support. to perceived social support is changed during this period of time, depending on student's distance from home, previous relationship with parents and financial dependency. This study was supported with the study conducted by (Jenkins, Belanger, Connally, Boals, and Durón)(2013) who studied (**First-generation undergraduate students' social support, depression, and life satisfaction**). While contradicted with study conducted by Uyan (2014) who studied (**The relationship between perceived stress and social support in adolescence**), Mansourian, Solhi, Adab & Latifi (2014) who studied (**Relationship between dependence to mobile phone with loneliness and social support in University students**) they reported average and quite high levels of perceived social support by the students.

Research Question 2. What is psychological well- being among adolescents?

The results of the current study revealed that the majority of studied sample had mild levels(80,9%) of psychological well-being. This may due to due to adolescents could not overcome problems which could have been solved with the help of their family and friends. Such parents, due to their socio-economic circumstances, are always concentrating on how to survive by means of working or seeking work, thereby paying little or no attention to the psychological wellbeing of their children. This study was consistent with Gecková, Van Dijk, Stewart, Groothoff and Post (2016) who studied (**Effects of Academic Stress and Perceived Social Support on the Psychological Wellbeing of Adolescents in Ghana**), while it was in disagreement with Anye et al., (2013) who studied (**The relationship between psychological well-being and health-related quality of life in college students**).

Research Question 3. What is the relationship between social support and psychological well- being as perceived by adolescents?

The present study revealed that there was a highly statistically significant positive relation between perceived social support and psychological well-being of studied students. This might be due to perceived social support may constitute an important source of esteem, care, respect and affiliation to a adolescents, also an adolescent who receives adequate social support from family, friends and other people in the immediate environment has a healthier psychological state in the face of these difficulties and positive expectations for the future. This study was in agreement with Williams & Anthony (2015) who studied (**A model of positive family and peer relationships on adolescent functioning and well-being**), While this findings were contradicted with Yıldız (2016) who study (**Multiple mediation of emotion regulation strategies in the relationship between loneliness and positivity in adolescents**) Lakzaei, Abazar, Mansouri, Saboori (2016) who studied (**The Survey of relationship between social supports with mental health of students in Kerman medical university**) .

Regarding the correlation between perceived social support and psychological well-being among the studied adolescents. The present study showed that there was a highly statistically significant positive correlation between perceived social support and psychological well-being of studied students ($p < 0.001$), perceived social support is associated with individuals' positivity includes optimism, life satisfaction, and self-esteem and psychological well-being, Social support system helps to reduce various pressures, burnout and other negative emotions as well as generate positive and optimistic emotions. Besides, it also helps to relieve loneliness. The present study corresponded to studies conducted by Kuzucu and Özdemir (2013) who conducted research about (Predicting adolescent mental health in terms of mother and father involvement), Turner (2012) who studied (**Peer support and young people health**), Sayar (2016) who studied (**the relationship between perceived social support and psychological well-being of adolescent from low socioeconomic status**), Nur-Şahin (2011) who studied(Comparison of levels pertain to self-disclosure, subjective well-being and

perceived social support of university students, Shakespeare and Finch & Julie (2013) who studied (**Social support promotes psychological well-being following a natural disaster**), while the current findings were contrast with Sarriera, Bedin, Abs, Casas, & Calza, (2015) who studied (**Relationship between social support, life satisfaction and subjective well-being in Brazilian adolescents**).

Regarding the socio-demographic characteristics of the studied sample and perceived social support among the studied adolescents, the result of the current study showed that there was statistically highly significant relation between quality of parent relationship and level of social support of studied adolescents. This might due to healthy family relationship provide their children with high support, caring, love, advice and warm. This study was corresponds with studies made by Umberson, Williams & Thomeer (2016) who studied Family status and mental health: Recent advances and future directions, Terriquez (2015) who studied (**fathers' involvement in their children's schools. Family Relations: level of support**). This study was contrast with Hall & Graff (2011) who studied (**the relationship among adaptive behaviors of children family support and parenting stress**).

The result of the present study revealed that there was statistically highly significant relation between family income and level of social support of studied adolescents. This might due to income enables families to invest in building their children's human capital. These investments in children involve several dimensions of goods and services, including parents' direct and indirect support providing love ,care and financial resources also the family's standard of living (e.g., adequate food, housing, clothing, medical care), and living in a more advantaged neighborhood environment that fosters a child's development and support. This study was consistent with Conger, Conger& Martin (2017) who studied socioeconomic status, family processes, and individual development. It was contradicted with Nazari, Ghasemi, Vafaei and Fararouei (2015) who studied (**the perceived social support and its relationship with some of the demographic characteristics in primigravida pregnant woman**).

The result of the current study showed that there was statistically highly significant relation between age of studied adolescent and level of social support. This might be due to increasing age of adolescent, provide them with experience and the more adolescent mature ,the more understanding perception of social support. This result was in line with **Bokhorst, Sumter & Westenberg (2014)** who studied (Social support from parents, friends, classmates, and teachers in children and adolescents aged 9 to 18 years), **Terriquez (2015)** who studied (**fathers' involvement in their children's schools. Family Relations: level of support**) they reported that significant relation between adolescent age and social support among adolescent.

The result of the current study revealed that there was statistically highly significant relation between residence of studied adolescent and level of social support. This could due to culture difference as in rural region reduce a person's chances of building and sustaining supportive relationships. Adolescents in these areas have encountered serious difficulties in improving or even maintaining their living standards, because of poverty. Parental educational attainment and access to social welfare benefits (e.g. healthcare insurance) and rich education resources (e.g. state-funded public schools), all of this increase all picture of social support. This study was in agreement with studies made by Liu& Zhao (2016) who studied (**Chinese migrant adolescents' perceived discrimination and psychological well-being**) & Day et al, (2011) who studied (Depressive symptomatology, while was inconsistent with. Reza Soltani, Ghanbari Khanghah, Moridi (2015) who studied (**Comparison of support related quality of life in dormitory and non-dormitory students**).

Regarding the socio-demographic characteristics of the studied sample and psychological well-being among the studied adolescents, The current study showed that there was a highly statistically positive relation between age of studied adolescent and their psychological well-being. This might be due to the different psycho-evolutionary characteristic between the age group of young adolescent and early adulthood such looking for work or making future plane as an adult, which can play an important role in the social contextual variables which leads to improved level of well- being and life satisfaction. It was consistent with Ortuno-Sierra, Ariti-Solana, Chocarro deLuis, Nalda and Fonseca-Pedrero (2017) who studied (Subjective Well-being in adolescent) while inconsistent with Matsuda, Tsuda, Kim & Deng (2014) who studied (**Association between Perceived Social Support and Subjective Well-Being among Japanese, Chinese, and Korean College Students**).

The result of the current study revealed that there was a highly statistically negative relation between parent age and their adolescent psychological well-being. this might be younger parents have more energy to care with their children than

older parents ,also increasing parental age has consequences for health and well-being of parent and their offspring .the current result was in agreement with Trommsdorff (2018) who studied (**Well-being and happiness in cultural context,”**) While this study was contrast with Musick, Meier, and Flood (2016)who studied (**Mothers’ and fathers’ subjective well-being in time with children**) they revealed that most older parents were being more emotionally prepared to be more self-aware, confident, resilient, self-actualized, better able to offer support, and more capable of communicating with a child.

The result of the present study revealed that there was a highly statistically significant relation between family income and psychological well-being. This might be due to parent from higher socio-economic stander apply more affection, inductive discipline reasons and set an advanced developmental goal for their children and which lead to higher psychological well-being ,also due to parents with low–SES experience are more like to behave toward their children in punishing and less caring ways, and these children are also more likely to experience internalizing problems, lower income families are more restrictive and punitive compared to high income families are warm and supportive with their children. This result was consistent with Ummet (2015) who studied (**self-esteem among college students, he reported that the more the participants income level increase, the more their psychological well-being**). This result was contradicted with sang (2015) who studied (**Relationship between students family socioeconomic status and self-esteem**), he found that there was no statistically significant relationship between students socioeconomic stander and their psychological well-being.

6. CONCLUSION

A positive correlation existed between perceived social support and psychological well-being of the studied students , More than half of the studied sample had moderate social support and the majority of the studied sample had moderate social support.

7. RECOMMENDATION

Based on the findings of the present study, the following recommendations are suggested:

- 1- Educational programme for educating parents on the different social support resources , and the most suitable style that should be adopted for child rearing.
- 2- The different upbringing style of boys and girls has an effect on their psychological well-being. As such, Educational programmes for training parents on providing boys and girls with equal opportunities
- 3- Educational programmes aimed at empowering adolescents with social and emotional development.
- 4- Designing and Implementing a developmental program focused on the development of parents’ well-being, with positive effects on the personal development of their adolescents.
- 5- Social–emotional intervention programs in schools for improving children’s social skills
- 6- Clinical psychologists, educational psychologists and other professionals working with children should consider formulating intervention methods that empower both the adolescent and his/her parents/caregivers
- 7- Implement a program of psycho- pedagogical counseling to the students and to their parents.This program should focus on improving the level of psychological well-being and should develop capacities supporting the parents to improve educational style and their children.
- 8- Increase boosters and media about how to improve social skills in schools and communities.
- 9- Increase media about good health practice that enhance awareness about physical and psychological well-being.

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